CBAHI
المركز السعودي لاعتماد المنشآت الصحية
Saudi Central Board for Accreditation of Healthcare Institutions

HCF: **King Faisal Specialist Hospital and Research Center - Jeddah**
Transaction: **Real Survey#1**
Overall Score: **96.97**

ESR Standards Score:**97.94%**

ESR

MM.5.2 - The hospital identifies an annually updated list of high-alert medications and hazardous pharmaceutical chemicals based on its own data and national and international recognized organizations (e.g., Institute of Safe Medication Practice, World Health Organization). The list contains, but is not limited to, the following:

MM.5.2.1 Controlled and narcotics medications.
MM.5.2.2 Neuromuscular blockers.
MM.5.2.3 Chemotherapeutic agents.
MM.5.2.4 Concentrated electrolytes (e.g., hypertonic sodium chloride, concentrated potassium salts).
MM.5.2.5 Antithrombotic medications (e.g., heparin, warfarin).
MM.5.2.6 Insulins.
MM.5.2.7 Anesthetic medications (e.g., propofol, ketamine).
MM.5.2.8 Investigational (research) drugs, as applicable.
MM.5.2.9 Other medications as identified by the hospital.

Partially Met

Activity	***Comment***
Document Review *1334347*	*The hospital list of high-alert medications was considered incomplete and non-comprehensive. It included controlled drugs (only IV diazepam, midazolam, lorazepam, dexmetidomedine, and oral chloral hydrate). It included narcotics (only IV alfentanyl, codeine, fentanyl, sufentanyl, hydromeorphone, mepirifdine, methadone, morphine, remifentanyl, and tramadol). It does not include other dosage forms. The list included antithrombotics (but it exclude heparin flush). It included anesthesia medications (only Propofol, ketamine, and thiopental) when not administered by anesthesiologist. It did not mention anything about investigational agent (we identified 3 investigational medications in 2018). It contains hypertonic saline (more than 0.9%) but did not mention the strength of formulary approved hypertonic saline.*

FMS.22 - The hospital has a fire suppression system available in the required area(s).

(Partially Met)

FMS.22.1 - The hospital has a functional sprinkler system.

Partially Met

Activity	***Comment***
Observation 1338485	*Part of the Utility and maintenance building including the kitchen and laundry did not have a sprinkler system. The sprinkler system was lacking a diesel pump.*
Document Evidence 1338392	*Part of the utility and maintenance building including the kitchen and laundry did not have a sprinkler system. The sprinkler system was lacking a diesel pump.*

FMS.22.2 - The hospital has clean agent suppression system.

Partially Met

Activity	***Comment***
Observation 1338455	*The hospital did not have clean agent suppression system in Generator's rooms, transformers room and electrical closet on the fourth floor. A project was approved (Aljazeera project) and will be implemented.*
Document Evidence 1338393	*The hospital did not have clean agent suppression system in Generator's rooms, transformers room and electrical closet on the fourth floor. A project was approved (Aljazeera project) and will be implemented.*

FMS.24.5 - Fire rated doors are available according to the hospital zones with no separation between walls and ceiling to prevent smoke spread between rooms and areas.

Partially Met

Activity	***Comment***
Observation 1338537	*Fire doors on the wards and stair case on first floor were made of glass, no fire rating plates.*

FMS.32.8 - The hospital keeps standby oxygen and medical air cylinders enough for forty eight hours of average consumption.

Partially Met

Activity	*Comment*
Observation 1338464	*The standby oxygen cylinders were enough to cover approximately twenty four hours of average consumption.*

NOT MET

LD.5.4 - Functions and meetings of the hospital leaders are outlined in specific terms of reference.

Not Met

Activity	*Comment*
Document Review 1347824	*Weekly meeting is not regulated through clear process that include clear functions of the team, who are the members of this meeting, how frequent they meet and when, the processes of decision making, how to communicate recommendations, and how to follow up implementing team decisions.*

LD.11 - Hospital leaders consider the community input during planning for health care needs of the population.

(Not Met)

LD.11.1 - Hospital leaders identify the relevant community leaders (e.g., members of the regional council, members of municipalities, patient's rights advocates, civil defense, health related commissions and councils, other society organizations and representatives).

Not Met

Activity	*Comment*
Document Review 1347852	*No community leaders identification. Partners were some international hospitals, universities, and other healthcare organizations out side the kingdom. A letter from Shoura Council was provided. However, it included requests from council members and did not reflect active participation from community member participation in planning.*

LD.11.2 - Local community leaders participate in planning for the current and future health care needs of the population (e.g., planning for health-relevant demographic changes, public health issues, groups with special needs).

Not Met

Activity	*Comment*
Document Review 1347905	*No evidence was provided for local community leaders participation in planning for the current and future health care needs of the population. Hospitals, universities, and other health care organization outside the Kingdom are not representative of the hospital local community to consider their input during planning for health care needs of the population.*
Document Evidence 1347853	*No evidence was provided for local community leaders participation in planning for the current and future health care needs of the population.*

LD.11.3 - Hospital leaders plan with the community leaders to provide services related to health education and health promotion for patients and the wider community.

Not Met

Activity	*Comment*
Document Evidence 1347854	*No evidence was provided for local community leaders participation in planning for providing health education and health promotion for patient and the wider community.*

LD.13.3 - The budgeting process addresses the manpower in addition to other financial assets.

Not Met

Activity	*Comment*
Document Review 1347908	*The "Budgeting Operational Manual" was issued 2010 and not revised or updated since then. Its information such as vision, mission, and values were obsolete. It included a description of the "Zero-Based Budgeting Process" which is not used in KFSH&RC or other governmental organization.*

MS.4.4 - The department head has an ongoing method of peer review (e.g., peer review committee) to evaluate care provided as well as the performance of the medical staff.

