

# A QUEST FOR OPTIMAL COMPLIANCE WITH JOINT COMMISSION INTERNATIONAL STANDARDS FOR ANESTHESIA: THERE AND BACK AGAIN

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## BACKGROUND & GOAL

Many hospitals worldwide are currently preparing an accreditation process with Joint Commission International (JCI), requiring anesthesia teams to strive for optimal conformity with JCI standards.

Particular requirements involve:

- **Pre-Anesthesia Assessment (PAA)** (ASC 3.2 & ASC 4 ME 1)
- **Informed Consent (IC)** (ASC 3.3 & ASC 5.1)
- **Pre-Induction Assessment (PIA)** (ASC 4 ME 2)
- **Use of a Safe Surgery Checklist (SSC)** (IPSG 4 & IPSG 4.1)
- **Anesthesia Record Keeping (ARK)** (ASC 5 & ASC 6)
- **Correct Postoperative Care (PC)** (ASC 6.1)

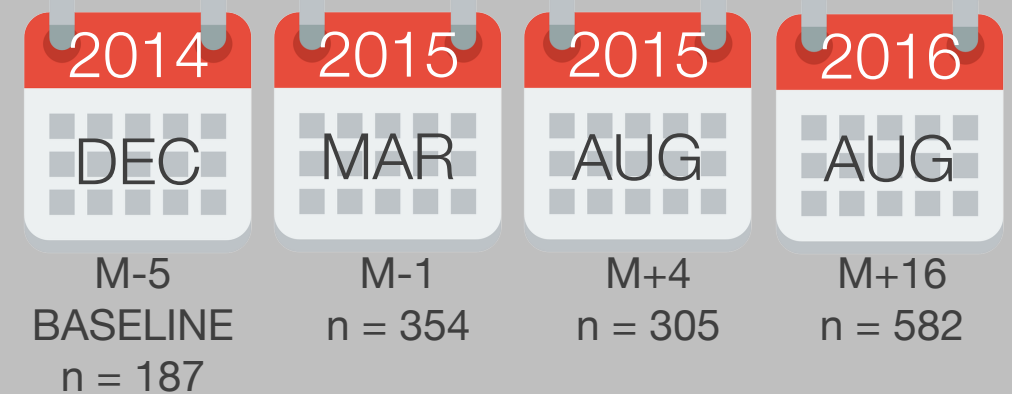
**GOAL:** to observe the process of improving compliance around an accreditation audit and assess durability of improvement 1 year later.



## METHODS & MATERIALS

Postoperative review of all patient files undergoing general or regional anesthesia on completeness, by a blinded researcher.

Measurement of compliance during 4 study periods around a JCI audit:



**INTERVENTIONS TO MAXIMIZE COMPLIANCE** were conducted:

- Prior to the study started: standardization of anesthesia and sedation procedures, standardization of preoperative flow, Informed Consent, implementation of a Safe Surgery Checklist.
- During the study from M-4 till M+4 (identification of major improvement opportunities, monthly communication towards all staff).

**NO INTERVENTIONS** were conducted between M+4 and M+16.

Statistical analysis: Chi-square. Results with  $p < 0.05$  were considered statistically significant.

Approved by the Committee for Medical Ethics of az Sint-Blasius.

