وذ בקרת בית החולים
לעריים St John בירושלים
המדורת מתאריך ה- 11 בינואר 2012

הוח נכתבים על ידי האגף לרפואה כללית
מחלקת בקרה.
March 27, 2012
SHERDOCS 16020712

To: Jeanne Garth, M.D.
Director, St John Hospital, Jerusalem.
East Jerusalem

Re: Multidisciplinary Licensing Audit of St. John’s Eye Hospital
Wednesday January 11th 2012

Dear Dr. Garth

Enclosed please find a comprehensive multidisciplinary report of the St. John’s Eye Hospital, carried out by the Ministry of Health staff on January 11th 2012. The report consists of 3 parts:

a. Grades Table (scoring)
b. Executive Summary
c. Correcting Instructions in Collection with Time Table.

The hospital's management is requested to respond to the recommendations summarized at the end within one month of the date of this letter.

Your respond should include your estimated timetable for implementing the corrections of inadequacies.

Following this, a recommendation for license renewal will be forwarded to Dr. Yoram Lotan, Director Medical Facilities & Appliances Licensing Division, MOH.

Yours Sincerely,

Dr. M. Dor, M.D                 Mrs. R. Freund, RN, MPH
Director-Division of General Medicine            Departmental Head Hospital audit
Medical Administration                               Division of General Medicine
General information

The St. John's Eye Hospital was founded in 1919 by the British General Allenby and has stood in its present site since 1959. The Order of St. John, headquartered in London, supports the hospital administratively and financially. The hospital provides ophthalmic care to the residents of East Jerusalem, the West Bank and the Gaza strip. The hospital is licensed for 74 beds, 2 operating theatres with recovery room, outpatient clinics emergency dpt and hospitalization wards. St. John's operates two permanent free-standing clinics in Gaza and Hebron and two mobile clinics serving the West Bank. The hospital maintains a School of Nursing for ophthalmologic training ("Sir. Stephen Miller School of Nursing"). Women and pediatric patients are treated in the same ward, because the women's ward is currently in process of renovation.

Management positions

Dr. Jeanne Garth, M.D- Director, St. John Hospital, Jerusalem
Mr. Rod Bull- CEO
Mr. Ahmad Ma'ali- Director of Nursing
Mrs. Reem Salameh- Administration Manager

2011 activities:

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<table>
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<tr>
<td>Admissions</td>
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<td>Hospitalization days</td>
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### Outpatient Treatment

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### Manpower

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### Data according to license

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<td>1 Hospital Administration</td>
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<td>2 Medical Administration</td>
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<td>3 Nursing Administration</td>
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<td>4 Operating Theatre Safety</td>
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<td>5 Recovery Room Safety</td>
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<td>6 Anesthesiology</td>
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<td>7 Information Management (Medical Records)</td>
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<td>8 Engineering Systems</td>
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<td>9 Social Work</td>
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<td>10 Pharmaceutical Services</td>
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<td>11 Sanitation and Environmental Health</td>
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<td>12 Laundry Handling</td>
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<td>13 Waste Collection and Disposal</td>
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<tr>
<td>14 Licensing and Distribution of Beds</td>
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- Verbal report
Executive summary

1. Hospital Administration


The hospital is currently engaged with the JCI accreditation process. Malpractice insurance is valid until 31.12.2012 through "Madanes". Fire department certificate is found valid until 29.11.2012. The hospital committees: infectious control, quality assurance and risk management are functioning. The hospital's services complies with the demands for protecting patients' rights. Informed Consent documents are filled and signed as required, a copy is not submitted to the patient. According to the director's statement staff immunization is a prerequisite from each employee prior to employment. The absence of criminal record for new employees is not verified before hiring new staff. Ministry of health standards are not available. Local written protocols were presented. It is recommended to update all relevant protocols according to the Ministry of Health guidelines. All protocols can be retrieved from our website http://www.moh.health.gov.il. All Ministry's forthcoming circulars and protocols will be mailed to the administrative director Mrs Reem Salma reem@sjeh.org or the medical director: Dr Jeanne Garth neddir@sjeh.org as has been corrected with our publisher.

2. Medical administration

Areas audited: Physicians employed, Medical records.

The audit included the hospital wards, out-patient clinics, waiting areas, hospital grounds and medical records. Twenty physicians are employed by the hospital. Eleven physicians are Israeli licensed specialists: ten ophthalmologists and one anesthesiologist (another fellow in anesthesia being applied for licensing). Seven residents without permit are practicing under supervision of ophthalmology consultants. Medical notes are sufficiently handwritten in English and are partially legible. The medical files are not systemically organized. The medical anamnensis lack some information relating to allergies, habits, medications and completion of systemic physical assessment, time of treatment (the date and hour) and treatment
plan. Records are only partially coded by ICD-9. Orders of dispensing medication are not according to the MOH regulations (separated capital letters, dose and route and frequency of admission). Some missing an official stamp (physician name and license number).

3. Nursing Administration:
50 nurses are employed at the hospital (total of 48.6 positions full and part time). 45 are registered nurses and 5 are practical. All nurses are specialists in ophthalmic nursing. Only two nurses are licensed to work in Israel.
High quality of nursing services was observed. By joining the JCI accreditation process, an improvement was reflected on implementation of the professional nursing protocols. Protocols were presented in English in a local format. Patient records are not computerized. Nurse’s notes are written in English according to common rules. The establishing of the Resuscitation Committee is still in process and not activated yet. It has been reported that all nurses have completed refreshment course of BLS. A List of nurses who had completed the BLS refreshment course every two years was not presented. A special file for incidents reports is kept in the Nursing Director’s office. Wards and patient's rooms seemed to be clean, safe and fully equipped, patients unit lacks emergency alarms and dispensers of disinfection solution (required to be attached to each bed) Annual continuing education plan is prepared and carried out by the nursing director. Resuscitation trolley is not checked daily according to the MOH protocol (No.21/2006). Discharge documentation is hand written with recommendation to continuing treatment, as required

4. Patient's Safety in the Operating Theatre
The Operating Theatre and the adjacent sterile supply are well organized. The work is executed in a professional manner. The surgical interventions focuses on ophthalmic surgery only. Two fully equipped operating theatres were observed. The average number of surgical procedures performed per year is 3200. On Staff: 9 RN's, 4 LPN (ophthalmologic nurses). Since last inspection some improvements were observed. A circulating nurse is assigned for each Operating Theatre. Identification of patients and verification of data prior to surgery is carried out according to local protocol. "TIME OUT" verification of data prior to anesthesia has not yet been instituted. Diathermy data is documented as requested. Relevant details regarding the perioperative state are sufficiently documented. Medications are handled according to regulations. No Narcotics are in use. The sterile supply is sufficiently organized. The autoclave function is validated periodically. Local standards and protocols are organized in a file, no MOH Circulars were presented.