MS.4.4.1 The department head regularly assesses important functions that include appropriateness of admissions, appropriateness and effectiveness of care, training and educational needs, length of stay, and appropriate utilization of resources.
MS.4.4.2 The department head defines criteria or indicators for selecting cases that must be referred for peer review.
MS.4.4.3 The activities of the peer review process are utilized as part of the physician's performance evaluation.
MS.4.4.4 The department head shares the findings of the peer review with the medical director and works closely to improve and correct any deficiencies.

Not Met

Activity	*Comment*
Document Review 1343191	*There was no ongoing departmental method of peer review presented.*

PC.28 - Policies and procedures guide the care of psychiatric patients.

(Partially Met)

PC.28.1 - There are policies and procedures to guide the care of psychiatric patients which include, but are not limited to, the following:

PC.28.1.1 Use of patient restraints.
PC.28.1.2 Use of sedation.
PC.28.1.3 Management and care of violent patients.
PC.28.1.4 Management of patients with depression.
PC.28.1.5 Risk assessment for identification of patients at risk for suicide.
PC.28.1.6 Environmental assessment for patients at risk for suicide.
PC.28.1.7 Management of patients at risk for suicide.
PC.28.1.8 Management of patients with psychosis.
PC.28.1.9 Use of safe seclusion.
PC.28.1.10 Guidelines for the use of electroconvulsive therapy (ECT).

Not Met

Activity	***Comment***
Document Review *1342719*	*No inpatient psychiatry*

PFR.9.2 - The disclosure process is documented in the patient's medical record.

Not Met

Activity	***Comment***
Closed Medical Record Review *1342776*	*The disclosure process was not documented in the patient's medical record in 3 of 3 records reviewed.*

AN.12.4 - Patients are discharged from the recovery room by a qualified anesthesiologist or another qualified individual.

Not Met

Activity	*Comment*
Open Medical Record Review 1339150	*Patients were discharged from recovery room by nurses. Anesthesiologists put an order for patients to be discharged when criteria was met, and nurses decided when to transfer patients. . Ten medical records reviewed.*

PICU.10.2 - There is ongoing competency assessment for the nursing staff (e.g., written test, return demonstration).

N/A

NICU.2 - The neonatal intensive care unit nurse manager is a qualified registered nurse.

(Partially Met)

NICU.2.1 - The nurse manager is qualified by education, training, and experience in neonatal intensive care.

Not Met

Activity	*Comment*
Personnel File Review 1339230	*The NICU head nurse was classified as technician by Saudi Council.*

CCU.3.2 - Nursing staff working in the coronary care unit are ACLS-certified.

Not Met

Activity	*Comment*
Personnel File Review 1339236	*The CCU head nurse was classified as technician by Saudi Council.*

CCU.11 - The coronary care unit has adequate equipment, supplies, and diagnostic services.

(Fully Met)

CCU.11.1 - There are isolation rooms with at least one negative pressure room.

Not Met

Activity	*Comment*
Observation 1336538	*No negative pressure isolation room was available in the CCU.*

HM.2 - Qualified nurse is responsible for supervising nursing services in the hemodialysis unit.
(Partially Met)

HM.2.1 - The nurse in charge of the hemodialysis unit is a qualified registered nurse with training, education or experience in hemodialysis.

Not Met

Activity	*Comment*
Personnel File Review 1339247	*The hemodialysis head nurse was classified as technician by Saudi Council.*

ER.13.5 - If a consultation from outside the hospital is needed, the process is included in the policy (e.g., admit and consult, patient transfer, city wide on call specialty).

Not Met

Activity	*Comment*
Document Review 1343190	*there was no process for consultation from outside the hospital (if needed) presented.*

ORT.4 - Qualified nurse manager(s) supervises nursing practices in the oncology and radiotherapy services.
(Partially Met)

ORT.4.1 - The nurse manager is a registered nurse qualified by education, training, and experience in the field of oncology/radiotherapy.

Not Met

Activity	*Comment*
Personnel File Review 1339256	*The oncology head nurse was classified as technician by Saudi council.*

DT.1 - Dietary services are provided by qualified dietitians.

(Partially Met)

DT.1.1 - A qualified dietitian supervises all aspects of dietary services in the hospital.

Not Met

Activity	***Comment***
Personnel File Review 1339259	*The dietary supervisor did not have valid Saudi Council registration.*

DT.5.5 - Patients are educated on their nutritional needs upon discharge.

Not Met

Activity	***Comment***
Closed Medical Record Review 1338912	*In nine out of nine reviewed medical records, no evidence of nutritional needs education upon discharge documentation was noted.*

DT.5.6 - Education is documented in the patient's medical record.

Not Met

Activity	***Comment***
Closed Medical Record Review 1338913	*In nine out of sixteen reviewed medical records, no evidence of nutritional needs documentation was noted.*

SC.1.2 - Social care services are adequately staffed and have all other required resources according to the hospital's size and scope of services.

Not Met

Activity	***Comment***
Staff Interview 1347865	*Only four social workers and the supervisor were available. This number of social workers is not adequate based on the hospital bed-size and the level of care the hospital aims to provide. At least of ten licensed social workers is required.*

SC.2.3 - Psychosocial assessment is preferably completed by a qualified social worker within twenty four hours of referral.

Not Met

Activity	***Comment***
Open Medical Record Review 1339166	*Psychosocial assessment was completed in four out of ten reviewed medical record.*

SC.2.5 - The psychosocial screening and assessment findings are documented in the patient's medical record.

Not Met

Activity	Comment
Open Medical Record Review 1339167	*In five out of ten reviewed medical records, patients screening criteria was not accurately implemented. (did not relate to patient condition being screened). Also Psychosocial assessment was completed in four out of ten reviewed medical record.*

SC.3 - Patients with psychosocial risk have an appropriate plan that meets their needs.

