Joint Commission International Accreditation

FINAL ACCREDITATION SURVEY FINDINGS REPORT

AZ Groeninge

Kortrijk, Belgium

International Health Care Organization (IHCO) Identification Number: 60000401

Survey Dates:	9 - 13 May 2022
Program:	Hospital
Survey Type:	Triennial
Surveyor Team:	Mai-Britt De Cordier, RN, CPHQ, MPA, Nurse, Team Leader Patricia M. O'Shea, MBA, MPH, MD, Physician Krishnan Sankaranarayanan, Administrator Marie M. Dennis, MSN, RN, Clinician

OUTCOME:

Based on the findings of the Triennial Hospital survey of 9 May 2022 to 13 May 2022 and the Decision Rules of Joint Commission International (JCI), AZ Groeninge 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, AZ Groeninge 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, AZ Groeninge 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 AZ Groeninge 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 the 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 organization 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):

- ACC.4, ME #5

The SIP must be submitted to JCI within the next 60 days or by 15 Jul 2022 for review and acceptance. Details regarding access to the SIP system will be sent to you by way of a separate notification.

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:

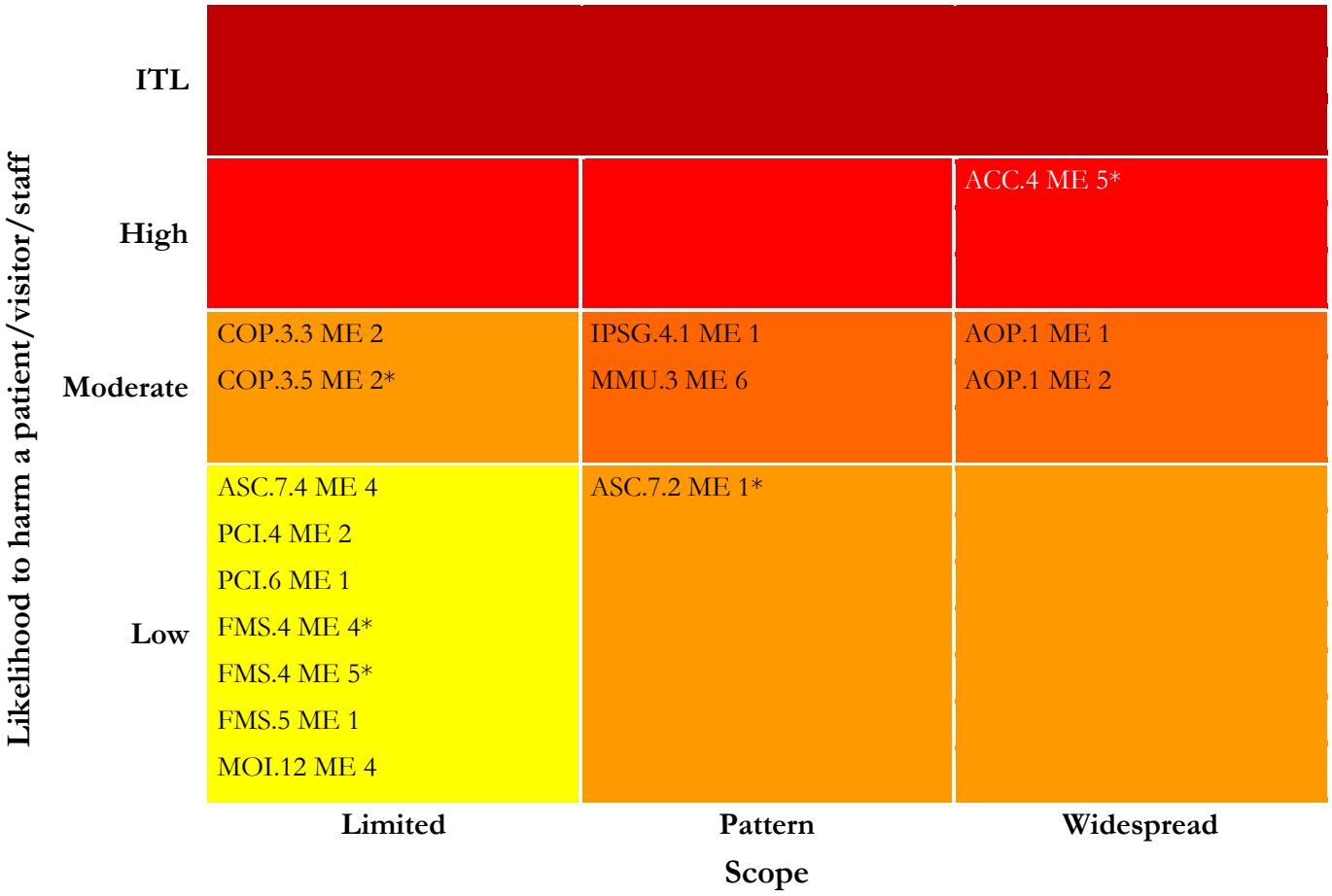
- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

