



# Joint Commission International Accreditation

## FINAL ACCREDITATION SURVEY FINDINGS REPORT

**King Faisal Specialist Hospital & Research Centre-  
(Gen.Org.)**

**Jeddah, Saudi Arabia**

International Health Care Organization (IHCO) Identification Number: 60000638

<b>Survey Dates:</b>	14 - 18 February 2021
<b>Program:</b>	Hospital
<b>Survey Type:</b>	Triennial
<b>Surveyor Team:</b>	Elijah J. Gilreath, RN, MSN, Nurse, Team Leader Thomas J. Murray, MHA, FACHE, Administrator Enrico Baldantoni, MD, Physician

## **OUTCOME:**

Based on the findings of the Triennial Hospital Survey of 14 February 2021 to 18 February 2021 and the Decision Rules of Joint Commission International (JCI), King Faisal Specialist Hospital & Research Centre-(Gen.Org.) has been granted the status of ACCREDITED.

Upon confirmation from the JCR Finance Department indicating that all survey related fees have been paid, you will receive the JCI Hospital certificates and, if necessary, your organization's entry on the JCI website will be updated. You also have access to The JCI Gold Seal of Approval™, the JCI Accreditation Gold Seal of Approval™ Guidelines, and the JCI Accreditation Publicity Guide under the "Resources" tab in JCI Direct Connect.

The Joint Commission International Hospital Standards are intended to promote continuous, systematic and organization-wide improvement in daily performance and in the outcomes of patient care. It is our expectation that all of the issues identified in the following survey 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, King Faisal Specialist Hospital & Research Centre-(Gen.Org.) is encouraged to immediately place organization-wide focus on the standards with measurable elements scored as "Partially Met" and to implement the actions necessary to achieve full compliance.

Between surveys, the King Faisal Specialist Hospital & Research Centre-(Gen.Org.) will be expected to demonstrate compliance with the most current edition of the JCI accreditation standards at the time, which includes the JCI accreditation policies and procedures published on the JCI website.

JCI will continue to monitor King Faisal Specialist Hospital & Research Centre-(Gen.Org.) for compliance with all of the JCI Hospital standards on an ongoing basis throughout the three-year accreditation cycle. The compliance monitoring activities may include but not be limited to document and record reviews, the review of data monitoring reports, leadership interviews and staff interviews. The monitoring activities may take place on-site or off-site. JCI also reserves the right to conduct an unannounced, onsite evaluation of standards compliance at its discretion.

## Survey Analysis for Evaluating Risk (SAFER)

Joint Commission International (JCI) has implemented the Survey Analysis for Evaluating Risk (SAFER) matrix, which is a comprehensive visual representation of survey findings. This will provide your healthcare organization with the information it needs to prioritize resources and focus strategic improvement plans in areas that are most in need of compliance activities and interventions.

SAFER will help your organization to:

- More easily identify Measurable Elements (ME) with higher risk
- Identify potential for widespread quality initiatives
- Better organize survey findings by level of potential patient, staff, and/or visitor impact

Each Measurable Element (ME) scored “Partially Met” or “Not Met” is placed on the SAFER matrix according to the likelihood the observation could harm a patient(s), staff and/or visitor(s) and the scope at which non-compliance was observed. As the risk level increases, the placement of the standard and ME moves from the bottom left corner (lowest risk level) to the upper right (highest risk level) of the matrix.

The definitions for the likelihood to harm a patient/staff/visitor and scope are as follows:

Likelihood to harm a patient/staff/visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

SAFER Matrix Placement	Strategic Improvement Plan (SIP) Required
<b>High/Limited High/Pattern High/Widespread</b>	<ul style="list-style-type: none"> <li>• Not Met and Partially Met MEs will require a SIP</li> </ul>
<b>Moderate/Pattern Moderate/Widespread</b>	<ul style="list-style-type: none"> <li>• Only Not Met MEs will require a SIP</li> </ul>
<b>Moderate/Limited Low/Pattern Low/Widespread</b>	<ul style="list-style-type: none"> <li>• Not Met and Partially Met MEs will not require a SIP</li> </ul>
<b>Low/Limited</b>	

**SAFER Matrix**  
**Program Name: Hospital**

<b>Likelihood to harm a patient/visitor/staff</b>	<b>ITL</b>			
	<b>High</b>			
	<b>Moderate</b>			
	<b>Low</b>	IPSP.4 ME 3 ASC.7.4 ME 4 MMU.4.2 ME 3 PCI.6 ME 1 FMS.8.5 ME 1 MOI.7 ME 1	MOI.4 ME 5	
		<b>Limited</b>	<b>Pattern Scope</b>	<b>Widespread</b>

\*Indicates Not Met

## 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.4 The hospital develops and implements a process for the preoperative verification and surgical/invasive procedure site marking.**

#### Measurable Element #3

Surgical/invasive site marking is done by the person performing the procedure and involves the patient in the marking process.

