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:	18 - 22 November 2024
Program:	Hospital
Survey Type:	Triennial
Surveyor Team:	Juan Ferrer, MD, Physician, Team Leader Deborah E. Lee, MBA, RN, Nurse

OUTCOME:

Based on the findings of the Triennial Hospital survey of 18 November 2024 to 22 November 2024 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 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, 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 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):

- FMS.11, ME #4

The SIP must be submitted to JCI within the next 60 days or by 02 Feb 2025 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

Likelihood to harm a patient/visitor/staff	Limited	Pattern	Widespread
ITL			
High			
Moderate	COP.3.5 ME 3 IPSG.3.1 ME 2 PCI.5.1 ME 1 PCI.6 ME 5 PCI.13 ME 1	COP.5 ME 5 FMS.8.4 ME 1 IPSG.1 ME 1 MMU.3 ME 6 MMU.5.1 ME 4 PCI.6 ME 2 PCI.12.2 ME 3	FMS.11 ME 4* PCI.4 ME 4
Low	FMS.3 ME 1 GLD.1 ME 3 PCI.8 ME 5 SQE.8.1 ME 3 SQE.14.1 ME 2	FMS.5 ME 1 PCC.4.3 ME 1 QPS.3 ME 2	AOP.5.2 ME 1* FMS.13 ME 1 GLD.7.1 ME 2 GLD.13.1 ME 4

Scope

*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.

Assessment of Patients

AOP.5.2 A qualified individual is responsible for the oversight and supervision of the point-of-care testing program.

Measurable Element #1
The person responsible for managing the laboratory services, or a designee, provides oversight and supervision of the POCT program.
Not Met

Likelihood to Harm: Low **Scope: Widespread**

The Laboratory did not have oversight of glucometers across the hospital. The point of care testing was validated by the head nursing staff.

Care of Patients

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

Measurable Element #3
The hospital conducts an environmental risk assessment that identifies features in the physical environment that could be used in a suicide or self-harm attempt; the hospital takes necessary action to minimize the risk(s).
Partially Met

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

The hospital had developed and implemented criteria for screening and assessing patients for suicidal ideation. The staff was able to explain how to take some actions to minimize risks to prevent self-harm, although a complete environmental risk assessment of the clinical areas admitting those patients was not formally conducted.

COP.5 A variety of food choices, appropriate for the patient's nutritional status and consistent with his or her clinical care, is available.

Measurable Element #5
Food provided by family or others is stored under proper conditions to prevent contamination.
Partially Met

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

Patient food brought by family or others was stored in a fridge of the inpatient ward's resting room. The refrigerator was also used to store staff food, and the temperature was not monitored.

Facility Management and Safety

FMS.3 **The hospital develops and documents a comprehensive risk assessment based on facility management and safety risks identified throughout the organization, prioritizes the risks, establishes goals, and implements improvements to reduce and eliminate risks.**

Measurable Element #1

The risk assessments from all eight facility management and safety programs listed as a) through h) in the intent are integrated to develop and document a comprehensive, facility-wide risk assessment, at least annually.

Partially Met

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

The hospital had risk assessments covering all eight facility management and safety programs; however, they had not fully integrated them.

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: Pattern**

The following were observed:

1. Unsecured oxygen cylinder in the Oxygen Storage Room.
2. Storage of hospital supplies was seen up to the ceiling in the Maintenance Warehouse and Purchasing Room. This could pose a risk of falling due to the volume of goods stacked and a fire risk.

FMS.8.4 **The hospital involves staff in regular exercises to evaluate the fire safety program.**

Measurable Element #1

Staff from all shifts, including the night shift and weekends, annually participate in an exercise to evaluate the fire safety program.

Partially Met

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

It was observed that 65% of all staff had fire awareness training. It was predicted that by the end of the year 85% of staff would have been trained.

FMS.11 **The hospital develops, maintains, and tests an emergency management program to respond to internal and external emergencies and disasters that have the potential of occurring within the hospital and community.**

Measurable Element #4

The entire program, or at least critical elements c) through i) of the program, is tested annually.

Not Met

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

There was no plan to test the emergency management program to respond to external emergencies and disasters.

FMS.13 **Staff and others are trained and knowledgeable about the hospital's facility management and safety programs and their roles in ensuring a safe and effective facility.**

Measurable Element #1

All staff receive annual training and testing on each facility management and safety program to ensure they can safely and effectively carry out their responsibilities, and testing results are documented.

Partially Met

Likelihood to Harm: Low **Scope: Widespread**

The hospital had training on fire and staff protection and safety on an annual basis. Elements common among the various facility management and safety plans, such as staff protection, were addressed; however, there was no training and testing of the full safety plan.

