

# Day Surgery and Accreditation

Dr. Paul Vercruysse  
BAAS congress 22 02 2013

# What is accreditation ?

## Definition by KCE

- “initiatives to externally assess hospital against pre-defined explicit published standards in order to encourage continuous improvement of the health care quality”
- Het geheel van initiatieven die gericht zijn op de externe evaluatie van een ziekenhuis tegen vooraf gedefinieerde, expliciete en gepubliceerde standaarden met het oog op het bevorderen van continue verbetering van de kwaliteit van de gezondheidszorg

# What is accreditation ?

## Definition by JCI

- a process in which an entity, usually nongovernmental, assesses the health care organization to determine if it meets a set of requirements (standards) designed to improve the safety and quality of care
- usually voluntary
- standards are usually regarded as optimal and achievable
- provides a visible commitment by an organization to
  - improve the safety and quality of patient care,
  - ensure a safe care environment, and to
  - continually work to reduce risks to patients and staff

# Accreditation

- Why going for accreditation ?
- Who benefits
  - Patients
    - Benefit from improved quality
  - Providers
    - Benefit from association with a reputable facility
  - Staff
    - Benefit from job satisfaction and pride involved in the process
  - Organizations
    - Quality conscious

# IS ACCREDITATION EFFECTIVE ?

# HAS - impact of certification

The logo for HAS (Haute Autorité de Santé) features the letters 'HAS' in a blue, sans-serif font. A red, stylized wave or ribbon element is positioned behind the letter 'A', extending from the left and curving under it.

HAUTE AUTORITÉ DE SANTÉ

Impact and results of health care quality improvement  
and patient safety programmes in hospitals

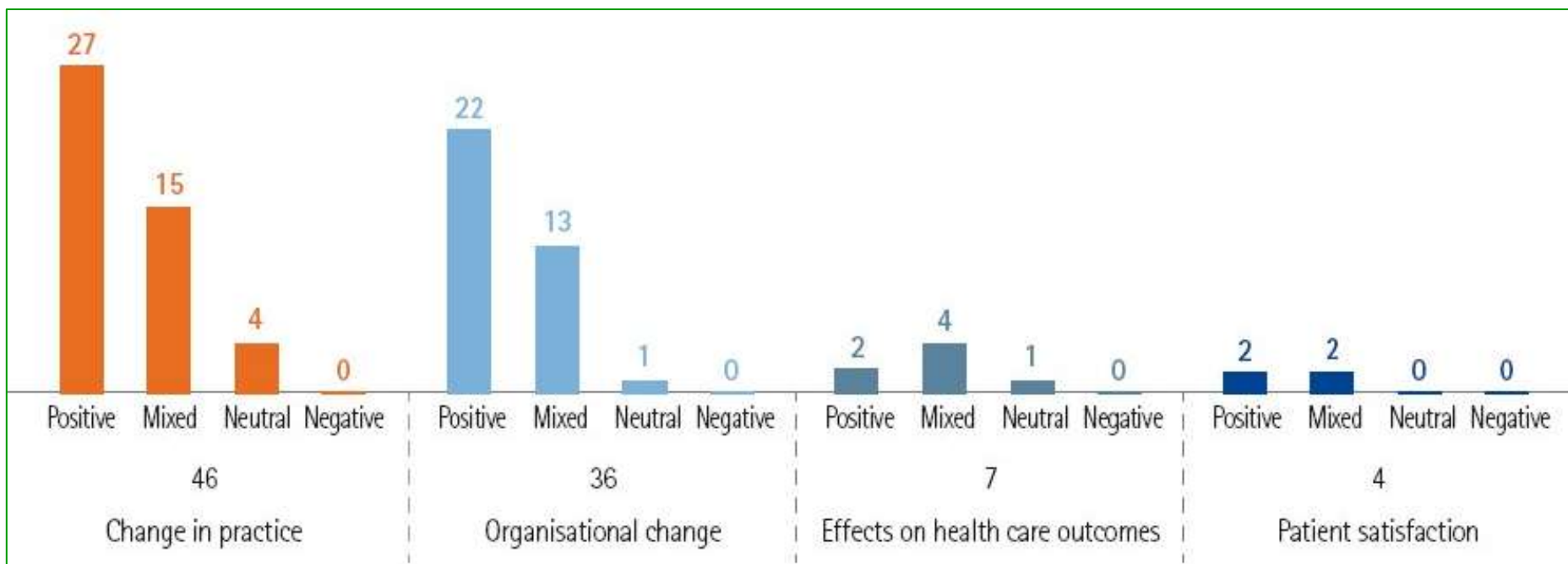
**What is the impact of hospital accreditation?  
International literature review**