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
High/Limited **High/Pattern** **High/Widespread**	• Not Met and Partially Met MEs will require a SIP
Moderate/Pattern **Moderate/Widespread**	• Only Not Met MEs will require a SIP
Moderate/Limited **Low/Pattern** **Low/Widespread**	• Not Met and Partially Met MEs will not require a SIP
Low/Limited	

SAFER Matrix
Program Name: Hospital



*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.4.1 **The hospital develops and implements a process for the time-out that is performed immediately prior to the start of the surgical/invasive procedure and the sign-out that is conducted after the procedure.**

Measurable Element #1

The full team actively participates in a time-out process, which includes a) through c) in the intent, in the area in which the surgical/invasive procedure will be performed, immediately before starting the procedure. Completion of the time-out is documented and includes date and time.

Partially Met

Likelihood to Harm: Moderate **Scope: Pattern**

The following were observed:

1. In the Cardiac Catheterization Laboratory, a time-out was observed which included a) through c) in the intent; however, the time-out was not performed immediately before starting the procedure and the staff left the room after the time-out to complete preparations.
2. Sedation forms did not have a place to record the time the time-out was performed and, consequently, times were not recorded.
3. A medical record of a poly-trauma patient who underwent three sequential surgical procedures did not contain evidence that separate time-outs had been completed prior to each individual procedure.

Access to Care and Continuity of Care

ACC.4 **The hospital develops and implements a discharge planning and referral process that is based on the patient's readiness for discharge.**

Measurable Element #5

Patients not directly referred or transferred are provided instructions, in writing, on when to return to the hospital for continued care, if appropriate, and when and how to obtain urgent care.

Not Met

Likelihood to Harm: High **Scope: Widespread**

In two of 10 (20 % compliance) medical records reviewed of patients not directly transferred, there was evidence that the patient had been provided instructions in writing on when and how to obtain urgent care.

Assessment of Patients

AOP.1 All patients cared for by the hospital have their health care needs identified through an assessment process that has been defined by the hospital.

Measurable Element #1

The hospital defines the minimum content of assessments for inpatients for each clinical discipline that performs assessments and specifies the required elements of the history and physical examination.

Partially Met

Likelihood to Harm: Moderate **Scope: Widespread**

The hospital defined the minimum content of assessments for inpatients for physicians and nurses. The hospital did not define the minimum content of assessments for other disciplines that performed assessments including dentists, psychologists, social workers, physiotherapists, speech therapists, occupational therapists, or dietitians. The hospital did not specify the required elements of the physical examination for any discipline.

Measurable Element #2

The hospital defines the minimum content of assessments for outpatients for each clinical discipline that performs assessments and specifies the required elements of the history and physical examination.

Partially Met

Likelihood to Harm: Moderate **Scope: Widespread**

The hospital defined the minimum content of assessments for outpatients for physicians and nurses. The hospital did not define the minimum content of assessments for other disciplines that performed assessments including dentists, psychologists, social workers, physiotherapists, speech therapists, occupational therapists, or dietitians. The hospital did not specify the required elements of the physical examination for any discipline.

Care of Patients

COP.3.3 Resuscitation services are available throughout the hospital.

Measurable Element #2

Medical equipment for resuscitation and medications for basic and advanced life support are standardized and available for use based on the needs of the population served.

Partially Met

Likelihood to Harm: Moderate **Scope: Limited**

The following were observed:

1. Medical equipment and medications for resuscitation were located in boxes that were secured with plastic breakaway locks throughout the hospital. In the Labor and Delivery Unit, extra locks were kept on the trolley where the box was located, and in the Neonatal Unit extra locks were kept in the binder where the daily checks were recorded. Access to these locks could result in unauthorized access to the medications or equipment.
2. On the Pediatric Unit, the resuscitation box was stored in an unlocked cupboard in the hallway. The box was checked weekly. This could result in unauthorized access to the medications and equipment that may not be detected for up to one week.

COP.3.5 The hospital has a process to identify patients at risk for suicide and self-harm.

Measurable Element #2

The hospital uses evidence-based tools to assess patients for suicidal ideation based on established criteria. Patients who screen positive, are identified as "at risk" for suicide and/or self-harm based on the established criteria.

Not Met

Likelihood to Harm: Moderate **Scope: Limited**

The hospital was not using an evidence-based tool to assess patients for suicidal ideation based on established criteria.

Anesthesia and Surgical Care

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.