(Not Met)

SC.3.1 - The social worker works collaboratively with clinical staff (physicians, nurses, and other clinical staff) to develop a suitable plan of care that meets the psychosocial needs of the patient and ensures the continuity of care.

Not Met

Activity	Comment
Open Medical Record Review 1339168	*There was no evidence of social worker works collaborate with clinical staff to develop a suitable plan of care. Ten medical record reviewed.*

SC.3.2 - Patients are reassessed by social worker at regular intervals, their response to the plan of care is monitored, and adjustments are made accordingly.

Not Met

Activity	Comment
Open Medical Record Review 1339169	*Psychosocial reassessment was completed in four out of ten reviewed medical record.*

SC.3.3 - The plan of care is documented in the patient's medical record as part of multidisciplinary team planning.

Not Met

Activity	Comment
Open Medical Record Review 1339170	*There was no evidence of social worker plan of care documented in six out of ten reviewed medical records.*

SC.4.7 - Social worker participates with the treating team in discharge planning.

Not Met

Activity	Comment
Open Medical Record Review 1339171	*There was no evidence of social worker participates with the treating team in discharge planning. in six out of 10 reviewed medical records.*

SC.5 - The social worker documents all relevant patient information in the medical record.
(Not Met)

SC.5.1 - The social worker documents relevant information in the patient's medical record , which include:

SC.5.1.1 Reason for referral.
SC.5.1.2 Patient/family assessment and reassessment findings.
SC.5.1.3 Plan of care including goals and interventions such as counseling, education, and facilitation of resources.
SC.5.1.4 Evaluation of the plan of care.
SC.5.1.5 Regular progress notes that include the patient/family understanding, care progress, and needs for different or additional services.

Not Met

Activity	***Comment***
Open Medical Record Review *1339172*	*There was no evidence of social worker plan of care documented in six out of ten reviewed medical records.*

MM.10.2 - The pharmacy and therapeutics committee develops and approves medication substitution protocols in the event of medication shortage or outage.

Not Met

Activity	***Comment***
Pharmacy and Therapeutics Committee *1336385*	*The formulary and therapeutics committee did not develop medication substitution protocols in the event of medication shortage or outage.*

MM.10.3 - There is implementation of the hospital approved medication substitution protocols and staff awareness.

Not Met

Activity	***Comment***
Staff Interview *1336144*	*Seven out of seven staff confirmed that there was no medication substitution protocols.*

MM.13.9 - The hospital staff are well educated on the proper storage and handling of hazardous medications and pharmaceutical chemicals and spill management.

Not Met

Activity	***Comment***
Staff Interview *1336259*	*In four out of 5 demonstration by healthcare providers (family medicine, outpatient pharmacy, warehouse, ICU, medical unit) it was confirmed that staff requires re-training on the proper handling and spill management of hazardous medications and pharmaceutical chemicals.*

MM.14 - The hospital has a system for ensuring stability of medications available in multi-dose containers.

(Partially Met)

MM.14.1 - The hospital develops and maintains a set of guidelines for ensuring stability of multi-dose vials, vaccines, multi-dose oral liquids, and other multi-dose medications (e.g., eye, ear, and nasal drops, creams, ointments, nebulization solutions).

Not Met

Activity	***Comment***
Document Evidence *1334355*	*Multi-dose vial stability was available but not signed and approved by the Formulary and Therapeutics committee (FTC).*

MM.26.4 - The hospital provides and documents training and competency assessment of non-pharmaceutical care staff involved in compounding sterile preparations outside the pharmaceutical care department during emergency or urgency situations.

Not Met

Activity	***Comment***
Personnel File Review *1336382*	*We reviewed 7 nursing profiles. There was no evidence of training and competency assessment of nursing staff involved in compounding sterile preparations outside the pharmacy.*

MM.26.5 - There is full compliance with aseptic technique in all medication preparation areas all over the hospital.

Not Met

Activity	Comment
Observation *1336110*	*There was no full compliance with aseptic technique in both the central IV room and nursing units (Critical care and general medical/surgical floor). Touch contamination was seen in 7 out of seven cases while opening sterile syringes and needles. Uninterrupted First air and critical site was not respected in 4 out of 4 cases. Improper use of filter needles with glass ampules (withdraw with regular needle and injecting with filter needle to the IV bag where coring becomes a high risk. Tearing off the paper wrap of the needle and syringe rather than separating the paper folds from the appropriate side without touch and creation of particles. Placing unclean, paper (syringe and needle covers) directly on the clean working surface of the Laminar flow hood. Swabs taken from the floor underneath all laminar flow hoods were full of dirt and tiny hair. Proper house keeping and terminal cleaning was strongly and immediately recommended. Close supervision and pharmacy staff compliance with aseptic technique is essential for patient safety.*

MM.26.6 - Visual inspection is performed for all compounded sterile products by a trained individual for particulate, discoloration, or evidence of loss of integrity.

Not Met

Activity	Comment
Observation *1336111*	*There was no evidence of visual inspection in 7 out of 7 episodes of witnessed IV admixture in both central IV room and nursing units.*

MM.26.12 - Any sterile preparation compounded outside the clean room (e.g., in the patient care area during emergency or urgency situation) is done in an appropriate environment (location, space, cleanliness, traffic, etc.) to prevent contamination.

