



New York City



POSTER PRESENTATIONS – ABSTRACT

[P-9100] Compliance with Joint Commission International Accreditation Standards for Anesthesia in an Inpatients versus an Outpatients Operation Theatre of a Belgian General Hospital

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Introduction: It's becoming more and more important for hospitals not only to deliver quality medical care, but also to show proof of this quality. The Joint Commission International defined standards to do this. The goal of this study was to compare adherence of these standards in an outpatient versus an inpatient operation theatre in a Belgian general hospital preparing for an audit by JCI.

Methods: We collected data from November 2014 until march 2015, taking into account the last two weeks of every month. We included every surgery under general anaesthesia, loco-regional anaesthesia or deep sedation. We excluded: urgent operations (<6h after admission), postoperative admission in ICU and procedures under local anaesthesia. Of 2576 eligible patients, 1599 were included: 756 inpatients versus 843 outpatients. Starting from JCI standards, patient files were reviewed for completeness, considering 6 items: pre-anaesthesia assessment (JCI standards ASC 3.2 & ASC 4 ME 1), informed consent (IC) (ASC 3.3 & ASC.5.1), pre-induction assessment (ASC 4 ME 2), the use of a safe surgery checklist (SSC) (IPSG 4 & IPSG 4.1), anaesthesia record keeping (ASC 5 & ASC 6) and correct postoperative care (ASC 6.1). Statistical analysis of the results was performed using Chi Square tests, with Fisher Exact test where applicable. Results with $p < 0.05$ were considered statistically significant.

Results: Compliance with Pre-anaesthesia assessment standards was significantly better for inpatients. Analysis showed that more outpatients do not consult any physician in preparation of their surgery. Several surgeons do not send patients for pre-anaesthesia assessment in outpatient surgery (less invasive surgery, younger patients in good health). Inversely, compliance with IC standards was significantly better for outpatients. Receiving a telephone call the night before surgery might help patients to fulfill administrative duties. No significant differences in compliance with standards for Pre-induction assessment and Anaesthesia record keeping standards were observed. For participation of the anaesthesiologist in the SSC, compliance was significantly better for inpatients. This difference was explained by lower compliance in very short Ear-Nose-Throat cases. Finally, we found a small but significant statistical difference regarding compliance with standards for Postoperative care. However, the high compliance rates show that this is without clinical significance.

Conclusion: This study shows significant differences in compliance with JCI standards for Anesthesia for inpatients vs. outpatients. Inpatients are more likely to complete a correct pre-anaesthesia assessment compared to outpatients. On the other hand, both patients and physicians are more compliant in giving resp. obtaining IC in outpatient surgery. Anaesthesiologists also show lower participation in SCC for outpatient surgery. Possibilities for process improvement were identified. Communication with different health care professionals in both operation theatres was started to obtain persistent improvement.

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

Compliance with JCI standards (%)

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Compliance with:	Inpatients	Outpatients	Significance
Pre-anesthesia assessment	93,25	89,56	p < 0,01
Informed consent	89,94	96,32	p < 0,0001
Pre-induction assessment	97,48	95,97	NS, p = 0,09
Safe surgery checklist	97,35	95,14	p < 0,0001
Anesthesia record keeping	99,34	99,64	NS, p = 0,49
Postoperative care	99,73	98,81	p < 0,05