5. Recovery Room safety
There are 3 well equipped patients' posts. The recovery room is an integral part of the Operating Theatre in nursing manpower. Nurses employed in the OR are also assigned to the recovery room. Only one nurse on staff had completed a post graduate Intensive Care course. Medication is administered according to regulation. Medications are alphabetically arranged stored in a closed cupboard. The Resuscitation trolley contains all items and drugs needed for the resuscitation procedure. The defibrillator undergoes daily check. There is a closed narcotic cupboard, and an updated narcotic registry. Daily counts of narcotics is performed as required. Documentation and patients follow up charts included all essential data. Physicians orders to be carried out by the nurses are documented in patients' files, they are daily written according to common standards, clear, in caps, with a coherent signature attached
6. Anesthesiology

The standard of work at the anesthesiology division is high. There are two well equipped operating theaters. The anesthesiologists employed have completed the ACLS. The second anesthesiologist does not have official recognition from the Ministry of Health. The OR infrastructure is satisfactory. The anesthetic machines are checked regularly. Documents are hand written. The type of operation is recorded according to ICD9. “Time Out” verification of data prior to anesthesia has not yet been instituted. The patient has a preoperative checkup on the day of surgery. The hospital has its own protocols. According to the medical director they have not been receiving the ministry's circulars in the last few years, there for it has been decided to accept the local protocols and not deduct it from the final score. The preoperative chart is sufficiently detailed. The anesthetic chart and surgeon's operation summary are documented according to the standard. All orders for post-operative treatment are fully written up. The signatures and stamp of the surgeon/anesthesiologist appear. There is a consent form for surgery and also one for anesthesia. There is always an anesthesiologist in the Recovery Room Discharge from recovery is strictly done by an anesthesiologist

7. Information Management Services (Medical Records)

Several improvements have been made regarding the management of health information since the last full survey visit in June, 2007. The following areas of improvement include:
- **STAFFING** – 2 new separate units were established; Records Office and Information Technology Department. The Records Office is staffed by an employee with Business Administration background and previous hospital experience. The Information Technology Department has 2 technicians on staff responsible for creation of computerized ATD and patient record development, amongst other projects. Initial projects to include 1) appointment scheduling, 2) improvement of ATD system, 3) accounting, record-tracking and 4) ICD9CM coding/reporting of diagnoses/procedures.

- **PATIENT RECORD FORMS** – Although all patient records forms are still handwritten, the following new formatted forms were created since the last survey visit: Discharge Summary, Operation Report/Notes, Consent Form for Anesthesia, Consent for Operation. Each form contains most of the required data elements required in Ministry Policy 27/95.

- **AUTHENTICATION OF MEDICAL RECORD ENTRIES** – During review of a sample of patient records, found that physicians and nurses are consistently authenticating their entries properly, with signatures and identification stamps.

- **PATIENT IDENTIFICATION ON EACH PATIENT RECORD FORM** – During review of a sample of patient records, found either handwritten ID or computer-generated patient identification stickers affixed to each patient record form (from ATD system).

**OTHER FINDINGS:**
The hospital is preparing for JCI accreditation. They completed the preliminary assessment.

Patient Consent for Hospitalization Form is still not completed.

Physicians sign/stamp (authenticate) contained only on the original copy of Discharge Summary given to the patient upon discharge. There is no signature/stamp on the copy remaining in the pt. record.

Although a final draft of common diagnoses and procedures with ICD9CM codes was created by Rhona Gill and the hospital's Medical Director in February, 2008, the hospital has not successfully established a procedure to collect this information and system to report coded data to the Ministry.
There remains no staff member in the Records Office with formal professional training in Health Information Management or Medical Coding.

Cases of **confirmed or suspected** cancer diagnoses not reported by hospital to Israel Cancer Registry.

Abbreviations continue to be used in the list of Diagnoses and Procedures on the Discharge Summary.

### 8. Engineering Systems


a. **Medical gases**

Medical gases are in use in the O.R. and recovery. The oxygen supply is by means of compressed gas cylinders connected to an automatic change over system situated in the back yard of the hospital. Nearby is the machine room containing the compressed medical air provided by oil less compressors. The nitrous oxide cylinders are in the same room connected to an automatic change over panel. There is no alarm to the O.R. to indicate low gas pressures. In the O.R. there is no back up for the oxygen.

b. **Electrical system**

The main electrical switch board of the hospital is backed by an emergency power generator. The electrical system is well maintained.

c. **Air condition**

The main user of air condition is the operating theaters wing.

The central chiller, the air handling units and the filtration levels are according to the demands.

d. **Sterile supply**

The autoclave in the operating rooms is not validated yearly to show correct results. The different areas clean versus dirty is not clearly marked out. The sterilization at the central supply is adequate.
9. Social Work Services

Areas audit: structure and distribution, availability, setting, professional practice regulations, manpower development and special projects.

The audit was carried out with the help of the one social worker employed at the hospital. It included checking medical records, speaking with medical staff, visiting the pediatric clinic and the pediatric/women’ ward.

In general the hospital has a professional social work resource which is not utilized sufficiently for health promotion, rehabilitation or emotional support. Most of the social work interventions are limited to the pediatric clinic. There is no structured policy of how to activate the social work service on the wards. Since most children don’t have medical insurance, the most common interventions of the social worker are focused on finding a budgetary source for the treatment; A highly important, but time consuming task, which leaves only a small portion of the social worker's time to concentrate on emotional support. Realizing it, in order to provide a more comprehensive service, the social worker issued a policy paper instructing the staff on which grounds the service should be called to intervene. Unfortunately these instructions are not implemented among the medical staff yet. The community project for children treated in the clinic, with the participation of a school located near St. John, is noteworthy.

The ratio between the number of beds and the number of social work positions is smaller than the national average.

10. Pharmaceutical Services


Generally, the pharmacy is managed according to common standards. All the requirements from last inspection were corrected. The pharmacy is well organized and managed by an Israeli licensed pharmacist Mrs. Susan Nasr- Aldien. The narcotics found in the pharmacy upon the inspection, were counted and matched the registration. Sterile preparations are made in the sterile room located near the pharmacy in the same level next to the pharmacy. Ventilator was affixed in this room to enable good ventilation. The medications storage room is not air conditioned. The only drugs preparations on location are eye drops, they are
carried out sufficiently apart from their documentations (no number of batch prepared, no elaboration of the raw materials, date of preparation, pharmacist's name and signature). No written relevant standards were presented.

11. Environmental Health
Areas audit: Drinking water network, food hygiene, sanitary condition in the wards and the auxiliary departments, sorting and disposal of various types of refuse and laundry arrangements.
Generally, good sanitary conditions were found during the audit. Some of the faults found in the previous audit have been rectified, nevertheless, some faults were still found in particular in the kitchen, in preventing the legionnaire's disease and in dealing with the waste disposal.

12. Laundry Processes
Areas audit: Implementation of guidelines instructed in the Medical Administration Circular no. 29/08 dated 26/6/98.
Soiled Linen is categorized as "dirty" or "infected" and collected separately in bags that are strong but not impervious. It is then stored in specially designated laundry rooms whose walls and floors are unable to be cleaned and disinfected to the required standard. Transfer to the internal laundry is both safe and hygienic, as is also its sorting in the laundry, which is in a separate "dirty" area. The laundry staff needs to use additional protective clothing and footwear.