Governance, Leadership, and Direction

GLD.1 **The structure and authority of the hospital's governing entity are described in bylaws, policies and procedures, or similar documents.**

Measurable Element #3

The governing entity is evaluated annually, and the results are documented.

Partially Met

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

The hospital had new leadership. A full self-assessment process of the Board had been produced; however, it was not implemented within the last year.

GLD.7.1 **Hospital leadership seeks and uses data and information on the safety of the supply chain to protect patients and staff from unstable, contaminated, defective, and counterfeit supplies.**

Measurable Element #2

Hospital leadership identifies any significant risk points in the steps of the supply chains.

Partially Met

Likelihood to Harm: Low **Scope: Widespread**

The hospital could define the risk points for the supply chain of medications; however, this form of analysis had not been formalized for other forms of hospital supplies.

GLD.13.1 **Hospital leadership implements, monitors, and takes action to improve the program for a culture of safety throughout the hospital.**

Measurable Element #4

Hospital leadership uses measures to evaluate and monitor the safety culture within the hospital and implements improvements identified from measurement and evaluation.

Partially Met

Likelihood to Harm: Low **Scope: Widespread**

The hospital leadership evaluated the safety culture annually; however, the response rate was 13 percent and only staff linked to clinical units were included. Finance, management, research unit, security, and facilities staff were not included in any reviews.

International Patient Safety Goals

IPSG.1 The hospital develops and implements a process to improve accuracy of patient identifications.

Measurable Element #1

At least two patient identifiers, that do not include the use of the patient's room number or location in the hospital, are used to identify the patient and to label elements associated with the patient's care and treatment plan.

Partially Met

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

Hospital policy on patient identification defined the two patient identifiers as the complete patient's name and date of birth. The following were observed:

1. The patient's room number was used as an identifier when dispensing medication from the pharmacy and when preparing medication before administration in inpatient wards.
2. Patient food stored in the ward fridge was not adequately labeled with the two identifiers.

IPSG.3.1 The hospital develops and implements a process to improve the safety of look-alike/sound-alike medications.

Measurable Element #2

The hospital develops and implements a process for managing look-alike/sound-alike medications that is uniform throughout the hospital.

Partially Met

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

In the storage area of Central Pharmacy, some look-alike/sound-alike medications (for example, lacosamide and lamivudine) were not identified with the orange warning label required by hospital policy PT-4-NR-FAR-062000-CA v.3.0 ("Medicaments amb noms similars").

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**

At the end of the surgical procedure, the anesthesiologist left the syringes with the rest of the narcotic drugs unsupervised. The SIGRE point was used to dispose of the entire syringe without previous extraction of the remaining narcotic content. Easy access to this point could allow the potential retrieval of these substances.

MMU.5.1 Medication prescriptions or orders are reviewed for appropriateness.

Measurable Element #4

When the designated licensed professional is not available to perform the full appropriateness review, a trained individual conducts and documents a review of critical elements h) through k) in the intent for the first dose, and a full appropriateness review is conducted within 24 hours.

Partially Met

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

The licensed personnel for appropriateness review was the designated pharmacist; however, during the night shifts and weekends, the department was closed and no other personnel was identified to undertake the minimum content for appropriateness review before the administration of a new first dose of a prescribed drug.

Patient-Centered Care

PCC.4.3 Patients and families receive adequate information about the patient's condition, proposed treatment(s) or procedure(s), and health care practitioners so that they can grant consent and make care decisions.

Measurable Element #1

Patients are informed of elements a) through h) in the intent as part of the informed consent process when informed consent is required for the treatment(s) or procedure(s).

Partially Met

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

Informed consent forms for anesthesia and blood transfusion included all elements in the intent, other than element b (the proposed treatment or procedure). The documents included information about all types of anesthesia and any blood component, although the concrete proposed or planned anesthesia or blood component to be used was not identified.

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 #4

The hospital implements strategies, education, and evidence-based activities to reduce infection risk in those processes.

Partially Met

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

The following were observed:

1. Cardboard boxes were seen across the hospital for long-term storage without a risk assessment. Cardboard boxes represent a potential infection control risk as they cannot be sanitized and may contain insect eggs along the corrugated ridges. They were seen in the Kitchen, Laboratory, Purchasing Storeroom, Maintenance Warehouse, and the Central Pharmacy.
2. The specimen's fridge in the Laboratory Department had no temperature monitoring on the weekend.
3. Hinged instruments were observed packed and sterilized in a closed position in the inpatient unit's emergency carts and the sterile supplies warehouse in the Operating Room Department.