Not Met

Activity	Comment
Observation *1336172*	*There was no designated location for compounding sterile preparations in all nursing units (ICU, NICU, ER, Medical, Surgical units). Areas were not clean, or disinfected. Dust and dirt were visible in the cracks of the working surface and around the red adhesive tape marking the work surface. There was no traffic control since the medication room was full of cabinets, refrigerators, consumables, etc. Stainless steel trays were recommended.*

MM.28.7 - The design of the chemotherapy compounding area is guided by the professional organizations' standards (e.g., the American Society of Health-System Pharmacists, United States Pharmacopoeia USP <797>).

Not Met

Activity	*Comment*
Observation *1336048*	*The design of the chemotherapy room did not meet the requirements of USP797/USP800. Both buffer and anti-room were not ISO classified, no HEPA filter, no Pressure control and monitoring. It pose risk not only to staff, and environment but also to pharmaceutical products of immune compromised patients. Very small ante-room that does not allow running the required functions. Sink without sensor or foot pedals.*

MM.28.16 - When chemotherapy products are compounded by an outside vendor, the pharmaceutical care team maintains a copy of the contract and ensures compliance of the vendor with quality and safety standards. Contract monitoring is conducted at least annually with corrective actions accordingly.

N/A

MM.29.4 - The pharmaceutical care has a preparation manual (formulation book) that is properly referenced.

Not Met

Activity	*Comment*
Document Evidence *1336150*	*On-line formulations were outdated (example: Clonidine-Reference 1992, Amlodipine-Reference 2003, Glycopyrrolate-No reference).*

MM.37.6 - Medications are administered after visual inspection for discoloration, particulate, or other clues of loss of integrity or instability.

Not Met

Activity	*Comment*
Staff Interview *1336193*	*There was no evidence of performing visual inspection for discoloration, particulate, etc. in 7 out of 7 witnessed episodes.*

FMS.33.2 - Exhausts of the following gases are extended to the roof and identified:

FMS.33.2.1 Laboratory safety cabinet gases of a certain classes.
FMS.33.2.2 Central vacuum gases.
FMS.33.2.3 Scavenger gases of certain types.
FMS.33.2.4 Bone marrow transplantation (BMT) laboratory gases.

Not Met

Activity	***Comment***
Observation *1338552*	*Exhausts of the scavenging gases were extended about one meter above the roof and too close to the return fresh air. The laboratory and isolation room exhausts were colored in red, but not labeled.*

FMS.35.6 - Appropriate air flows (positive, negative, balanced) are established and monitored in janitorial closet.

Not Met

Activity	***Comment***
Observation *1338556*	*Negative air flow was not established in janitorial closets.*
Staff Interview *1338588*	*The utility staff was aware of negative air pressure requirements in janitorial closets.*
Document Evidence *1338728*	*Negative air flow was not monitored in janitorial closets.*

FMS.35.8 - Appropriate air flows (positive, negative, balanced) are established and monitored in triage and trauma management areas.

Not Met

Activity	***Comment***
Observation *1338628*	*Negative/positive air flow were not established in triage/trauma management areas.*
Staff Interview *1338630*	*Utility staff was not aware of the appropriate air flows (positive/negative) in triage and trauma management areas.*
Document Evidence *1338629*	*Negative/positive air flow were not monitored in triage/trauma management areas.*

PARTIALLY MET

LD.1 - The hospital has an effective governing body.

(Fully Met)

LD.1.1 - There is a governing body that fulfills its main roles for mission and strategy setting as well as performance evaluation and oversight on the hospital processes and outcomes.

Fully Met

LD.2.10 - The hospital director ensures the availability of adequate resources (e.g. human resources, equipment, supplies, and medications).

Partially Met

Activity	***Comment***
Observation *1348069*	*Only four social workers and a supervisor were available. Based on the bed capacity and scope of service of the hospital, about ten social workers is required.*

LD.3 - Hospital leaders ensure the hospital is in compliance with relevant laws and regulations.

(Partially Met)

LD.3.1 - Hospital leaders identify all relevant laws and regulations.

Partially Met

Activity	***Comment***
Document Review 1347903	*KA-CARE was not identified as one of the organizations that its laws and regulations affects hospital practices. However, the hospital radioactive materials guidelines included registration and certification of the Radiology department by KA-CARE.*

LD.4.6 - The scope of services is approved by the governing body.

Partially Met

Activity	***Comment***
Document Review 1347838	*The scope of services is approved by the COO. Although the COO is a member of the governing board of the corporate, its required to approve the scope of services by the chairman of the board as the scope should not be changed with no coordination and approval of the board.*

LD.5 - A structure is in place for the hospital leaders to communicate and collaborate in order to fulfill the hospital's mission and plans.

(Partially Met)

LD.5.1 - Hospital leaders form an executive management body (e.g., an executive management committee), led by the hospital director and includes the medical director, the nursing director, the quality director, selected heads of the departments, and other senior staff members as required.

Partially Met

Activity	***Comment***
Document Review 1347825	*The COO meets with c-suite in Riyadh at corporate level. In addition, weekly meetings are held in Jeddah for KFSH&RC-Jeddah. However, the process of management weekly meeting was not regulated in terms of clear functions of the team, who are the members of this meeting, how frequent they meet and when, the processes of decision making, how to communicate outcomes of the meetings to concerned staff, and how to follow up implementing team decisions and recommendations*

LD.9.5 - Feedback from the annual review is studied by the committee and recommendations are implemented.

Partially Met

Activity	*Comment*
Staff Interview 1342865	*There was no committee annual review report presented to me as this is first accreditation with 4 months track record.*
Staff Interview 1338974	*First accreditation*
Pharmacy and Therapeutics Committee 1336315	*This is the first CBAHI accreditation cycle where only 4 month track period was required.*
Environmental Safety Committee 1338495	*This was the first accreditation.*
Quality Committee 1348110	*Not require as this was an initial survey*

LD.15.2 - The strategic plan is based on comprehensive evaluation of the internal and external environmental factors (e.g., SWOT analysis, PEST analysis).