13. Waste Collection and Disposal
Areas audit: Implementation of guidelines instructed in the Medical Administration Circular no. 34/98 dated 17/5/98 guidelines.
The waste bins for non-infectious waste in treatment rooms are not pedal bins. Infectious waste is collected in the correct type of container with the appropriate label. They are however, allowed to fill to 100% capacity.
Expired medicines, which constitute dangerous waste, are stored in open cartons that are not labeled. The central infectious waste store has no roof or correct sign and is easily accessed from the adjoining street. Authorizations and declarations are received that all infectious and dangerous waste transferred for off-site treatment, is correctly collected and treated.

14. Licensing and Distribution of beds

Areas audit: Distribution of beds and their accordance to the license

Use of beds
Only 49 licensed beds out of 74 are being used.
25 pediatrics and woman
24 males
The woman's ward is temporarily closed for renovations

Distribution of beds
Pediatrics 25 as apposed to 21 in license
Ophthalmic A 24 as apposed to 26 in license
Ophthalmic B 25 as apposed to 27 in license

Occupancy of beds (49 functioning beds)
General Ophthalmic 28%
Pediatrics 35%
The major part of activity is ambulatory surgery.

The director expressed the hospital intention to add another operating theatre following the renovations of the existing ones. Plan should be submitted to Dr. Nafez Nubani- Deputy District Health Officer for East Jerusalem.
The director expressed the hospital intention to open day care beds on bases of converting current licensed hospitalization beds. The day care beds will occupy space on the 2nd floor (male's ward)

Lab services are out sourced
The license will be corrected
  Ophthalmic Pediatrics 25 beds
  Ophthalmic A 24 beds
  Ophthalmic B 25 beds (under renovations)

****
For your convenience the recommendations in collection

1. **Hospital administration**
   - **For immediate correction**
     - The absence of any criminal record for new employees should be verified before hiring new staff.
   - **For correction within 6 months from the date of this report**
     - The hospital should obtain and implement all MOH protocols
   - **For correction within 12 months from the date of this report**
     - Speed up the process of computerization patients' records

2. **Medical Administration**
   - All physicians must be license through the MOH.
     - **For immediate correction**
     - The medical files should be systematically organized according to regulations: written in a legible manner, signed and stamped, contain full anamnesis.
     - Drug orders should be prescribed according to the general director MOH instructions full mane in caps, dosage, route of administration, frequency, time of first administration, signature, official stamp with the physician name and license number.
     - Proceed with the process of computerization

3. **Nursing administration**
   - All the nursing staff should possess an Israeli license to practice nursing.
     - **For immediate correction**
     - Assistance alarm bells should be placed both in the bathrooms and adjacent to every patient's bed.
     - Resuscitation crash trolley management should be according to the MOH General Medicine Division Protocol, No. 21\2006 valid since July the 13th 2006.
       - Special concern should be given to the completion of the medication list.
       - Daily checking of the trolley content.
• Defibrillator, small oxygen cylinder and the suction machine should be attached to each resuscitation trolley.
• Activating the Resuscitation Committee.
• A List of nurses who had complete the BLS course and refreshment course every two years should be presented to Mrs. Michal Eliashar RN MPH, Quality-Assurance Coordinator

District Health Office

For correction within 6 months from the date of this report
- The nursing management should obtain all the protocols according to the MOH recommendations.
- Continuous thermometer should be installed to the medication refrigerator where the vaccines are stored. The temperature should be read and documented by the nurses twice a day. Vaccines shouldn’t be placed at the refrigerator door.
- An alcohol based hand rub should be placed near each patient bed, accessible to the staff.

4. Operating Theatre safety
- All OR nurses should be licensed to practice nursing in Israel.

For correction within 12 months from the date of this report
- At all shifts the nurse in charge should be post-gradually qualified in OR nursing

For correction within 3 months from the date of this report
Verification of data prior to anesthesia ("TIME OUT") has to be implemented.

5. Recovery Room safety

For correction within 12 months from the date of this report
- More nurses should complete post graduate Intensive Care course.

6. Anesthesiology
- All a anesthesiologists should be licensed in Israel.

For immediate correction
- The hospital needs to download from the internet either from the NOH site (in hebrew) "Verification of Data Prior to
Surgery "Minhal Hrefuah circular no 18/2009" or from the WHO site where it is written in English:
http://www.who.int/patientsafety/safesurgery/ss_checklist/en/
TIME OUT protocol, Verification of data prior to anesthesia in a form of a checklist. The procedure should be performed in presence of the surgeon, the nurse, and the anesthetist and should be implemented immediately.

- A small quantity of Remifentanyl should be acquired, for those special cases and specific purpose.
- In the preoperative chart a question concerning the use of “natural drugs” needs to be added.

7. Information Management Services (Medical Records)
For correction within 12 months from the date of this report
- The Records Office Manager should enroll in health information management and/or coding courses or seminars.

For correction within 6 months from the date of this report
- Implement procedures to code discharge diagnoses and procedures according to ICD9CM and report coded data to the Ministry of Health.
- Create and implement use of Hospital Admission Consent form.
- Assure that discharge summaries remaining in the pt. record are properly signed/stamped.
- Discontinue use of abbreviations in diagnoses and procedures listed on the Discharge Summary form.
- Report all suspected/confirmed cancer cases to the Israel Cancer Registry as required.

8. Engineering Systems
For immediate correction
- Install warning signs close to the medical gases and electrical systems.
- Install an outside main electric connector to the main switchboard to enable the connection of an outside emergency generator if a breakdown occurs to the existing generator.
- Thermometers and pressure meters must be installed on the air handling units situated on the roof for monitoring the supplied air and water properties.
- An alarm system must be installed in the O.R. for low oxygen and compressed air pressures.
- Install in the O.R an oxygen back up (2 cylinders at least).
  
  **For correction within 3 months from the date of this report**
- Install in each machinery room the system's updated drawing and the preventive maintenance check list.
- Install emergency lights in every machine room.
- Install relevant engineering drawings to all switch boards.
- The main oxygen supply should be improved by getting rid of the small containers and purchasing two bigger cylinders (cryogenic tanks) instead.
- The autoclave in the operating rooms must be validated yearly to show correct results.
- The different areas clean versus dirty where cleaning and sterilizing instruments at the OR should be clearly marked out.
- The lighting at the clean domain at the central sterile supply should be improved.

9. Social Work Services

  **For immediate correction:**
- Accessibility to the Ministry of Health's social work regulations is obligatory.
- Printed regulations must be kept in a binder at the social worker's room.
- The social worker's intervention must be documented in the patient's file.
- The daily activity and performances (apart from the budgetary correspondence) should be documented and kept in a separate file.
- The social worker must utilize a stamp with her license number to be used on all her written reports.

  **For correction within 6 months from the date of this report:**
- The social work services must be subjected to the medical management not to nursing (according to regulation n. 35/99).
For correction within 12 months from the date of this report:
- Increase social work availability by enlarging permanent manpower.
- The social worker should attend staff meetings in order to assimilate the social work intervention as part of the service.
- An annual work program of the social work service should be presented to the medical management.
- The annual program should be evaluated at the end of the year.