# HAS - impact of certification

Is the impact positive or negative?

- A majority of studies suggest positive effect on
  - the implementation of good practice
  - the organization and the management of hospitals
- Few studies demonstrating a positive correlation between accreditation and improvement in the outcomes of care (including patient satisfaction)
- Health care professionals
  - positive perception of accreditation and its impact
  - highlight some negative effects (e.g. overwork and deterioration in working conditions)

# HAS - impact of certification





# Is accreditation effective ?



# Is accreditation effective ?

Areas of accreditation requiring further study:

- ...
- Need for research that demonstrates a strong link between accreditation status and **client outcomes**
- Need to reduce the **workload** of the accreditation process
- ...

# The KCE - perspective

Federaal Kenniscentrum voor de Gezondheidszorg  
Centre fédéral d'expertise des soins de santé  
Belgian Health Care Knowledge Centre  
2008

Comparative study of hospital  
accreditation programs in Europe

*KCE reports 70C*

Comparative study of hospital  
accreditation programs in Europe

*KCE reports 70C*

Federaal Kenniscentrum voor de Gezondheidszorg  
Centre fédéral d'expertise des soins de santé  
Belgian Health Care Knowledge Centre  
2008



# KCE – the impact of accreditation

- No hard data showing effectivity of accreditation programs
  - No validation of proposed standards
  - Most indicators used are not outcome-related
  - Accreditation is a complex not well-defined intervention
  - Many confounding factors
- But proved to be an excellent tool to start quality improvement programs in many hospitals

# DAY SURGERY ACCREDITATION

# Surgery center accreditation - AAAHC

**ACCREDITATION ASSOCIATION**  
*for AMBULATORY HEALTH CARE, INC.*

SURVEYORS ABOUT US CAREERS NEWS & RESOURCES CONTACT US

f in YouTube

Accreditation Education Publications AAAHC International Institute for Quality Improvement Healthcare Consultants International

AAAHC | The Leader in Ambulatory Health Care Accreditation

AAAHC Overview Application Process Preparing for Accreditation On-Site Survey Accreditation Decision

# Surgery center accreditation - AAAHC



The screenshot displays the AAAHC website header with the logo and tagline "ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.". Navigation links include "SURVEYORS", "ABOUT US", "CAREERS", and social media icons for Facebook and LinkedIn. A secondary menu lists "Accreditation", "Education", "Publications", "AAAHC International", "Institute for Quality Improvement", and "Health".

The main content area features a photograph of medical professionals reviewing an X-ray. Below the photo is a section titled "What is Accreditation?" with a breadcrumb trail "Home > What is Accreditation?". The text explains that accreditation is a voluntary process where a health care organization measures its quality against national standards, involving self-assessment and on-site review by AAAHC surveyors.

A sidebar on the left contains a blue header "What is Accreditation?" and two links: "What is the AAAHC?" and "What Does Accreditation".

# Surgery center accreditation - AAAASF



**Home**

**AAAASFI Surgical**

**AAAASFI Dental**

**Welcome Message**

**Members List**

**News**

**Contact Us**

**AAAASFI - Surgical Program**  
**New Applications**

Thank you for your interest in the American Association for Accreditation of Ambulatory Surgical Facilities International, Inc. (AAAASFI).