Not Met

Likelihood to Harm: Low **Scope: Pattern**

In three of nine (33% compliance) records for patients having surgical or operative procedures, the surgical report included elements a) through g). In five of the records, lacking elements included one or more of the following: a) postoperative diagnosis, d) perioperative complications, e) surgical specimens sent for examination, and/or f) amount of blood loss. One record did not include a surgical report.

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 hospital's policy on implantable medical device, did not define the time frame for contacting and following up with patients in the event of receiving notification of a recall of an implantable medical device.

Medication Management and Use

MMU.3 **Medications are properly and safely stored.**

Measurable Element #6

Medications are protected from loss or theft throughout the hospital.

Partially Met

Likelihood to Harm: Moderate **Scope: Pattern**

1. In the Labor and Delivery Unit, a refrigerator containing medications for the anesthetists was not locked and the refrigerator was not in a secured area of the department. The door to the medication room was not secured.
2. In the Post-Anesthesia Care Unit, four syringes of an opioid medication were left unattended on the medication trolley in the middle of a patient care area. Staff reported this was the usual practice so that medications would be available in a timely fashion if needed.
3. In the Intensive Care Unit, a medication box containing propofol and midazolam was secured with a yellow breakaway lock. Additional locks were not secured, creating the risk of unauthorized access to these medications.

Prevention and Control of Infections

PCI.4 **The hospital designs and implements a comprehensive infection prevention and control program that identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.**

Measurable Element #2

The infection prevention and control program is comprehensive and crosses all levels of the hospital to reduce the risk of health care–associated infections in hospital staff.

Partially Met

Likelihood to Harm: Low **Scope: Limited**

The infection prevention and control program did not address the hospital staff and did therefore not reduce the risk of health care associated infections in hospital staff.

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 Dental Clinic, there was no separation between the decontamination area and the clean area. Neither area was enclosed from the space where patients, accompanying persons and staff were passing. This was a finding in the previous survey.

In the Central Sterile Supply area, the following were observed:

1. There was not a complete system in place for tracking instruments to the specific patient. Therefore, recall of potentially contaminated instruments in case of failure of mechanical systems would not identify those patients on whom the contaminated instruments had been used. The hospital was working on finalizing the last steps in the recall procedure.
2. The surgical instruments were sterilized in a closed position and thereby posed a risk of infection by not being adequately sterilized.
3. The surgical instruments awaiting washing were not kept moist or disinfected and thereby posed a risk of infection by not being adequately sterilized. This process was not in accordance with recognized guidelines such as Centers for Disease Control and Prevention (CDC) and Association of periOperative Registered Nurses (AORN) in USA.

Facility Management and Safety

FMS.4 **Data are collected and analyzed from each of the facility management and safety programs to reduce risks in the environment, track progress on goals and improvements, and support planning for replacing and upgrading facilities, systems, and equipment.**

Measurable Element #4

The individual who oversees the facility management and safety structure provides the comprehensive, facility-wide risk assessment and planned and implemented improvements to hospital leadership at least annually.

Not Met

Likelihood to Harm: Low **Scope: Limited**

The individual who oversaw the facility management and safety structure did not provide hospital leadership with an annual report on the comprehen-sive facility-wide risk assessment and planned and implemented improvements.

Measurable Element #5

Hospital leadership provides an annual report to the governing entity on the effectiveness of the facility management and safety programs, and the governing entity takes action.

Not Met

Likelihood to Harm: Low **Scope: Limited**

Hospital leadership did not provide an annual report to the governing entity on the effectiveness of the facility management and safety programs.

FMS.5 **The hospital develops and implements a program to provide a safe physical facility through inspection and planning to reduce risks.**

Measurable Element #1

The hospital develops and implements a written program to provide a safe physical facility.

Partially Met

Likelihood to Harm: Low **Scope: Limited**

In the male and female surgical units, the trolleys for intravenous preparation and blood tests were stored in the hallway. The carts were open and contained knife blades, needles, and bottles of disinfecting solutions. This did not ensure the safety of visitors and especially children.

Management of Information

MOI.12 **When mobile devices are used for texting, e-mailing, or other communications of patient data and information, the hospital implements processes to ensure quality of patient care and maintains security and confidentiality of patient information.**

Measurable Element #4

When the hospital implements a patient portal or communicates with patients via text messages or e-mails, the hospital first obtains consent from patients to participate in the portal and/or receive text messages or e-mails.

Partially Met

Likelihood to Harm: Low **Scope: Limited**

The hospital allowed patient data and information such as appointment reminders to be transmitted through text messaging. The hospital also had a patient portal. Consent was obtained from patients to participate in the patient portal; however, not for receiving text messages.