Partially Met

Activity	*Comment*
Document Review 1347856	*The analysis was not comprehensive. it was lacking the political, legal, social, and environmental aspects. Stakeholders needs, competition in healthcare industry, and partners capabilities were also not included or reflected in the provided document.*

HR.16.2 - Data are aggregated and analyzed.

Partially Met

Activity	*Comment*
Quality Committee 1348121	*The nurses accounted for 38% of the respondents to the satisfaction survey (largest group of respondents). However, no analysis was done for their responses while it was done for smaller percentage of respondents (7%) of other professional categories.*

PC.5.4 - The hospital ensures effective communication with patients having special communication needs (e.g., sign language for the hearing impaired patients, and assistance modalities for sight impaired patients).

Partially Met

Activity	*Comment*
Staff Interview 1347989	*The interviewed OPD registration desk staff (in hearing impairment clinic) was not properly aware of how to contact sign language interpreter or how to get help to solve communication difficulties with patients having communication needs.*

PC.27 - The hospital provides safe psychiatric care services in accordance with professional standards and applicable laws and regulations.

(N/A)

PC.27.1 - Psychiatric care is provided by qualified physicians.

N/A

PC.27.2 - There are admission and discharge criteria for psychiatric patients.

N/A

PC.27.3 - The need for psychiatric care and choice of modality are based on sound clinical principles and a thorough clinical evaluation of medical condition and co-morbidities.

N/A

PC.27.4 - The physical layout of the psychiatry service area allows for:

PC.27.4.1 Quiet and separate counseling of patients and families.
PC.27.4.2 Access only by authorized staff.
PC.27.4.3 Quick assistance from security.
PC.27.4.4 A means to separate adults from pediatrics.

N/A

PC.27.5 - Seclusion areas are adequately lit, equipped with special safety features, and provide protection for patients and staff.

N/A

PC.28.2 - The policies and procedures are developed by qualified psychiatrist in collaboration with other relevant professionals.

N/A

PC.38 - The hospital has an efficient discharge process.

(Fully Met)

PC.38.1 - The patient and the family are involved in the discharge process with clear follow up instructions.

Partially Met

Activity	***Comment***
Closed Medical Record Review 1338873	*In eight out of sixteen reviewed medical records there was no documentation regarding discharge process to include clear follow up instructions. in addition, discharge planning screening criteria was very limited to only include the need for transport, referral to outside facility and need for out of Riyadh referral.*

PC.38.2 - Discharge is based on the patient's condition and relevant policies or criteria.

Partially Met

Activity	***Comment***
Closed Medical Record Review 1338874	*In eight out of sixteen reviewed medical records discharge process documentation was not noted.*

PC.38.3 - Patients' needs after discharge are assessed as early in the care process as possible.

Partially Met

Activity	*Comment*
Closed Medical Record Review 1338875	*In eight out of sixteen reviewed medical records, there was no documentation regarding the discharge process.*

PC.38.4 - The discharge process identifies the post-service needs and supports continuity of care after discharge.

Partially Met

Activity	*Comment*
Closed Medical Record Review 1338876	*In eight out of sixteen reviewed medical records, there was no documentation regarding the discharge process.*

PC.38.5 - The post-service needs are communicated to relevant staff members.

Partially Met

Activity	*Comment*
Closed Medical Record Review 1338877	*In eight out of sixteen reviewed medical records there was no documentation regarding discharge process.*

PC.38.6 - Staff members ensure coordination with various departments involved in the discharge process.

Partially Met

Activity	*Comment*
Closed Medical Record Review 1338878	*In eight out of sixteen reviewed medical records, there was no documentation regarding the discharge process.*

NR.9.2 - Each unit has a head nurse/nurse manager with the required nursing and managerial experience.

Partially Met

Activity	*Comment*
Personnel File Review 1339208	*Eight out of twenty two head nurses were classified as technician by Saudi Council.*

QM.15.3 - Reportable sentinel events are reported to CBAHI within five working days of the internal notification of the event.

N/A

QM.15.5 - The root cause analysis and risk reduction plan are sent to CBAHI within thirty working days from the date of the internal notification of the event.

N/A

PFE.1.2 - There is an appropriate structure and efficient resources for patient/family education throughout the hospital.

Partially Met

Activity	*Comment*
Staff Interview 1339010	*Although, there was a committee that oversee Patient and Family education in the hospital, there were only two educators to cover highly specialized and complex care needs for three hundreds and seventy eight (378) beds. Five staff interviewed.*

PFE.1.3 - According to the size of the hospital and its scope of services, the hospital assigns adequate health educators to cover the needs of patient/family education (e.g., diabetic educator, nurse educator).

Partially Met

Activity	*Comment*
Personnel File Review 1339213	*The hospital had two health educators that were not adequate to cover specialized and complex services offered in three hundred and seventy eight bed.*

PFE.5.10 - The hospital provides the patient with the necessary education and information about the rational and benefits of any dietary restrictions.

Partially Met

Activity	*Comment*
Open Medical Record Review 1339145	*The hospital provided the patient with the necessary education and information about the rational and benefits of any dietary restrictions in fife out of ten reviewed medical records.*

PFE.5.12 - The hospital ensures that the patient has his follow up clinic appointments.

Partially Met

Activity	*Comment*
Open Medical Record Review 1339144	*Follow up appointment was documented in three out of six reviewed medical records.*

PFE.6 - The patient/family education is evaluated for effectiveness.

(Partially Met)

PFE.6.1 - Clinical staff and health educators obtain feedback from the patient and/or family to ensure proper understanding (e.g., demonstrates learning, verbalizes understanding).