# Surgery center accreditation - AAAASF



Date: \_\_\_\_\_ Check the appropriate facility class:  A  B  C-M  C

## SURGICAL ACCREDITATION PROGRAM

Facility Specialty: \_\_\_\_\_

Facility/Medical Director: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your Web Site (if any): www. \_\_\_\_\_

### Application Fee (Includes the full first year accreditation fee and the cost of the inspection):

- \$2700.00 (Diagnostic Facility not performing surgery)
- \$3445.00 (Small Facility: Up to 3 Surgeons)
- \$6000.00 (Medium Facility 3-9 Surgeons)
- \$9000.00 (Large Facility 10 or more Surgeons)



# Surgery center accreditation - AAAASF



Inte

American Assoc

## AAAASFI Surgical Standards

100	General Environment	1
200	Operating Room, Environment, Policy and Procedures	5
300	Recovery Room Environment, Policy and Procedures	19
400	General Safety in the Facility	23
500	IV Fluids and Medications	29
600	Medical Records	33
700	Quality Assessment, Quality Improvement	40
800	Personnel	45
1000	Anesthesia	49

# Surgery center accreditation - AAAASF



The screenshot displays the AAAASF International website. The header features the logo "ASF International" with a globe. A navigation menu on the left includes links for Home, AAAASFI Surgical, AAAASFI Dental, Welcome Message, Members List, News, and Contact. The main content area is titled "AAAASFI Accreditation Program" and lists two countries: Australia and Belgium. The Belgium section is highlighted with a green border and contains the following information:

- Belgium**
- Duinbergenlaan Clinic
- [www.duinbergen-clinic.be](http://www.duinbergen-clinic.be)
- \*\*\*\*\*
- Esthetisch Medisch Centrum 2 (EMC2)
- [www.emctwee.be](http://www.emctwee.be)

# Surgery center accreditation - JCAHO



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[Forgot password?](#) | [Log In Help](#)

Search

**Accreditation**   Certification   Standards   Measurement   Topics   About Us   **Daily Update**

Home > Accreditation > Ambulatory Health Care > Currently Accredited > Surgery Centers                 

Tuesday 8:54 CST, February 5, 2013

## Accredited Surgery Centers

### Ambulatory Health Care Program

- Ambulatory Home
- Ambulatory Health Care Centers
- Bureau of Primary Health Care
- Primary Care Medical Home
- Surgery Centers
- Office-Based Surgery
- Imaging Centers

### Raising the Bar with Accreditation



In today's whirlwind of malpractice suits, strenuous recruiting battles, and ASC development on a steady rise, the industry has looked to accreditation as a way to raise the bar in how facilities are seen. Accreditation is a great way to take... [Learn More](#)

Pause   ◀ Back      1 2 3 4      Next ▶

**ASC Resources**      **ASCs Seeking Deemed Status**

### Action Center

- [Submit Organizational Update Form](#)
- [Publicize Your Accreditation](#)

### Most Popular for Ambulatory

**Most Viewed**

1. [Joint Commission Website F...](#)

# Surgery center accreditation - Belgium

5 - 383/1

## SÉNAT DE BELGIQUE

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SESSION DE 2010-2011

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22 OCTOBRE 2010

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**Proposition de loi réglementant  
l'esthétique médicale invasive**

**(Déposée par Mme Dominique Tilmans et consorts)**



22 OKTOBER 2010

---

**Wetsvoorstel tot regeling van de  
invasieve medische cosmetiek**

**(Ingediend door mevrouw Dominique Tilmans c.s.)**

GZA

Ziekenhuizen  
GasthuisZusters Antwerpen  
Sint-Augustinus - Sint-Vincentius - Sint-Jozef

# Proposition de loi Tilmans

- Proposition de loi réglementant l'esthétique médicale invasive

## Titre 3 : Installations extrahospitalières

- Article 7 — Normes A
- Article 8 — Normes B
- Article 9 — Normes C
- Article 10 — Normes D
  - Le présent article vise les installations où l'on pose des actes médicaux invasifs réalisés soit sous anesthésie générale, soit sous anesthésie locale avec sédation intraveineuse, soit sous anesthésies locorégionales.