PCI.5.1 **The hospital identifies areas at high risk for infections by conducting a risk assessment, develops interventions to address these risks, and monitors the effectiveness.**

Measurable Element #1

The hospital completes and documents a risk assessment, at least annually, to identify and prioritize areas at high risk for infections.

Partially Met

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

The following were observed:

1. The hospital had an infection control risk assessment; however, the risks identified only included internal risks and did not assess external risks including emerging and reemerging infections with the community, for example, COVID-19, Tuberculosis, and Influenza.
2. Infection control issues associated with the Kitchen and Facilities Department were not included in the risk assessment.

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 #5

Clean and sterile supplies are properly stored in designated storage areas that are clean and dry and protected from dust, moisture, and temperature extremes.

Partially Met

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

The following were observed:

1. Clean linen was stored in inpatient wards without protection from dust or moisture.
2. The sterile supplies warehouse in the Operating Room Department had no temperature and humidity monitoring.

Measurable Element #2

The hospital follows professional practice guidelines and manufacturer guidelines for low- and high-level disinfection that best fit the type of devices and equipment being disinfected.

Partially Met

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

Laryngoscope blades in the emergency carts were checked unprotected and without hand sanitation and once checked, they were cleaned although high-level disinfection was not performed as recommended after manipulation and use of semi-critical devices.

PCI.8 **The hospital reduces the risk of infections through proper disposal of waste, proper management of human tissues, and safe handling and disposal of sharps and needles.**

Measurable Element #5

The mortuary and postmortem area operates in a manner that adheres to laws, regulations, and local cultures/customs and is managed in a manner that minimizes the risk of transmitting infections.

Partially Met

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

The Mortuary had no body registration for patients which included any patients that had infectious diseases. There was also no personal protective equipment available for staff entering the Mortuary as per regulations for Spain and Cataluña. (Ley 14/1986 de 25 de abril, Real Decreto 664/1997) This was rectified prior to the end of the survey.

PCI.12.2 **The hospital develops, implements, and evaluates an emergency preparedness program to respond to the presentation of global communicable diseases.**

Measurable Element #3

The hospital evaluates the entire program at least annually and, when applicable, involves local, regional, and/or national authorities.

Partially Met

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

The hospital had a plan developed during Covid; however, they had not evaluated the entire infection control program for emergency preparedness to respond to the presentation of global communicable diseases in the last year.

PCI.13 **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.

Partially Met

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

The following were observed:

1. In the utility room of inpatient unit #1, gloves and masks are required for using enzymatic solutions; however, they were not accessible in the location.
2. Protective equipment was not accessible in the Pharmacy lab where biohazard drugs were manipulated.

Quality Improvement and Patient Safety

QPS.3 **Hospital leadership builds a culture and environment that supports implementation of evidence-based care through the use of current scientific knowledge and information to support patient care, health professional education, clinical research, and management.**

Measurable Element #2

Current scientific knowledge and information supports patient care.

Partially Met

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

The hospital was inconsistent with using current scientific knowledge and information to support patient care. The following policies had no references to underpin the content. Examples include. however are not limited to:

1. Assessment of patients with brain injury for second opinion (PC-4NR-GEN-031000-CA)
2. Anesthetic risk assessment (PT-4-NR-QUI-099000-CA)
3. Periodic comprehensive assessment for patients with sequelae from a spinal cord injury (PT-4-NR-GEN-028000-ES)
4. Response to bomb threat (PT-3-IE-GEN-011000-CA)
5. Response to natural disaster (PT-3-IE-GEN-013000-CA)
6. Management of patients requiring dialysis (PC-4-NR-GEN-053000-CA)
7. Emergency Actions (PT-3-IE-GEN-017000-CA)
8. Oral Anticoagulants (PC-4-NR-FAR-0050000-CA)

Staff Qualifications and Education

SQE.8.1 **Staff members who provide patient care are trained and demonstrate competence in the resuscitative techniques specific to the level of training identified.**

Measurable Element #3

There is evidence to show if a staff member passed the training.

Partially Met

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

Medical staff files reviewed included certificates of attendance to basic and advanced life support training, although evidence of passing the training and achieving the desired level of competence was not included.

SQE.14.1 **The hospital has a standardized process for nursing staff participation in the hospital's quality improvement activities, including evaluating individual performance when indicated.**

Measurable Element #2

The performance of individual nursing staff members is reviewed when indicated by the findings of quality improvement activities.

Partially Met

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

The hospital had introduced indicators to evaluate nursing; however, they had not introduced the outcomes to review nursing staff performance when indicated by the findings of quality improvement.