Partially Met

Activity	*Comment*
Open Medical Record Review 1339146	*Patient and family education mainly done by nursing staff with no participation from other health care staff. In all reviewed medical records.*

PFE.7 - All patient education activities are documented in the patient's medical record.

(Partially Met)

PFE.7.1 - The educational needs assessment and planning is documented in the patient's medical record.

Partially Met

Activity	*Comment*
Open Medical Record Review 1339147	*Patient and family education mainly done by nursing staff with no participation from other health care staff. In all reviewed medical records.*

PFE.7.2 - The patient's response to education is documented in the patient's medical record.

Partially Met

Activity	*Comment*
Open Medical Record Review 1339148	*Patient and family education mainly done by nursing staff with no participation from other health care staff. In all reviewed medical records.*

PFR.17.2 - The hospital accurately bills for services.

N/A

PFR.17.4 - The hospital maintains ethical marketing.

N/A

AN.19.3 - When patients are transferred back to the unit:

AN.19.3.1 Patients are discharged to the unit by a qualified physician.

AN.19.3.2 The physician writes a follow up instructions for the nurses.

Partially Met

Activity	*Comment*
Open Medical Record Review 1339155	*Patients were discharged from recovery room by nurses. Ten medical records reviewed.*

OR.14.14 - The storage area of the operating room is well maintained with respect to the infection prevention and control standards.

Partially Met

Activity	*Comment*
Observation 1336478	*The storage areas of sterile items were clean, temperature and humidity were maintained, however, they were overcrowded and required better items' arrangements.*
Document Evidence 1336477	*The storage areas of sterile items were clean, temperature and humidity were maintained with available log sheets, however, they were overcrowded and required better items' arrangements.*

ICU.2 - The adult intensive care unit nurse manager is a qualified registered nurse.
(Partially Met)

ICU.2.1 - The nurse manager is a registered nurse qualified by education, training and, experience in managing critically-ill patients.

Partially Met

Activity	***Comment***
Personnel File Review 1339221	*One out of three head nurses in three ICU units was classified as technician by Saudi Council.*

DT.2 - Patients identified to be at nutritional risk undergo comprehensive nutritional assessment.
(Fully Met)

DT.2.1 - Nutritional screening is conducted by qualified hospital staff (e.g., registered nurse) to determine the patient's need for comprehensive nutritional assessment by a licensed dietitian.

Partially Met

Activity	***Comment***
Closed Medical Record Review 1338899	*In four out of nine reviewed medical records, nurses conducted screening did not relate to patient condition being screened.*

DT.3.4 - Patients are reassessed for response by the dietitian at regular intervals and adjustments are made accordingly.

Partially Met

Activity	***Comment***
Closed Medical Record Review 1338907	*In three out of nine reviewed medical records, no nutritional reassessment was documented.*

DT.4.4 - The dietary manual includes the following items:

DT.4.4.1 Different types of diets used in the hospital.
DT.4.4.2 Nutritional supplements used and how to use them.
DT.4.4.3 Appropriate storage method for snacks and beverages.
DT.4.4.4 Mealtimes and working hours of the kitchen.

Partially Met

Activity	***Comment***
Document Evidence 1339044	*The provided dietary manual did not include appropriate storage method for snacks and beverages.*

SC.2 - Patients identified at psychosocial risk undergo comprehensive psychosocial assessment.

(Partially Met)

SC.2.1 - Psychosocial screening is conducted by qualified hospital staff (e.g., registered nurse) to determine the patient's need for comprehensive psychosocial assessment by a licensed social worker.

Partially Met

Activity	*Comment*
Open Medical Record Review *1339165*	*In five out of ten reviewed medical records, patients screening criteria was not accurately implemented. (did not relate to patient condition being screened)*

SC.4 - The hospital ensures the provision of effective social care services for inpatients and outpatients.

(Partially Met)

SC.4.1 - Social worker helps patients cope with illness, treatment, and recovery.

Partially Met

Activity	*Comment*
Staff Interview *1348290*	*Due to the shortage of staff, social workers were not able to provide help to all high risk patients to cope with illness, treatment, and recovery.*

MOI.7 - The hospital uses a standardized definitions, abbreviations, and symbols.

(Fully Met)

MOI.7.2 - The hospital implements a list of approved and prohibited abbreviations and symbols.

Partially Met

Activity	*Comment*
Document Evidence *1334375*	*The approved prescribing abbreviation list allows drug name abbreviations such as ASA, INH, PZA, CSA, ATG, BSS, MOM, 6MP, EPI, DDAVP, Bi-bismuth, etc.*

MOI.7.3 - The lists are consistent with national standards and professional organizations concerned with patient safety.

Partially Met

Activity	*Comment*
Document Evidence *1334376*	*The approved prescribing abbreviation list allows drug name abbreviations such as ASA, INH, PZA, CSA, ATG, BSS, MOM, 6MP, EPI, DDAVP, etc. Drug name abbreviation is prohibited.*

IPC.16.2 - Antiseptics and disinfectants are used in accordance with current scientific guidelines and recommended practice (e.g., approved by recognized professional organizations such as the Food and Drug Administration and Environmental Protection Agency).

Partially Met

Activity	***Comment***
Observation 1336739	*Inappropriate use of soap for washer machines in the decontamination areas of the CSSD was observed. The current practice allowed the dust to be mixed with the disinfectant.*
Staff Interview 1336740	*Inappropriate use of soap for washer machines in the decontamination areas of the CSSD was observed. The current practice allowed the dust to be mixed with the disinfectant.*

IPC.19 - Central sterilization service staff are qualified by education, certification, or training in the field of sterilization and disinfection.

(Fully Met)

IPC.19.1 - The supervisor of the central sterilization service has experience, knowledge, and certification in sterilization practice and is registered with the Saudi Commission for Health Specialties as a central sterilization service technician.