# Surgery center accreditation - Flanders

BELGISCH STAATSBLAD — 20.07.2012 — Ed. 3 — MONITEUR BELGE

40443

GEMEENSCHAPS- EN GEWESTREGERINGEN  
GOUVERNEMENTS DE COMMUNAUTE ET DE REGION  
GEMEINSCHAFTS- UND REGIONALREGIERUNGEN

VLAAMSE GEMEENSCHAP — COMMUNAUTE FLAMANDE

VLAAMSE OVERHEID

**22 JUNI 2012. - Decreet houdende verplichte melding van  
risicovolle medische praktijken**

# Surgery center accreditation - Flanders

Decreet 22 juni 2012 “Risicovolle medische praktijk”

- elke **invasieve procedure**
  - chirurgische of medische
  - diagnostisch, therapeutisch of esthetisch
- welke
  - noodzakelijkerwijze wordt uitgevoerd onder algemene **anesthesie**, majeure conductieanesthesie of diepe sedatie;
  - en/of een verlengd medisch of verpleegkundig **toezicht** vereist na de procedure



# Surgery center accreditation - Flanders

## Meldingsplicht

- de verantwoordelijke voor de instelling moet melden bij het Vlaams Agentschap Zorg en Gezondheid
  - **welke personen** de risicovolle medische praktijken stellen
  - **welke** risicovolle medische **praktijken** worden gesteld
  - welke maatregelen genomen worden om de **kwaliteit van de zorg** en de **veiligheid van de patiënt** te waarborgen.
- minimaal één keer per jaar wordt de informatie bezorgd aan de bevoegde provinciale raad van de Orde der Geneesheren

# Surgery center accreditation - Flanders

## Toezicht

- de Vlaamse Regering organiseert het toezicht op de naleving
- de verantwoordelijke voor de instelling stelt de nodige gegevens ter beschikking
- hij verleent toegang tot alle ruimten met uitrusting die betrekking heeft op de risicovolle medische praktijk

## Externe kwaliteitsbewaking

- de Vlaamse Regering kan bepalen welke instellingen moeten deelnemen aan een accreditatie-programma

# HOSPITAL ACCREDITATION AND DAY SURGERY

# National / international accreditation

Two types of hospital accreditation

- Hospital and healthcare accreditation within national borders
- International healthcare accreditation