10. Pharmaceutical Services

For correction within 6 months from the date of this report
- The pharmacy should be equipped with relevant written standards
- Air conditioning should be installed in the medication storage room
- Thermometer should be installed in refrigerators which contain medications
- Preparation of eye drops should be accompanied with documentations: number of batch, elaboration of the raw materials, date of preparation, pharmacist's name and signature.

11. Sanitation and Environmental Health

For correction within 6 months from the date of this report

Water
- The temperature of the flow back of circulated hot water should be 55 degrees centigrade minimum.
- Field instruments for testing disinfectant residues and turbidity in water should be calibrated.

Waste
- The storage rooms for keeping and collecting regular waste should have artificial ventilation, negative air pressure, drainage and hand washing sinks.
- There should be a special place for cleaning and disinfecting containers designated for collecting regular waste.
- Rooms in the different departments used for storing waste mobile containers should have a proper drainage.
- There should be a separate elevator for evacuation and transportation of regular waste.
- Center for collecting infectious waste should be completely isolated with no access to the public.
- The regular waste trash container should be kept in a room with a sealed floor covering and washable walls.
- Rooms designated for dirty laundry concentration should have hand washing sinks, proper drainage and constant artificial fresh air change twice an hour at least.
- There should be a separate room for sorting dirty and infectious laundry.

**Kitchen**
- The temperature in the "meat room" should not exceed 20 degrees centigrade.
- Salads should be kept in the required equipment in the right temperature while being sent to the wards.

**Laundry**
- There should be a separate elevator for transporting dirty laundry.


*For correction within 6 months from the date of this report*

- All waste bins in treatment rooms should be pedal bins.
- Sharps boxes should be filled to a maximum of 75% of their capacity, which is marked by a line on the outside of the bin.
- Expired medicines should be stored in a cupboard or robust container, locked and labeled: "Dangerous Waste".
- The central infectious waste disposal area should be under roof cover and labeled: "Infectious Waste"

13. Laundry Collection

*For correction within 6 months from the date of this report*

- All soiled linen should be categorized, bagged and treated as "infected".
- Linen bags should be strong and impervious, either by means of using a specially designed bag with both these qualities, or placing a nylon bag in the present cloth one.
- Use of biohazard waste bags for soiled linen should cease.
- Soiled Linen rooms should be tiled or painted with oil-based paint to allow ease of cleaning and equipped with a drain.
- The laundry staff requires additional protective clothing and footwear.

14. Licensing and Distribution of beds
- The hospital management should submit construction and renovation plans to the local, District Health Office to be later forwarded to the project committee of the ministry of health.

On behalf of the audit team we would like to express our appreciation to the St John's administration for the openness and cooperation during the visit.

Yours Sincerely,

Dr. M. Dor, M.D
Director-Division of General Medicine
Medical Administration

Mrs. R. Freund, RN, MPH
Departmental Head Hospital audit Division of General Medicine

Copies
Dr. Chen Stein-Zamir – District Health Officer, Jerusalem Health Bureau
Dr. Yoram Lotan – Head, Medical Facilities & Appliances Licensing Division
Prof. Arnon Afek - Director of Medical Administration
### St. John Eye Hospital Group

**Jerusalem response**

Summary of Recommendations made by Ministry of Health.

May 2012

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<tr>
<th>Department</th>
<th>Recommendation</th>
<th>Response</th>
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<td><strong>Hospital Administration</strong></td>
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<td>1.</td>
<td>The absence of any criminal record for new employees should be verified before hiring new staff</td>
<td>A procedure has already been set in place to comply.</td>
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<td>2.</td>
<td>The Hospital should obtain and implement all MOH protocols</td>
<td>Copies of all relevant protocols are in the process of being obtained and translated. Implementation will be undertaken during required 6 month period.</td>
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<td>3.</td>
<td>Speed up the process of computerization patients’ records</td>
<td>To comply with this recommendation is very heavily dependant upon capital funding being available – around $800,000 is required. On behalf of all East Jerusalem Hospitals the World Health Organisation and USAID are actively seeking funds. It is unlikely that this requirement will be finalised within the required time scale.</td>
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<td><strong>Medical Administration</strong></td>
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<td><em>(For immediate correction)</em></td>
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<td></td>
</tr>
<tr>
<td>1.</td>
<td>The medical files should be systemically organized according to regulations: written in a legible manner, signed and stamped, contain full anamnesis</td>
<td>This is in process in line with Ministry of Health and Joint Commission International standards.</td>
</tr>
<tr>
<td>2.</td>
<td>Drug orders should be prescribed according to the general director MOH instruction full mane in caps, dosage, route of administration, frequency, time of first administration, signature, official stamp with the physician name and license number</td>
<td>Drug order are subject to regular audit to ensure compliance with MOH and JCI criteria.</td>
</tr>
<tr>
<td>3.</td>
<td>Proceed with the process of computerization</td>
<td>Refer to response above – Hospital Administration 3.</td>
</tr>
</tbody>
</table>
### Nursing Administration

#### Immediate Correction (IC)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assistance alarm bells should be placed both in the bathrooms and adjacent to every patient’s bed (IC)</td>
<td>This requirement will be included in Hospital’s capital refurbishment programmes</td>
</tr>
</tbody>
</table>
| 2. Resuscitation crash trolley management should be according to the MOH General Medicine Division Protocol, No. 21/2006 valid since 13 July 2006  
   a) Special concern should be given to the completion of the medication list  
   b) Daily checking of the trolley content  
   c) Defibrillator, small oxygen cylinder and the suction machine should be attached to each resuscitation trolley  
   d) Activating the Resuscitation Committee  
   e) A list of nurses who had completed the BLS course and refreshment course every two years should be presented to Mrs. Michal Eliashar RN MPH, Quality-Assurance Coordinator District Health Office (IC) | a) In line with MOH protocols this has been reviewed and the content revised  
   b) Will be actioned  
   c) Will be adhered to  
   d) A Committee will be formed  
   e) CPR training is undertaken annually for all nurses and details are duly recorded and are available for inspection |
| 3. The nursing management should obtain all the protocols according to the MOH recommendations (6M) | Protocols are being obtained and translated |
| 4. Continuous thermometer should be installed to the medication refrigerator where the vaccines are stored. The temperature should be read and documented by the nurses twice a day. Vaccines should not be placed at the refrigerator door (6M) | Will be actioned as recommended |
| 5. An alcohol based hand rub should be placed near each patient bed, accessible to the staff (6M) | Will be adhered to |

### Operating Theatre Safety

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Response</th>
</tr>
</thead>
</table>
| 1. At all shifts the nurse in charge should be post-gradually qualified in OR nursing  
  **Correction within 12 months** | Arrangements are in place to train an additional OR nurse |
| 2. Verification of data prior to anaesthesia (TIMEOUT) has to be implemented  
  **Correction within 3 months** | The “TIME OUT” process is in place. |