Partially Met

Activity	***Comment***
Staff Interview 1336593	*The supervisor of the central sterilization service had experience and knowledge in sterilization practice, however, he was not registered with the Saudi Commission for Health Specialties as a central sterilization service technician.*
Personnel File Review 1336594	*The supervisor of the central sterilization service had experience and knowledge in sterilization practice, however, he was not registered with the Saudi Commission for Health Specialties as a central sterilization service technician.*

IPC.38 - The hospital adopts safe injection practices that minimize or prevent transmission of infection.

(Fully Met)

IPC.38.1 - Staff use aseptic technique for injections preparation.

Partially Met

Activity	*Comment*
Document Review 1336764	*Staff in IV preparation room, ICU required to improve their aseptic technique for injections preparation to appropriately implement the approved related policy.*
Observation 1336763	*Staff required to improve their aseptic technique for injections preparation e.g. in the IV preparation room and ICU.*

MM.2 - The pharmaceutical care department has a clear organizational structure and is directed by a qualified pharmacist.

(Fully Met)

MM.2.1 - The pharmaceutical care department has a clear organizational structure.

Partially Met

Activity	*Comment*
Document Evidence 1336081	*The pharmacy organization structure was outdated (2013) and missing the signature of the department head.*

MM.5.2 - The hospital identifies an annually updated list of high-alert medications and hazardous pharmaceutical chemicals based on its own data and national and international recognized organizations (e.g., Institute of Safe Medication Practice, World Health Organization). The list contains, but is not limited to, the following:

MM.5.2.1 Controlled and narcotics medications.
MM.5.2.2 Neuromuscular blockers.
MM.5.2.3 Chemotherapeutic agents.
MM.5.2.4 Concentrated electrolytes (e.g., hypertonic sodium chloride, concentrated potassium salts).
MM.5.2.5 Antithrombotic medications (e.g., heparin, warfarin).
MM.5.2.6 Insulins.
MM.5.2.7 Anesthetic medications (e.g., propofol, ketamine).
MM.5.2.8 Investigational (research) drugs, as applicable.
MM.5.2.9 Other medications as identified by the hospital.

Partially Met

Activity	***Comment***
Document Review 1334347	*The hospital list of high-alert medications was considered incomplete and non-comprehensive. It included controlled drugs (only IV diazepam, midazolam, lorazepam, dexmetidomedine, and oral chloral hydrate). It included narcotics (only IV alfentanyl, codeine, fentanyl, sufentanyl, hydromeorphone, mepirifdine, methadone, morphine, remifentanyl, and tramadol). It does not include other dosage forms. The list included antithrombotics (but it exclude heparin flush). It included anesthesia medications (only Propofol, ketamine, and thiopental) when not administered by anesthesiologist. It did not mention anything about investigational agent (we identified 3 investigational medications in 2018). It contains hypertonic saline (more than 0.9%) but did not mention the strength of formulary approved hypertonic saline.*

MM.7.4 - The meeting minutes of the committee reflects the members in attendance, items discussed, decisions reached, lead accountability assigned for action undertaken and subsequent reporting, as well as follow-up data for these activities.

Partially Met

Activity	***Comment***
Pharmacy and Therapeutics Committee 1336320	*Meeting minutes did not document: lead accountability assigned for action undertaken and subsequent reporting, as well as follow-up data for these activities.*

MM.8.6 - The hospital formulary provides guidance on antibiotics use (both prophylactic and therapeutic uses).

Partially Met

Activity	***Comment***
Document Review 1334401	*Guidance on prophylactic and empiric antibiotics use was available, however, there was no therapeutic guidelines.*

MM.8.7 - The hospital formulary provides a list of approved prescribing abbreviations.

Partially Met

Activity	***Comment***
Document Review 1334402	*The hospital formulary provides a list of approved prescribing abbreviations. The list contained too many abbreviated drug names such as ASA, INH, PZA, 6MP, ATG, ACTH, BSS, MOM, CSA, DDAVP, EPI, etc.*

MM.13.3 - Hazardous medications and pharmaceutical chemicals are stored separately on low shelves and in the original labeled containers.

Partially Met

Activity	*Comment*
Observation 1336249	*Injectable Chemotherapy stocks in big brown cartons were stored on high shelves in the medication warehouse.*

MM.13.5 - Spill kits and personal protective equipment are readily available.

Partially Met

Activity	*Comment*
Observation 1336253	*Four different types of chemical spill kits were observed in different areas. Spill kits and personal protective equipment were readily available. However, in 3 out of 6 visited areas (warehouse, ICU, family medicine, medical, surgical, NICU, Outpatient pharmacy) the contents and quality of the personal protective material were not meeting the standard requirements for safe spill management.*

MM.13.8 - Eye wash station and emergency water shower are available where hazardous medications and pharmaceutical chemicals are located.

Partially Met

Activity	*Comment*
Observation 1336258	*In the warehouse: Wall-mount eye wash station was located far from the huge stocks of hazardous chemotherapy stocks. Only one eye wash station connected to the water faucet was located in the warehouse bathroom which is at least 100 meters away from the hazardous stock. All other patient care areas (medical, surgical, ICU, ER, family =medicine, etc) and pharmacy had nearby eye wash station. Water shower was not available in all pharmacies except chemotherapy compounding area. Water shower was not available in the medication warehouse.*

MM.20.8 - All medications are accurately transcribed into the medication administration record (MAR) after being verified against the original physician order or prescription.

N/A

MM.21.4 - The transcription of medication order into the medication administration record (MAR) clearly reflects the type of order.

N/A

MM.22 - The hospital has a system for prescribing antibiotics.

(Partially Met)

MM.22.1 - The hospital implements updated and approved multidisciplinary guidelines on the proper prescribing of antibiotics.