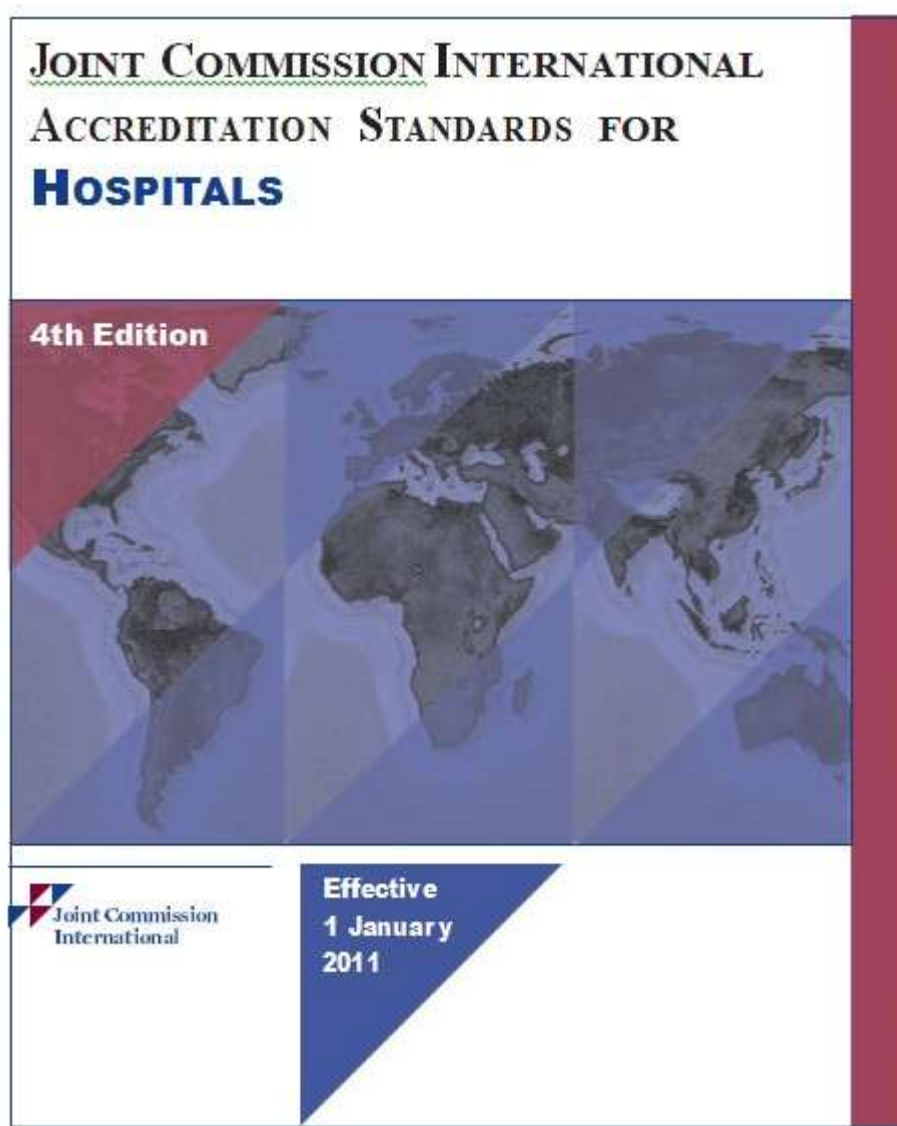
# International health care accreditation



with Accreditation Canada International program



# JCI accreditation standards



# JCI accreditation label

## Saudi Gazette

HOME

**KINGDOM**

OPINION

WORLD

ECONOMY

SPORTS

LIFE

### KINGDOM

## Nine hospitals win JCI accreditation

*Last Updated : Sunday, June 10, 2012 1:03 PM*

**By Saeed Al-Khotani**

*Saudi Gazette*

**RIYADH** — Minister of Health Dr. Abdullah Al-Rabeeah on Saturday led celebrations marking the accreditation of nine Saudi hospitals by the US-based Joint Commission International (JCI).

# JCI UZ Leuven



[Jobs](#) | [About UZ Leuven](#)

[NL](#) | [EN](#) | [FR](#)

## Welcome to UZ Leuven

University Hospitals Leuven provides quality medical and paramedical services to ambulant and hospitalized patients, at campus Gasthuisberg, Lubbeek, Pellenberg, Sint-Pieter and Sint-Rafaël.



### Patients

- Admission
- Consultations
- Practical
- Patient brochure
- Departments

[more info](#) →

### Visitors

- Visiting hours
- Reception
- Practical
- Facilities for families

[more info](#) →

### Doctors

[more info](#) →

### Contact

- Campus Gasthuisberg
- Campus Pellenberg
- Campus Sint-Pieter
- Campus Sint-Rafaël
- Campus Lubbeek

[more info](#) →



# JCI accreditation standards

- Section I: Patient-Centered Standards
- Section II: Health Care Organization Management Standards

# JCI accreditation standards

## Section I: Patient-Centered Standards

- International Patient Safety Goals (IPSG)
- Access to Care and Continuity of Care (ACC)
- Patient and Family Rights (PFR)
- Assessment of Patients (AOP)
- Care of Patients (COP)
- Anesthesia and Surgical Care (ASC)
- Medication Management and Use (MMU)
- Patient and Family Education (PFE)