#### Partially Met

#### Likelihood to Harm: Low

#### Scope: Limited

The organization's policy CIPP-2825 stated at paragraph 5.3, letter f) that "the site will be marked by the physician performing the procedure;" however, paragraph 3.7 of the same policy defined the "approved designee" as "the resident, fellow, or assistant designated by the consultant/physician/surgeon/dentist performing the procedure/surgery to mark the site," which was inconsistent with the statement of paragraph 5.3, potentially allowing an approved designee to mark the site. This was corrected prior to the end of the survey.

### Anesthesia and Surgical Care

**ASC.7.4 Surgical care that includes the implanting of a medical device is planned with special consideration of how standard processes and procedures must be modified.**

#### Measurable Element #4

The hospital develops and implements a process for contacting and following up with patients in a defined time frame after receiving notification of a recall of an implantable medical device.

#### Partially Met

#### Likelihood to Harm: Low

#### Scope: Limited

The organization had a process in place for contacting and following up with patients after receiving notification of a recall of an implantable medical device; however, the policy CIP-7971 did not specify the defined time frame for contacting patients.

### Medication Management and Use

**MMU.4.2 The hospital identifies safe prescribing, ordering, and transcribing practices and defines the elements of a complete order or prescription.**

#### Measurable Element #3

Additional elements of complete medication orders or prescriptions include at least a) through g) identified in the intent as appropriate to the order.

#### Partially Met

#### Likelihood to Harm: Low

#### Scope: Limited

"PRN" (as needed) orders included dose and maximum daily frequency; however, the indication to administer the medication was generic. Examples included Paracetamol for "fever," and Paracetamol and oral morphine for "pain" with no specification of the respective level (e.g., fever equal or higher than 38°C; pain higher than three in the Visual Analogic Scale).

## **Prevention and Control of Infections**

**PCI.6** The hospital reduces the risk of infections associated with medical/surgical equipment, devices, and supplies by ensuring adequate cleaning, disinfection, sterilization, and storage.

### **Measurable Element #1**

The hospital follows professional practice guidelines and manufacturer guidelines for sterilization techniques that best fit the type of situations for sterilization and devices and supplies being sterilized.

### **Partially Met**

#### **Likelihood to Harm: Low**

#### **Scope: Limited**

In the Emergency Department and Operating Theater supply room, single hinged instruments were observed in the closed position. Best references, such as the Centers for Disease Control and Prevention (CDC), recommend to sterilize hinged instruments in the open position to allow steam to penetrate the articulating surfaces, and to store them with the ratchet locked in the first tooth.

## **Facility Management and Safety**

**FMS.8.5** The fire safety program includes limiting smoking by staff and patients to designated non-patient care areas of the facility.

### **Measurable Element #1**

The fire safety program addresses eliminating or limiting smoking within the hospital facility.

### **Partially Met**

#### **Likelihood to Harm: Low**

#### **Scope: Limited**

The hospital had a program to eliminate or limit smoking; however, its policy APP-5270 had not been updated to reflect current practice.

## **Management of Information**

**MOI.4** The hospital uses standardized diagnosis and procedure codes and ensures the uniform use of approved symbols and abbreviations across the hospital.

### **Measurable Element #5**

Abbreviations are not used on informed consent and patient rights documents, discharge instructions, and discharge summaries.

### **Partially Met**

#### **Likelihood to Harm: Low**

#### **Scope: Pattern**

Abbreviations were observed in discharge summaries given to patients. Examples included, but were not limited to, the following: AMI (acute myocardial infarction), STEMI (ST Elevated Myocardial Infarction), LL (lower limbs), IUGR (intra-uterine growth restriction), FM (fetal movements), CS (Cesarean-section).

**MOI.7 Documents, including policies, procedures, and programs, are managed in a consistent and uniform manner.**

**Measurable Element #1**

There is a written guidance document that defines the requirements for developing and maintaining policies, procedures, and programs, including at least items a) through h) in the intent.

**Partially Met**

**Likelihood to Harm: Low**

**Scope: Limited**

The organization's policy on the management of policies included all of the required components. In the review of policies and procedures, it was observed that a majority of the policies had all of the elements of the Intent a) - h); however, element c) was not included. These policies and procedures were not current. For example, APP-79 ver.2, "Management of Patient complaint" effective 27/09/2017, and APP-1437-05 "Code of the Ethics for the Control of Human Subjects Research" effective 08/05/2016 was not reviewed as scheduled for 01/04/2020.