Partially Met

Activity	*Comment*
Document Review 1334365	*The hospital implemented updated and approved multidisciplinary guidelines on the proper prescribing of prophylactic and empiric antibiotics. There was no guidelines for therapeutic uses of antibiotics.*

MM.22.2 - The antibiotics guidelines are updated as recommended by the pharmacy and therapeutics committee utilizing the hospital anti-biogram.

Partially Met

Activity	*Comment*
Pharmacy and Therapeutics Committee 1336328	*Hospital developed only guidelines for empiric use and surgical antibiotics prophylaxis. There were no guidelines for therapeutic uses of antibiotics*

MM.22.4 - There is proper implementation of the approved guidelines for empiric and therapeutic use of antibiotics.

Partially Met

Activity	*Comment*
Open Medical Record Review 1336217	*The hospital did not establish therapeutic use guidelines for antibiotics yet. Empiric antibiotics were properly implemented in ICU and general wards.*

MM.36.3 - The hospital guidelines for safe administration of intravenous push medications are available, disseminated and implemented in all patient care units. The guidelines include medication name, infusion time, nurse qualification and patient care unit.

Partially Met

Activity	*Comment*
Staff Interview 1336188	*Nursing qualification and care setting (critical versus non-critical) were not specified in the guidelines.*
Pharmacy and Therapeutics Committee 1336332	*Nursing qualification and care setting (critical versus non-critical) were not specified in the guidelines.*

LB.55.3 - Policies, processes, and procedures ensure the performance of visual inspection for discoloration, clots, hemolysis, and adequacy of seal.

Partially Met

Activity	*Comment*
Observation 1342439	*2 out of 10 checked untested PC units were hemolyzed.*
Document Evidence 1342441	*2 out of 10 checked untested PC units were hemolyzed and they did not present the visual check records.*

FMS.4 - The hospital is in compliance with applicable laws and regulations.
(Fully Met)

FMS.4.1 - The hospital has a valid Saudi Civil Defense license.
N/A

FMS.4.2 - The hospital has a valid Saudi Civil Defense report and action plan as applicable.
Partially Met

Activity	***Comment***
Observation 1338473	*The hospital had an approved plan and budget for the corrective actions of the civil Defense report; however, fire rating doors, sprinkler system, and missing clean agent suppression systems were not finalized yet.*

FMS.5.2 - A work permit is signed by the construction team and posted in the construction, renovation, or demolition sites.
N/A

FMS.7 - The hospital is equipped for vulnerable individuals and others with special needs.
(Partially Met)

FMS.7.1 - The hospital is equipped with special parking spots.
Partially Met

Activity	***Comment***
Observation 1338475	*The hospital had approximately 60% of the needed special parking spots for patients with special needs.*

FMS.7.3 - The hospital is equipped with handrails in the corridors and stairs.
Partially Met

Activity	***Comment***
Observation 1338517	*The hospital main corridors did not handrails, but the corridors in the wards and stairs had them.*

FMS.14.6 - Any leak, spill, or exposure to any hazardous material is reported.
Partially Met

Activity	***Comment***
Document Review 1338408	*The hospital did not have any hazardous material spill report.*

FMS.19 - The hospital supports fire prevention.
(Fully Met)

FMS.19.1 - The hospital ensures procuring materials like curtains and drapes that are fire retardant.

Partially Met

Activity	*Comment*
Document Review 1338384	*No evidence to show that furniture in the VIP wards were fire retardant. Window curtains were in process of replacement for fire retardant type.*

FMS.22 - The hospital has a fire suppression system available in the required area(s).
(Partially Met)

FMS.22.1 - The hospital has a functional sprinkler system.

Partially Met

Activity	*Comment*
Observation 1338485	*Part of the Utility and maintenance building including the kitchen and laundry did not have a sprinkler system. The sprinkler system was lacking a diesel pump.*
Document Evidence 1338392	*Part of the utility and maintenance building including the kitchen and laundry did not have a sprinkler system. The sprinkler system was lacking a diesel pump.*

FMS.22.2 - The hospital has clean agent suppression system.

Partially Met

Activity	*Comment*
Observation 1338455	*The hospital did not have clean agent suppression system in Generator's rooms, transformers room and electrical closet on the fourth floor. A project was approved (Aljazeera project) and will be implemented.*
Document Evidence 1338393	*The hospital did not have clean agent suppression system in Generator's rooms, transformers room and electrical closet on the fourth floor. A project was approved (Aljazeera project) and will be implemented.*

FMS.23.5 - Fire exits are fire resistant.

N/A

FMS.24.5 - Fire rated doors are available according to the hospital zones with no separation between walls and ceiling to prevent smoke spread between rooms and areas.

Partially Met

Activity	*Comment*
Observation 1338537	*Fire doors on the wards and stair case on first floor were made of glass, no fire rating plates.*

FMS.32.8 - The hospital keeps standby oxygen and medical air cylinders enough for forty eight hours of average consumption.

Partially Met

Activity	*Comment*
Observation 1338464	*The standby oxygen cylinders were enough to cover approximately twenty four hours of average consumption.*

FMS.34.5 - Air change per hour is maintained as per national and international guidelines (e.g., American Society of Heating, Refrigerating & Air-Conditioning Engineers, ASHRAE).

Partially Met

Activity	*Comment*
Document Evidence 1338586	*The Air Changes per Hour (ACH) was done monthly, but the ACH in the isolation rooms were 9-10 ACH. Did not reach 12.*

FMS.36.5 - Temperature and humidity are controlled and regularly monitored inpatient rooms.

Partially Met

Activity	*Comment*
Observation 1338640	*Temperature and humidity were not monitored in the inpatient rooms.*