



POSTER PRESENTATIONS – ABSTRACT

[P-9034] Obtaining Optimal Compliance with Joint Commission International Standards for Anesthesia

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Introduction: Many hospitals worldwide are currently preparing for or passing an accreditation process with the JCI, requiring their anesthesia teams to strive for optimal conformity with JCI guidelines. Particular requirements involve Pre-anesthesia assessment (JCI standards ASC 3.2 & ASC 4 ME 1), Informed consent (IC) (ASC 3.3 & ASC5.1), Pre-induction assessment (ASC 4 ME 2), the use of a Safe surgery checklist (SSC) (IPSG 4 & IPSG 4.1), Anesthesia record keeping (ASC 5 & ASC 6) and correct Postoperative care (ASC 6.1). Our goal was to observe the process of improving compliance during a 4-month pre-audit period, compared to baseline compliance, while actively encouraging process improvements (PI) among all professionals involved.

Methods: Measure points derived from the JCI requirements were determined. Postoperatively, records of all patients undergoing general or regional anesthesia were reviewed on completeness and scored on each point by a blinded nurse. A 1-week baseline measurement was performed five months prior to audit (n=187). The two last weeks of the following 4 months, compliance was measured (n= 314, 391, 353 and 354 resp.). Interventions to maximize compliance were conducted before (standardization of anesthesia and sedation procedures, preoperative flow, informed consent procedures and development of a safe surgery checklist), as well as during (identification of major improvement opportunities, communication towards anesthesiologists, surgeons and nurses) the study period. Statistical analysis of the results was performed using the Cochran-Armitage trend test. Results with $p < 0.05$ were considered statistically significant.

Results: Statistically significant improvement in compliance was observed in pre-anesthesia assessment, IC, pre-induction assessment and anesthesia record keeping requirements. PI for pre-anesthesia assessment included: motivate surgeons to make patients contact the Admission Planning Dpt., develop instruction cards for patients to contact the Admission Planning Dpt., motivate nurses to make patients fill up pre-anesthesia questionnaire, motivate anesthesiologists to perform pre-anesthesia assessment. PI for IC: motivate patients and anesthesiologists to sign. PI for pre-induction assessment: motivate anesthesiologists to perform the assessment. Persistent good results for Anesthesia record keeping resulted in no interventions. PI for SSC included: motivate anesthesiologists to participate, direct observations of time out by a non-involved quality team member. Despite these interventions, significant improvement was not achieved. Significant improvement was not observed for Postoperative Care. However, high scores (> 98%) were obtained throughout the whole study period.

Compliance with JCI Standards (%)						
	Baseline	Month -4	Month -3	Month -2	Month -1	p
Pre-anesthesia assessment	80,75	88	93,61	90,65	98,02	$p < 0,0001$
Informed Consent	83,42	91,08	91,81	96,03	98,02	$p < 0,0001$
Pre-induction assessment	91,98	98,09	95,91	98,02	97,46	$p = 0,0127$
Safe Surgery Checklist	95,19	96,18	92,84	93,2	98,31	NS, $p = 0,2736$
Anesthesia record keeping	98,93	98,72	99,74	100	99,71	$p = 0,0333$
Postoperative care	98,93	98,73	98,72	100	99,72	NS, $p = 0,0516$

Conclusion: This study provides a view on the preparatory process and increasing compliance to JCI standards in the months prior to audit. The streamlining of procedures, communication to the professionals involved in the perioperative process and close follow-up demonstrate the strong potential of improvement in hospitals preparing for JCI-accreditation.

Reference: Joint Commission International Accreditation Standards for Hospitals, 5th Edition. ISBN: 978-1-59940-787-6