### Recovery Room Safety

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Response</th>
</tr>
</thead>
</table>
| 1. More nurses should complete post graduate Intensive Care course  
  **Correction within 12 months** | An Anaesthesia Nurse and Technician are employed within the Recovery Area – both have undertaken intensive care courses. |
<table>
<thead>
<tr>
<th>Anaesthesiology (Immediate Correction)</th>
<th>1. The Hospital needs to download from the internet either from the MOH site (in Hebrew) <a href="http://www.health.gov.il">www.health.gov.il</a> “Verification of Data Prior to Surgery” Minhal Hrefuah circular No. 18/2009 or from the WHO site where it is written in English: <a href="http://www.who.int/patientsafety/safesurgery/ss_checklist/en">www.who.int/patientsafety/safesurgery/ss_checklist/en</a> TIMOUT protocol, Verification of data prior to anaesthesia in a form of a checklist. The procedure should be performed in presence of the surgeon, the nurse, and the anaesthetist and should be implemented immediately</th>
<th>The Check List is in use.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. A small quantity of Remifentanyl should be acquired, for those special cases and specific purposes</td>
<td>This has been acquired and is available for use.</td>
<td></td>
</tr>
<tr>
<td>3. In the preoperative chart a question concerning the use of “natural drugs” needs to be added</td>
<td>“Natural Drugs” has been added to the preoperative chart.</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Information Management Services (Medical Records)</td>
<td>1. The Records Office Manager should enroll in health information management and/or coding courses or seminars&lt;br&gt;<strong>Correction within 12 months</strong></td>
<td>Via separate correspondence the MOH has been requested to assist in this process – we have requested an invitation for our staff to attend such courses and await a response.</td>
</tr>
<tr>
<td></td>
<td>2. Implement procedures to code discharge diagnosis and procedures according to ICD9CM and report coded dated to the MOH  &lt;br&gt;<strong>Correction within 6 months</strong></td>
<td>ICD codes are currently used for diagnoses and this will be expanded to include procedures and will be duly reported to the MOH.</td>
</tr>
<tr>
<td></td>
<td>3. Create and implement use of Hospital Admission Consent Form  &lt;br&gt;<strong>Correction within 6 months</strong></td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td>4. Assure that discharge summaries remaining in the pt. record are properly signed/stamped  &lt;br&gt;<strong>Correction within 6 months</strong></td>
<td>Will be actioned within time frame.</td>
</tr>
<tr>
<td></td>
<td>5. Discontinue use of abbreviations in diagnoses and procedures listed on the Discharge Summary Form  &lt;br&gt;<strong>Correction within 6 months</strong></td>
<td>Will be adhered to.</td>
</tr>
<tr>
<td></td>
<td>6. Report all suspected/confirmed cancer cases to the Israel Cancer Registry as required  &lt;br&gt;<strong>Correction within 6 months</strong></td>
<td>Kindly clarify if this relates to East Jerusalem patients only or whether West Bankers are to be included.</td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Engineering Systems</td>
<td>1. Install warning signs close to the medical gases and electrical systems</td>
<td>Actioned.</td>
</tr>
<tr>
<td></td>
<td><strong>Immediate Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Install an outside main electric connector to the main switchboard to enable</td>
<td>Suppliers have been contracted to provide price quotations in readiness to correct this.</td>
</tr>
<tr>
<td></td>
<td>the connection of an outside emergency generator if a breakdown occurs to the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>existing generator</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Immediate Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Thermometers and pressure meters must be installed on the air handling</td>
<td>Suppliers have been contracted to provide price quotations in readiness to correct this.</td>
</tr>
<tr>
<td></td>
<td>units situated on the roof for monitoring the supplied air and water</td>
<td></td>
</tr>
<tr>
<td></td>
<td>properties</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Immediate Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. An alarm system must be installed in the O.R. for low oxygen and</td>
<td>Alarm systems in place for O2 and NO2. Steps are being undertaken to comply regarding compressed air.</td>
</tr>
<tr>
<td></td>
<td>compressed air pressures</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Immediate Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Install in the O.R. any oxygen back up (2 cylinders at least)</td>
<td>Will be actioned within 3 months.</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 3 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Install in each machinery room the system’s updated drawing and the</td>
<td>In process and will be in place within required time line.</td>
</tr>
<tr>
<td></td>
<td>preventive maintenance check list</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 3 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Install emergency lights in every machine room</td>
<td>Will be auctioned</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 3 months</strong></td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
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<tr>
<td>----------------------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cont/ Engineering Systems</td>
<td>8. Install relevant engineering drawings to all switch boards</td>
<td>Will be auctioned</td>
</tr>
<tr>
<td></td>
<td>9. The main oxygen supply should be improved by getting rid of the small containers and purchasing two bigger cylinders (cryogenic tanks) instead</td>
<td>Oxygen supplier advises, due to low consumption larger cylinders are unnecessary</td>
</tr>
<tr>
<td></td>
<td>10. The autoclave in the operating rooms must be validated yearly to show correct results</td>
<td>This is already undertaken on an annual basis and documentation confirming compliance is available.</td>
</tr>
<tr>
<td></td>
<td>11. The different areas clean versus dirty where cleaning and sterilizing instruments at the OR should be clearly marked out</td>
<td>Actioned.</td>
</tr>
<tr>
<td></td>
<td>12. The lighting at the clean domain at the central sterile supply should be improved</td>
<td>Improvements in lighting are being carried out as recommended.</td>
</tr>
<tr>
<td>Social Work Services</td>
<td>1. Accessibility to the Ministry of Health’s social work regulations is obligatory</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>2. Printed regulations must be kept in a binder at the social worker’s room</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>3. The social worker’s intervention must be documented in the patient’s file</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>4. The daily activity and performances (apart from the budgetary correspondence) should be documented and kept in a separate file</td>
<td>Actioned</td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
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<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cont/ Social Work Services</td>
<td>5. The social worker must utilize a stamp with her license number to be used on all her written reports</td>
<td>The required stamp has been ordered and recommendation will be actioned</td>
</tr>
<tr>
<td></td>
<td><strong>Immediate Correction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. The social work services must be subjected to the medical management not to nursing (according to regulation n. 35/99)</td>
<td>Reporting arrangements have been amended as per regulation</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 6 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Increase social work availability by enlarging permanent manpower</td>
<td>The Social Worker is employed to cover operational core hours and duties are completed within such a time scale</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 12 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. The social worker should attend staff meetings in order to assimilate the social work intervention as part of the service</td>
<td>Social Worker will participate in clinical meetings</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 12 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. An annual work program of the social work service should be presented to the medical management</td>
<td>Will be auctioned</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 12 months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. The annual program should be evaluated at the end of the year</td>
<td>Will be reviewed on an annual basis</td>
</tr>
<tr>
<td></td>
<td><strong>Correction within 12 months</strong></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical Services</td>
<td>1. The pharmacy should be equipped with relevant written standards</td>
<td>Standards are in process of being obtained. J.C.I. standards are implemented and followed</td>
</tr>
<tr>
<td>(Corrections within 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Air conditioning should be installed in the medication storage room</td>
<td>Will be auctioned</td>
</tr>
<tr>
<td></td>
<td>3. Thermometer should be installed in refrigerators which contain medications</td>
<td>Built in thermometers are present within medication refrigerator</td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Cont/Pharmaceutical Services</td>
<td>4. Preparation of eye drops should be accompanied with documentations: number of batch, elaboration of the raw materials, date of preparation, pharmacist’s name and signature</td>
<td>Will be actioned by Pharmacist</td>
</tr>
<tr>
<td>Sanitation &amp; Environmental Health</td>
<td><strong>Water</strong>&lt;br&gt;1. The temperature of the flow back of circulated hot water should be 55 degrees centigrade minimum&lt;br&gt;2. Field instruments for testing disinfectant residues and turbidity in water should be calibrated</td>
<td><strong>Waste</strong>&lt;br&gt;1. Price quotation are being obtained to adhere to requirements&lt;br&gt;2. Water samples are routinely outsourced and tested by a duly certified company. The results are forwarded to the MOH</td>
</tr>
<tr>
<td></td>
<td>3. The storage rooms for keeping and collecting regular waste should have artificial ventilation, negative air pressure, drainage and hand washing sinks&lt;br&gt;4. There should be a special place for cleaning and disinfecting containers designated for collecting regular waste&lt;br&gt;5. Rooms in the different departments used for storing waste mobile containers should have a proper drainage.&lt;br&gt;6. There should be a separate elevator for evacuation and transportation of regular waste&lt;br&gt;7. Center for collecting infectious waste should be completely isolated with no access to the public</td>
<td>3. Routine waste is not retained on Wards for lengthy periods. Wash basins and drainage exist&lt;br&gt;4. A designated area in grounds of hospital has been identified for such purposes&lt;br&gt;5. Actioned&lt;br&gt;6. This is not possible to achieve given the constraints of our existing premises&lt;br&gt;7. A suitable closed area has been identified</td>
</tr>
<tr>
<td>Department</td>
<td>Recommendation</td>
<td>Response</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Cont/ Sanitation & Environmental Health** | 8. The regular waste trash container should be kept in a room with a sealed floor covering and washable walls  
9. Rooms designated for dirty laundry concentration should have hand washing sinks, proper drainage and constant artificial fresh air change twice an hour at least  
10. There should be a separate room for sorting dirty and infectious laundry | 8. Further clarification would be appreciated  
9. Dirty laundry is transported directly to laundry and is not retained at ward level for lengthy period  
10. All laundry is regarded and treated as “infectious” |
| **Kitchen**                      | 11. The temperature in the ‘meat room’ should not exceed 20 degrees centigrade  
12. Salads should be kept in the required equipment in the right temperature while being sent to the wards | 11. An A/C is to be installed  
12. Actioned |
| **Laundry**                      | 13. There should be a separate elevator for transporting dirty laundry | This is not possible to achieve given the constraints of our existing premises. |
| **Waste Collection & Disposal (Correction within 6 months)** | 1. All waste bins in treatment rooms should be pedal bins  
2. Sharp boxes should be filled to a maximum of 75% of their capacity, which is marked by a line on the outside of the bin  
3. Expired medicines should be stored in a cupboard or robust container, locked and labelled: “Dangerous Waste”  
4. The central infectious waste disposal area should be under roof cover and labelled “Infectious Waste” | 1. Will be adhered to  
2. This requirement is in line with hospital policy and will be adhered to  
3. Will be adhered to  
4. Actioned |
Following the medical administration audit (2012) and hospital's response to the report's recommendations as shown above, the district health officer Dr. Chen Stein-Zamir and her team performed their annual audit (March 18, 2013) taking into account the above recommendations and the corrective actions taken by the hospital:

March 18, 2013

To:
Dr. Michael Dor
Head – General Medicine Division
Israel Ministry of Health

Dear Dr. Dor,

Re: A multi-disciplinary audit of the of St. John’s Eye Hospital East Jerusalem 17 January 2013

General information:

The St. John's Eye Hospital was founded in 1919 by the British General Allenby and has stood in its present site since 1959. The Order of St. John, headquarters in London,

<table>
<thead>
<tr>
<th>Department</th>
<th>Recommendation</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry Collection</td>
<td>1. All soiled linen should be categorised, bagged and treated as “infected”</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>2. Linen bags should be strong and impervious, either by means of using a specially designed bag with both these qualities, or placing a nylon bag in the present cloth one</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>3. Use of biohazard waste bags for soiled linen should cease</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>4. Soiled linen rooms should be tiled or painted with oil-based paint to allow ease of cleaning and equipped with a drain</td>
<td>Actioned</td>
</tr>
<tr>
<td></td>
<td>5. The Laundry staff requires addition protective clothing and footwear</td>
<td>Actioned</td>
</tr>
<tr>
<td>Licensing and Distribution of Beds</td>
<td>1. The Hospital management should submit construction and renovation plans to the local, District Health Office to be later forwarded to the project committee of the ministry of health</td>
<td>This is undertaken as a matter of course</td>
</tr>
</tbody>
</table>
supports the hospital administratively and financially. The hospital provides ophthalmic care to the residents of East Jerusalem, the West Bank and the Gaza strip. The hospital is licensed for 74 beds, although most of the hospital activity is through its outpatient clinics. St. John's operates two permanent clinics in Gaza and Hebron and one mobile clinic serving the West Bank. The hospital maintains a School of Nursing for ophthalmologic training named "Sir. Stephen Miller School of Nursing". Due to renovation process at the hospital there is no designated ward for females/males/children.

Management positions:
Dr. Jeanne Garth, M.D- Director, St. John Hospital, Jerusalem
Mr. Rod Bull- CEO
Mr. Ahmad Ma'ali- Director of Nursing
Mrs. Reem Salameh- Administration Manager

<table>
<thead>
<tr>
<th>Data according to license:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of beds</td>
</tr>
<tr>
<td>O R</td>
</tr>
<tr>
<td>Recovery positions</td>
</tr>
<tr>
<td>Emergency positions</td>
</tr>
<tr>
<td>Clinics</td>
</tr>
<tr>
<td>Permitted Activities</td>
</tr>
</tbody>
</table>

The emergency positions are in use for ophthalmic cases only and do not serve as a general emergency room.

During the year 2012 the hospital preformed the following activities:

<table>
<thead>
<tr>
<th>Inpatient Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
</tr>
<tr>
<td>Major Operations</td>
</tr>
<tr>
<td>Minor Operations</td>
</tr>
<tr>
<td>Hospitalization days</td>
</tr>
</tbody>
</table>

*Not all are admitted

<table>
<thead>
<tr>
<th>Outpatient Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients Clinics</td>
</tr>
<tr>
<td>Emergencies</td>
</tr>
</tbody>
</table>

During 2012, the hospital occupancy rate was 29% and the Average duration of hospitalization was 2.56 days (due to renovation process 49 of the 74 licensed bed are functioning). A gap was noticed between the licensed beds and beds in use.
On the day of the audit 14 patients were hospitalized (lower than the occupancy rate of 2012).