## RESULTS & DISCUSSION

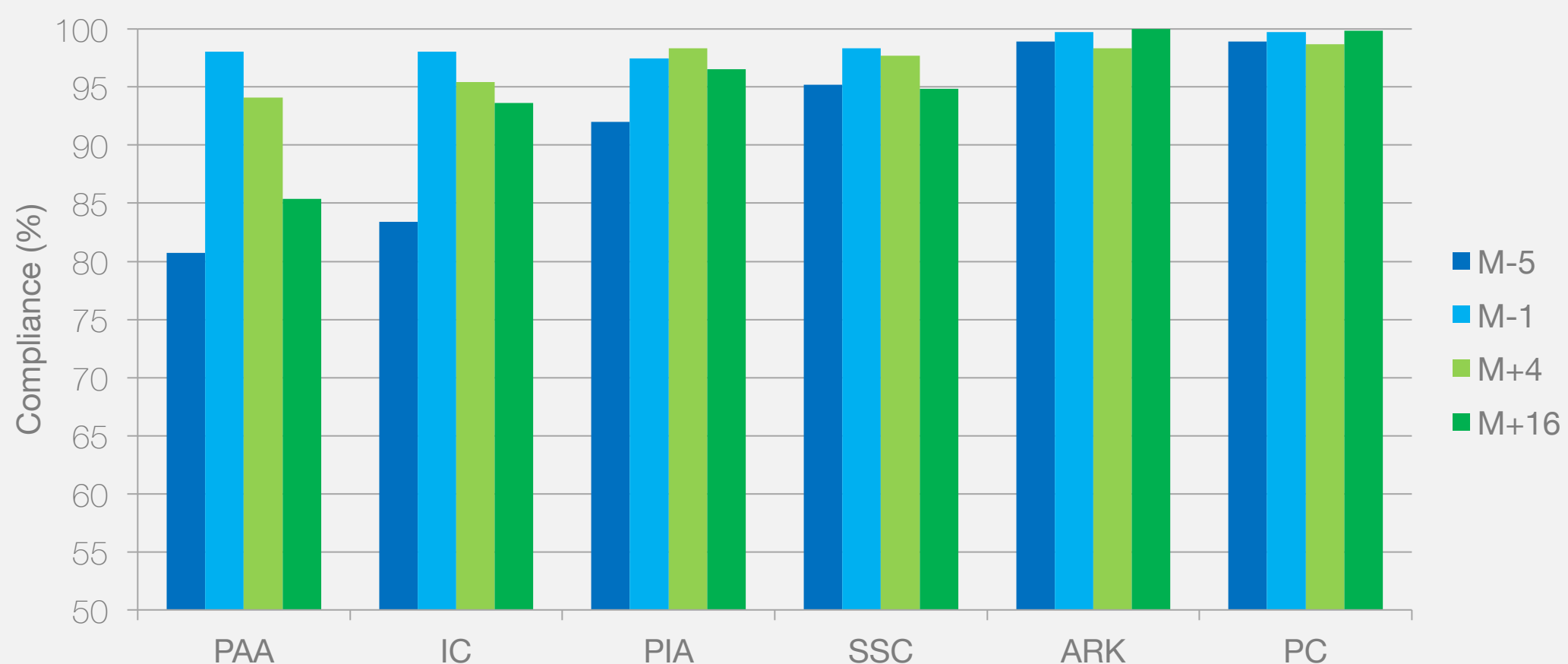
Significant improvement was observed in : (comparing M-5/ M-1/ M+4/ M+16)

- Pre-Anesthesia Assessment ( $p < 0.0001$ )
- Informed Consent ( $p < 0.0001$ )
- Pre-Induction Assessment ( $p = 0.001$ )
- Anesthesia Record Keeping ( $p < 0.05$ )

Anesthesia Record Keeping and Postoperative Care show very high scores throughout the whole study. Improvement in Anesthesia Record Keeping was statistically, but not clinically significant.

Due to cessation of interventions after the JCI-audit, improvement was not maintained 1 year later for: (comparing M-1/ M+4/ M+16)

- Pre-Anesthesia Assessment ( $p < 0,001$ )
- Informed Consent ( $p < 0,01$ )
- Safe Surgery Checklist usage ( $p < 0,05$ )



## CONCLUSIONS

The streamlining of procedures, communication to the professionals involved in the perioperative process and close follow-up demonstrate the strong potential of improved compliance with JCI standards in hospitals preparing for accreditation.

Releasing pressure, too soon after the audit, however, caused lower compliance 1 year after.