



Joint Commission International Accreditation

FINAL ACCREDITATION SURVEY FINDINGS REPORT

ZiekenhuisNetwerk Antwerpen vzw

Antwerpen, Belgium

International Health Care Organization (IHCO) Identification Number: 60003830

Survey Dates: 27 May 2019 - 28 May 2019

Program: Hospital

Survey Type: Follow-Up

Surveyor Team: Ann S. Watkins, MEd, RN, Clinician/Administrator, Team Leader
Rasa V. Kasniunas, RN, MS, Clinician

OUTCOME:

Based on the findings of the Follow-up Focused Accreditation Survey conducted on 27 May 2019 to 28 May 2019, ZiekenhuisNetwerk Antwerpen vzw 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 will 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 ZiekenhuisNetwerk Antwerpen vzw Standards are intended to stimulate 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, ZiekenhuisNetwerk Antwerpen vzw is encouraged to immediately place organization-wide focus on the standards with measurable elements scored as "Partially Met" and to implement the action(s) necessary to achieve full compliance.

Between surveys, the ZiekenhuisNetwerk Antwerpen vzw 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 ZiekenhuisNetwerk Antwerpen vzw 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.

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.1.3.1 A preoperative medical assessment is documented before anesthesia or surgical treatment and includes the patient's medical, physical, psychological, social, economic, and discharge needs.

Measurable Element #3

The preoperative medical assessment of surgical patients is documented in the medical record before surgery.

Partially Met

Pre-operative medical assessments were performed by anesthesiology. Anesthesiologists examined all ASA III and IV patients preoperatively and documented their findings; however, the preoperative assessment was not consistently documented for ASA I and II patients. The clearance for surgery was consistently documented; however, information related to medical review of systems and examination was not documented.

Care of Patients

COP.3.2 Resuscitation services are available throughout the hospital.

Measurable Element #2

Medical equipment for resuscitation and medications for basic and advanced life support are standardized and available for use based on the needs of the population served. (Also see ASC.3, ME 3)

Partially Met

The organization had all the necessary resuscitation equipment available in the OR; however, there was no specific designated staff member that would bring all the necessary equipment in case of a code in the OR.

Measurable Element #3

In all areas of the hospital, basic life support is implemented immediately upon recognition of cardiac or respiratory arrest, and advanced life support is implemented in fewer than 5 minutes.

Partially Met

Eight of 10 hospitals had advanced life support implemented in fewer than five minutes.

Anesthesia and Surgical Care

ASC.4 A qualified individual conducts a preanesthesia assessment and preinduction assessment.

Measurable Element #2

A separate preinduction assessment is performed to reevaluate patients immediately before the induction of anesthesia.

Partially Met

The timing of the pre-induction vital signs could not be distinguished from the time of induction on the anesthesia graphic sheets. A separate set of vital signs were not consistently documented prior to the documentation time listed for induction medications.

ASC.7.2 Information about the surgical procedure is documented in the patient's medical record to facilitate continuing care.

Measurable Element #1

Surgical reports, templates, or operative progress notes include at least a) through g) from the intent. (Also see ACC.3, ME 4)

Partially Met

Five of 11 operative/procedure notes for procedures included a post procedure diagnosis. Two records stated "none" for diagnosis and one had no postoperative note.

Medication Management and Use

MMU.3 Medications are properly and safely stored.

Measurable Element #5

Medications are protected from loss or theft throughout the hospital. (Also see FMS.4.1, ME 3)

Partially Met

The organization had obtained keys for medication cabinets and refrigerator; however, in one of two Operating Room Medications areas, the cabinets remained open with access to all staff during the day and then locked at night and weekend. This practice did not protect medications from loss or theft.

MMU.5.2 A system is used to safely dispense medications in the right dose to the right patient at the right time.

Measurable Element #4

After preparation, medications not immediately administered are labeled with the name of the medication, the dosage/concentration, the date prepared, the expiration date, and two patient identifiers (Also see IPSPG.1, ME 2)

Partially Met

The hospital policy matched a specific solution/medication, concentration and dosage with a specific bowl size on the surgical table; however, they were not labeled with the name of the medication.