# JCI accreditation standards

## Section II: Health Care Organization Management Standards

- Quality Improvement and Patient Safety (QPS)
- Prevention and Control of Infections (PCI)
- Governance, Leadership, and Direction (GLD)
- Facility Management and Safety (FMS)
- Staff Qualifications and Education (SQE)
- Management of Communication and Information (MCI)

# International Patient Safety Goals (IPSG)

- IPSG.1 **Identify** Patients Correctly
- IPSG.2 Improve Effective **Communication**
- IPSG.3 Improve the Safety of **High-Alert Medications**
- IPSG.4 Ensure Correct-Site, **Correct-Procedure**,  
Correct-Patient Surgery
- IPSG.5 Reduce the Risk of Health Care–Associated  
**Infections**
- IPSG.6 Reduce the Risk of Patient Harm Resulting from  
**Falls**

# IPSG.5 Reduce the Risk of Health Care–Associated Infections

## Standard IPSG.5

- The organization develops an approach to reduce the risk of health care–associated infections.

## Intent of IPSG.5

- Infection prevention and control are challenging in most health care settings, and rising rates of health care–associated infections are a major concern for patients and health care practitioner. Infections common to all health care settings include catheter-associated urinary tract infections, blood stream infections, and pneumonia (often associated with mechanical ventilation).
- Central to the elimination of these and other infections is proper hand hygiene. Internationally acceptable hand-hygiene guidelines are available from the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (US CDC) and various other national and international organizations.
- The organization has a collaborative process to develop policies and/or procedures that adapt or adopt currently published and generally accepted hand-hygiene guidelines and for the implementation of those guidelines with the organization.

## Measurable Elements of IPSG.5

- The organization has adopted or adapted currently published and generally accepted hand-hygiene **guidelines**.
- The organization implements an effective hand-hygiene **program**.
- Policies and/or procedures are developed that **support continued reduction** of health care–associated infections.

# IPSG.4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

## Measurable Elements of IPSG.4

- surgical-site **marking**, involving the patient
- **checklist** to verify preoperatively
  - correct site
  - correct procedure
  - correct patient
  - all documents and equipment needed are on hand, correct, and functional
- full surgical team conducts and documents a **time-out** procedure just before starting a surgical procedure
- also for all procedures done in settings other than the operating theatre

# Anesthesia and Surgical Care (ASC)

## Organization and Management

- ASC.1 Anesthesia services (including moderate and deep sedation) are **available** to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations and professional standards.
- ASC.2 A qualified individual(s) is **responsible** for managing the anesthesia services (including moderate and deep sedation).

# Anesthesia and Surgical Care (ASC)

## Sedation Care

- ASC.3 Policies and procedures guide the care of patients undergoing moderate and deep **sedation**.

## Anesthesia Care

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



# Anesthesia and Surgical Care (ASC)

## Anesthesia Care

- ASC.5 Each patient's anesthesia care is planned and documented in the **patient's record**.
  - ASC.5.1 The risks, benefits, and alternatives are discussed with the patient, his or her family, or those who make decisions for the patient.
  - ASC.5.2 The anesthesia used and anesthetic technique are written in the patient record.
  - ASC.5.3 Each patient's physiological status during anesthesia is continuously monitored and written in the patient's record.

# Anesthesia and Surgical Care (ASC)

## Anesthesia Care

- ASC.6 Each patient's **postanesthesia** status is monitored and documented, and the patient is discharged from the recovery area by a qualified individual or by using established criteria.

# Anesthesia and Surgical Care (ASC)

## Surgical Care

- ASC.7 Each patient's surgical care is **planned and documented** based on the results of the assessment.
  - ASC.7.1 The risks, benefits, and alternatives are discussed with the patient and his or her family or those who make decisions for the patient.
  - ASC.7.2 There is a surgical report or a brief operative note in the patient's record to facilitate continuing care.
  - ASC.7.3 Each patient's physiological status is continuously monitored during and immediately after surgery and written in the patient's record.
  - ASC.7.4 Patient care after surgery is planned and documented.