**Jerusalem District Health Office Audit**

On the 17th of January 2013, a multi-disciplinary team representing the Jerusalem District Health Office and a representative of the General Medicine Division, carried out an audit as a preparation for the renewal of the hospital license.

The Environmental Health audit took place on the 15th of January 2013.

The engineering audit took place on the 7th of February 2013.

**Audit team:**
- Dr. Nafez Nubani- Deputy District Health Officer for East Jerusalem
- Dr. Amin Qunbar- Audit Doctor, District Health Office
- Dr. Bashir Qadri- Professional Assistant of the District Pharmacist.
- Mrs. Michal Eliashar RN MPH, Quality-Assurance Coordinator
- Mrs. Nada Elayan- Audit Nurse, District Health Office
- Mr. Musa Bajjaly- Environmental Health Control Coordinator
- Mrs. Sarinia Shapiro- RN MPA General Medicine Division, Ministry of Health (MOH)
- Engineer Peter Handel- Engineering advisor for the committee

The St. John’s Eye Hospital representatives:
- Dr. Jeanne Garth, M.D- Medical Director
- Mr. Rod Bull- CEO
- Mr. Ahmad Ma'ali- Director of Nursing

**Fields of inspection**
1. Hospital Administration
2. Medical Administration
3. Nursing Administration
4. Operating Theatre Safety
5. Recovery Room Safety
6. Engineering Systems
7. Pharmaceutical Services
8. Environmental Health

**Audit findings:**

**Grades table:**

<table>
<thead>
<tr>
<th>Fields of inspection</th>
<th>1 Failed</th>
<th>2 Poor</th>
<th>3 Requires improvement</th>
<th>4 Good</th>
<th>5 Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-49</td>
<td>50-64</td>
<td>65-79</td>
<td>80-94</td>
<td>95-100</td>
</tr>
</tbody>
</table>
Executive summary

1. Hospital Administration

Areas audited: committees activities, incidents reports, patients' rights, informed consent, staff immunization, availability of MOH written standards, malpractice insurance and fire department permit.

Malpractice insurance is valid until 31.12.2013 through "Madanes" company. Fire department certificate is found valid until 8.11.2013.

The hospital has been engaged with the JCI accreditation process.

The acting hospital committees are as follows: infectious control and prevention, treatment and quality improvement, risk management, Helsinki, ethics, health and safety, public complains and incident management team.

The hospital's services comply with the demands for protecting patients' rights. Informed consent documents are filled and signed as required, a copy is given to the patient. The absence of criminal record for new employees is verified before hiring new staff.

Ministry of health standards are available in a designated binder. Some of them are translated to English. Local written protocols were implemented in the frame of the JCI accreditation process.

Staff immunization: the hospital's staff is not restricted to the vaccinations plan according to MOH regulation. The staff is vaccinated only against HBV. A structured plan towards dealing with violence against staff has not been completely implemented.

2. Medical Administration
The audit included the hospital wards, out-patient clinics, waiting areas, hospital grounds and medical records.
17 physicians are employed by the hospital.

13 physicians are Israeli licensed specialists or hold MOH permits.
Twelve ophthalmologists and one anesthesiologist.
Four residents without permit are working under supervision of ophthalmology consultants.

Comparing with the previous audit finding, an improvement was found concerning the filing process in the medical files, the medical anamnesis and dispensing medication orders. Medical notes are handwritten, recorded in English and are partially legible, written in a good manner.
Time providing instruction in the medical record does not appear as required.

3. Nursing Administration

Areas audited: nursing manpower, nursing records and documentation, medication administration, patients' environment, mobile resuscitation trolley, incidents reports, standards and procedures, professional development & in-service training, patient discharge process.

Summary:

By approaching the JCI accreditation and certification, the Nursing department has invested an effort to improve the quality of the nursing services.

At the hospital 63 nurses are employed (total employing of 57.72; together full time and part time job). 47 nurses are registered nurses and 5 are practical nurses.
All nurses are specialist in ophthalmic nursing. Four nurses are licensed to work in Israel.
All nurses have completed refreshment course of BLS.
The Resuscitation Committee has been established and activated.

During the last year a group of nurses joined the preparation course for the Israeli license exam in "Hadassah Mount Scopus" hospital. Three nurses passed the governmental Israeli exam. Only two of them continue their work at the hospital.

Nursing protocols were presented in English, in a local format.
Lately, MOH regulations were obtained, few were translated. No adjustment has been done between the local format regulations and the relevant MOH regulations.

On the IV medication sticker there is no designated place for drug dosage.
Patient records are not computerized.
Skin base line evaluation is not included in the admission sheet.
Nursing discharge summery is not adjusted personally for each patient.
In the renovated ward, parts of the patient's rooms were left without sinks and non-touchable taps.
In conclusion, most of the recommendations from our previous audit regarding the nursing field were complied. Our recommendations are detailed in the audit report summary.

4. Operating Theatre safety
Nursing audit:
Areas audited in the inspection: manpower, infrastructure, patient identification process, nursing documentation include inform consent, safety patient positioning, and resuscitation trolley, presence of written MOH standards and protocols, use and storage of medications, performance of cleaning, disinfection and sterilization of the instruments in the operating theater.
In the hospital two fully equipped operating rooms are in use.
The surgical procedures performed are restricted to ophthalmology.

Manpower:
- Head nurse and 11 registered nurses
- 2 Practical Nurses
- 2 ophthalmic nurses.
  All the nursing staff is qualified from different nursing schools. One nurse has Master's degree from Bir Ze'it University and 6 nurses hold BA degree.
- 2 anesthesia technicians.

Patient identification process is performed by a nurse, using a pre-operative care checklist, according to the patient feedback, patient's name and number in the medical records and identification bracelet. No designated room is available for patient admission before surgery.
The process of "Time Out" recommendations is done by the surgeon, anesthetist and nurse.
The nurse documentation is done as required.
The form is designated for Cataract operations only and isn't suitable to all kinds of eye operations.
A general standards and procedures folder in English was found.
The care of surgical instruments is done inside the OR and in the Central Supply as required.

5. Recovery Room safety
There are two well-equipped patient positions, with the option for a third one.
The recovery room is a part of the Operating Theatre.
One nurse works in the recovery room. Anesthetists are responsible of the patient recovery.

Resuscitation trolley contains all equipment required for resuscitation.
Some nurses have completed the BLS course.
The nurses in charge of the Recovery Room have completed the ACLS course.
Nursing report is performed in the Recovery Room.

C.S.S.D (Central Sterile Supply Department)
The CSSD is well organized and functions on a high standard.
The transfer of surgical instruments to the CSSD is done properly.
The autoclaves are validated as required (Physical, biological and chemical).
Conclusion:
The Operating Theatre, the Recovery Room and the CSSD are well organized; the work is
done in a professional manner.
Comments and recommendations are listed at the end of this report.

6. Engineering Systems

General data

The audit was conducted separately on the 07/02/2013.

The medical services provided to the patients are confined to the ophthalmologic field.
The hospital runs two operating rooms with recovery room, outpatient clinics, emergency dpt. and
in-patients wards.

