Joint Commission International Accreditation

FINAL ACCREDITATION SURVEY FINDINGS REPORT

Hospital de Neurorehabilitació Institut Guttmann

Badalona/Barcelona, Spain

International Health Care Organization (IHCO) Identification Number: 60000449

Survey Dates:	25 June 2018 - 29 June 2018
Program:	Hospital
Survey Type:	Triennial
Surveyor Team:	Juan Ferrer, MD, Physician, Team Leader Pilar Hilarion, Nurse/Admin

OUTCOME:

Based on the findings of the Triennial Hospital survey of 25 June 2018 to 29 June 2018 and the Decision Rules of Joint Commission International (JCI), Hospital de Neurorehabilitació Institut Guttmann 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 will 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 stimulate 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, Hospital de Neurorehabilitació Institut Guttmann is encouraged to immediately place organization-wide focus on the standards with measurable elements scored as "Not Met" and "Partially Met" and to implement the actions necessary to achieve full compliance.

Between surveys, Hospital de Neurorehabilitació Institut Guttmann will be expected to demonstrate compliance with the most current edition of the JCI standards at the time, which includes the JCI accreditation policies and procedures published on the JCI website.

JCI will continue to monitor Hospital de Neurorehabilitació Institut Guttmann 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.

REQUIRED FOLLOW-UP:

Some of findings identified in this report suggest that if not attended to in a timely manner can evolve into a generalized threat to patient and/or staff health and safety and may over time result in a sentinel event. These health and safety risks would be counter to the improvement efforts your critical care program has accomplished to date, and counter to the spirit of continual improvement in quality and continual reduction of risk that are considered part of the accreditation process. This is of concern to us and we believe should be a priority concern for your organization. For this reason, a Strategic Improvement Plan (SIP) describing the sustainable measures that will be implemented to achieve full compliance is required for the following standard(s) and measurable element(s):

- ASC.4, ME #2

The SIP must be submitted to JCI within the next 45 days or by 17 August 2018 for review and acceptance. Details regarding access to the SIP system will be sent to you by way of a separate notification.

REPORT OF SURVEY FINDINGS:

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

Assessment of Patients

AOP.5.3 A laboratory safety program is in place, followed, and documented, and compliance with the facility management and infection control programs is maintained.

Measurable Element #3
Identified safety risks are addressed by specific processes and/or devices to reduce the safety risks. (Also see FMS.5, ME 3)
Partially Met
In the Laboratory, there was no eye-wash station to protect from the risk of accidental exposure to irritant products.

Anesthesia and Surgical Care

ASC.3 The administration of procedural sedation is standardized throughout the hospital.

Measurable Element #2
Standardization of procedural sedation includes identifying and addressing at least a) through e) in the intent.
Partially Met
Procedural sedation was standardized throughout the hospital. Hospital protocol PT-4-NR-QUI-017000-CA ("Sedació i analgesia fora de l'àrea quirúrgica") included all aspects of the intent, except element b), special qualifications or skills of staff involved, and element d), the immediate availability and use of specialized medical equipment, appropriate to the age and history of the patient.

ASC.4 A qualified individual conducts a pre-anesthesia assessment and pre-induction assessment.

Measurable Element #2
A separate pre-induction assessment is performed to reevaluate patients immediately before the induction of anesthesia.
Not Met
Hospital policy on anesthesia services (PL-4-NR-QUI-0070000-CA) did not define the content of a pre-induction assessment and how to document it. In one of eight (12.5% compliance) surgical patients reviewed, a separate pre-induction evaluation of patient readiness for anesthesia including baseline physiologic parameters was performed.

Measurable Element #3
The two assessments are performed by an individual(s) qualified to do so and documented in the patient medical record.
Partially Met
Pre-anesthesia assessment was performed by a qualified individual (Internal Medicine specialist or Anesthesiologist) and documented in the patient record, although pre-induction assessment was not performed and documented.

ASC.7.2 Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

Measurable Element #1
Surgical reports, templates, or operative progress notes include at least a) through g) from the intent. (Also see ACC.3, ME 4)
Partially Met
Surgical reports documented all the information from the intent statement, with the exception of element f), amount of blood loss and amount of transfused blood.

Medication Management and Use

MMU.1.1 The hospital develops and implements a program for the prudent use of antibiotics based on the principle of antibiotic stewardship.

Measurable Element #5
The effectiveness of the antibiotic stewardship program is monitored.
Partially Met
The antibiotic stewardship program ("Programa PROA") monitored indicators about antibiotic consumption and the appropriateness of prophylactic use, but lacked a complete evaluation of the effectiveness of the program at the time of the survey.

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

Measurable Element #4
After preparation, medications not immediately administered are labeled with the name of the medication, the dosage/concentration, the date prepared, the expiration date, and two patient identifiers (Also see IPSG.1, ME 2)
Partially Met
Five injectable anesthetic medications were kept unattended in an operating room at the end of the procedure. Two of them were labeled with a warning but without identification of content and none of them had expiration dates.

Prevention and Control of Infections

PCI.9 **Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.**

Measurable Element #1
The hospital identifies situations in which personal protective equipment is required and ensures that it is available at any site of care at which it could be needed. (Also see FMS.5.1, ME 2)
Partially Met
In the utility room washing stations of inpatient units, glasses were accessible for the use of disinfectants, but masks were not readily accessible in the locations, as required.

Facility Management and Safety

FMS.7 **The hospital establishes and implements a program for the prevention, early detection, suppression, abatement, and safe exit from the facility in response to fires and nonfire emergencies.**

Measurable Element #2
The program includes assessing compliance with the fire safety code and includes at least a) through i) in the intent.
Partially Met
During the facility tour, three safety doors did not close properly. The organization reviewed all hospital safety doors and found that six doors of a total of 89 had a problem with the spring strength. This was corrected before the end of the survey.

FMS.8 **The hospital establishes and implements a program for inspecting, testing, and maintaining medical equipment and documenting the results.**

Measurable Element #1
The hospital establishes and implements a medical equipment program throughout the hospital. (Also see AOP.6.5, ME 1)
Partially Met
The hospital had established and implemented a medical equipment program, except for home ventilators provided by external suppliers. This equipment was controlled by the external provider, but the hospital medical equipment department did not receive maintenance information. This was corrected before the end of survey.

Measurable Element #2
There is an inventory of all medical equipment. (Also see AOP.6.5, ME 3)
Partially Met
Ventilators and capillary glucometers were controlled by nursing staff but were not included in the general medical equipment inventory. This was corrected before the end of survey.

Staff Qualifications and Education

SQE.8.1 **Staff members who provide patient care and other staff identified by the hospital are trained and can demonstrate appropriate competence in resuscitative techniques.**

Measurable Element #3

There is evidence to show if a staff member passed the training. (Also see SQE.5, ME 4)

Partially Met

In four of six (67% compliance) medical staff files reviewed, there was evidence of passing the training in resuscitative techniques. Evidence was missing for independent practitioners.

Management of Information

MOI.4 **The hospital uses standardized diagnosis and procedure codes and ensures the standardized 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, discharge summaries, and other documents patients and families receive from the hospital about the patient's care. (Also see ACC.4.3; ACC.4.3.1, ME 1; ACC.4.3.2, ME 1; ACC.5.2, ME 1; PFR.4, ME 1; and PFR.5.1, ME 3)

Partially Met

In 18 of 24 (75% compliance) informed consents reviewed, abbreviations were not used in the name of the procedure or in the personalized risks sections. Discharges summaries were prepared from the electronic progress notes that also included different abbreviations.