Engineering infrastructure findings

a. Medical gases

Medical gases are in use in the O.R. and recovery. The oxygen supply is done by means
of compressed gas cylinders connected to an automatic change over system situated in
the back yard of the hospital. Nearby is a machine room containing the compressed
medical air provided by oil-less compressors. The nitrous oxide cylinders are in the
same room connected to an automatic change over panel. There is no alarm to the O.R.
to indicate low gas pressures.

b. Electrical system

In the O.R. isolation transformers are installed. According to the E-01 Ministry of
Health regulations, an alarm panel indicating a short circuit in the equipment doesn't
exist in each room.
The main electrical switch board of the hospital is backed by an emergency power
generator. The electrical system is well maintained.

c. Air condition

The main user of air condition is the operating theater wing.
The central chiller, the air handling units and the filtration levels are according to the
demands.

7. Pharmaceutical Services

The pharmacy is managed by an Israeli licensed pharmacist and serves mainly the hospital
sections. The drugs found in the pharmacy upon inspection were checked for their expiry
date, all drugs checked were valid.

Upon the inspection, the narcotics found in the pharmacy, were counted and their
registration was checked. The narcotics found upon inspection matched the registration.
The registration of narcotic drugs transfer from the pharmacy to the hospital sections and
vice versa are done according to appropriate forms.
There is a separate room for sterile preparations found in the same floor next to the
pharmacy, this room contains a laminar flow hood, sterile equipment and gloves and serves
the pharmacy for preparing sterile eye drops. The room is well ventilated and is locked whenever no activity is taking place. The key is carried by the pharmacist.

There were no details available about the stability of the preparation done in the sterile room.

In conclusion:
The pharmacy is well managed.

8. Environmental Health
Generally, good sanitary conditions were found during the audit. Some of the faults found in the previous audit have been rectified, nevertheless, some faults were still found in particular in the kitchen and in dealing with the waste disposal.

Summary and Recommendations

Hospital Administration:

For correction within 3 months from the date of this report:
- Hospital staff should be restricted to the vaccination plan according to MOH regulation.
- The hospital management should improve its intervention process in case of violence against staff.

For correction within 6 months from the date of this report:
- Ministry of health regulations is now available in a designated binder; the hospital management is requested to continue implementing the regulations related to each sector of the hospital.

For correction within 12 months from the date of this report:
- Speed up the process of computerization patients' records

Medical Administration:

- All the physicians must be licensed through the MOH

For immediate correction
- Medical recorded should be written in a legible manner.
- Time of providing instruction in the medical record should be documented.

For correction within 6 months from the date of this report
- The hospital should implement all the protocols according to the MOH recommendations.

Nursing Administration
• The hospital management should continue the Israeli licensing process of the nurses.

For immediate correction
• IV medication sticker should include a designated place for drug dosage.

For correction within 3 months from the date of this report:
• A personal Nursing discharge summery should be prepared for each patient.
• Skin evaluation base line should be added to the admission sheet.

Ref: מינשה טיפוסי בפצעון לתוך מנהל הסיעוד 66/2006

For correction within 6 months from the date of this report:
• The local practiced protocols should be adjusted to all relevant MOH regulations.

For correction within 1 year from the date of this report:
• Sinks and non-touchable taps should be installed in each patient's room.

By the end of every year:
• An annual report from the Resuscitation Committee should be submitted to the hospital management.

Ref: ניואל מוער הח症' בא"ח כללי מנהל הresume 21/2006

Operating Theatre safety
Nursing audit recommendations:

For immediate correction
• "Time out" form should be improved and filled in, for every surgery.

• The report of the diathermy use during surgery should be improved. (MOH protocols. Ref):
  חורשר מנהל הרפואה מ"ס 23/2006 "מענה חיקויים למשה הדדי" מתודים בטיפול בליה (ח濕 מנהל הרפואה מ"ס 55/2004 "מענה בפרסום בידאיאטיה וירגרט חיו")
• All the nurses' reports should be signed with full name and nurse's stamp.

For correction within 6 months from the date of this report
• MOH standards and protocols should be arranged in a folder and the team should be familiar with them.
• Covers use during surgery, should be fire and fluids resistant.

Recovery Room Safety:
Nursing audit recommendations:

*The recovery room is a part of the operating theatre. In general, the same team who works in OR works in the RR and the same head nurse.

For immediate correction
• All the nurses' reports should be signed with the name and the nurse's stamp.

For correction within 6 months from the date of this report
• MOH standards and protocols should be arranged in a Folder and the team should be familiar with them.

**Engineering Systems**

For immediate correction
1. It is recommended to install in each machinery room the system's up to date drawing and the preventive maintenance check list.
   It is warmly recommended to install emergency lights in every machine room.
   In all the switch boards the relevant engineering drawings must be installed.
2. Warning signs has to be installed to the medical gases and electrical systems.

For correction within 3 months from the date of this report
1. In each O.R. an isolation transformer alarm panel must be installed. Bender products are suggested (the importer firm- Elic ltd.).
2. Thermometers and pressure meters must be installed on the air handling units situated on the roof for monitoring the supplied air and water properties.

For correction within 6 months from the date of this report
• An alarm system must be installed in the O.R. for low oxygen and compressed air pressures.
• In the O.R. wing an oxygen back up must be installed (2 cylinders at least).

**General recommendation:**
• The main oxygen supply can be improved and the handling reduced by changing the cylinders to cryogenic tanks.

**Environmental Health**

For immediate correction
5.14 Salads should be kept in the required equipment (temperature) while being sent to the wards.

For correction within 3 months from the date of this report
1.5 Cold water pipes found on the roof should be completely rapped with isolated materials to prevent the cold water temperature from increasing.

For correction within 1 year from the date of this report
3.1 The storage rooms for keeping and collecting regular waste should have artificial ventilation, negative air pressure, drainage and hand washing sinks.
3.4 Rooms in the different departments used for storing waste transportation containers should have a proper drainage.
3.6 There should be a separate elevator for evacuation and transportation of regular waste.
3.11 The regular waste trash container should be kept in a room with a sealed floor covering and washable walls.
6.1 There should be a separate elevator for transporting dirty laundry.

**Pharmaceutical Services**

For immediate correction
- The preparations at the sterile room should be marked with expiry date that does not exceed one week since it was prepared.

**Summary of our main recommendations:**

The effort made by the hospital management and staff to welcome and accommodate the auditing committee is greatly appreciated.

1. All the medical and paramedical professionals should be licensed or carrying Israeli permits according to the Israeli law.
2. The MOH regulations constitute a significant part of the hospital performance; therefore it is very important to create a system for completion, updating and implementation of all the MOH relevant protocols and regulations for each sector.
3. The hospital management should enhance the process of computerizing the patient's medical file.
4. The hospital management should continue implementing the current recommendations listed in the audit report, using a timetable plan. The plan should be submitted to Jerusalem district health office by the end of May 2013.

We recommend renewal of the hospital license for a period of **one** year.

Yours Sincerely,

**Dr. Chen Stein-Zamir, M.D**  
District Health Officer  
Jerusalem