# Cost of accreditation (JCI)

- Average fee for hospital full survey in 2010 was \$46,000
- Cost is determined by the size and complexity of the hospital
  - This determines the number of surveyors (2 – 5)
  - and the number of days (2 – 6) needed to survey the standards.
- Cost for transportation and hotel, food and local transportation costs on-site are not included

# Zorg Inspectie Vlaanderen



- afstemmen en integreren met nieuw toezichtmodel (2012 - 2013)
- in opvolging van het visitatiemodel

# Eisenkaders

- Gebaseerd op
  - Juridische erkenningsnormen cruciaal voor kwaliteit van zorg
  - Internationale guidelines
  - Gevalideerde en haalbare standaarden
- 4 onderdelen voor chirurgisch zorgtraject
  - C-dienst en chirurgisch dagziekenhuis
  - Operatiekwartier
  - Centrale sterilisatie
  - Bloedtransfusie & ziekenhuisbloedbank
- [http://www.zorg-en-gezondheid.be/Beleid/Procedures/Ziekenhuizen/EK-C-dienst-en-chirurgisch-\(PDF\)/](http://www.zorg-en-gezondheid.be/Beleid/Procedures/Ziekenhuizen/EK-C-dienst-en-chirurgisch-(PDF)/)
- <http://www4wvg.vlaanderen.be/wvg/zorginspectie/inspecties/Pages/AlgemeneZH.aspx>

# What is accreditation ?

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# Eisenkaders

- Gebaseerd op
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- <http://www4wvg.vlaanderen.be/wvg/zorginspectie/inspecties/Pages/AlgemeneZH.aspx>



# Eisenkaders

A	B	C	D	E
Norm *Verplichte eis	Streefwaarde	Bijkomende eis	Streefwaarde / nulmeting	Bronvermelding
<p>Norm: KB 22 JUNI 2004 - Algemein Besluit houdende vaststelling van de normen waaraan het zorgprogramma voor kinderen moet voldoen en erhand te worden en de wijziging van het Besluit Besluit van 22 november 1997 houdende vaststelling van de normen waaraan het "zorgprogramma voor kinderen" moet voldoen en te worden erhand. Publicatie 26.06.2004</p> <p>Art. 23octis: De functie "interdisciplinaire afgevaardigde" moet beschikken over een gegrooterd verpleegkundige in de pedatrie, een bachelor in de verpleegkunde met een specialisatie in de pedatrie of personen die kunnen beschikken dat zij op de datum van bekendmaking van het Besluit Besluit van 22 juni 2004 houdende vaststelling van de normen waaraan het zorgprogramma voor kinderen moet voldoen en erhand te worden en te wijziging van het Besluit Besluit van 22 november 1997 houdende vaststelling van de normen waaraan de functie "interdisciplinaire afgevaardigde" moet voldoen en te worden erhand in het Belgisch Staatsblad, maximaal gedurende 3 jaar in een erhande afgevaardigde (indien zij werken of hebben gewerkt).</p>				
	Er is een pediatrische verpleegkundige op datum van 18/6/2004 gedurende tenminste 3 jaar in een enkele dienst voor pedatrie gewerkt, beschikbaar die het beleid m.b.t. de verzorging met kinderen in de functie chirurgische afgevaardigde steunt.		100%	
		Er is een pediatrische verpleegkundige (of op datum van 18/6/2004 gedurende tenminste 1 jaar in een enkele dienst voor pedatrie gewerkt) aanwezig op de functie op datum dat is een kind stannamen ij.	Nulmeting	

- Kolom A : norm, of norm die concreter geïnterpreteerd wordt (interpretatie is aangeduid met \*)
- Kolom B: genuanceerde norm
- Kolom C: bijkomende eis
- Kolom D: streefwaarde of nulmeting
- Kolom E: bronvermelding

# Norm / nuancering / bijkomende eis

- Norm
  - Art. 15octies. De functie "chirurgische daghospitalisatie" moet **beschikken over** een gegradueerd verpleegkundige in de pediatrie
- Nuancering
  - Er is een pediatische verpleegkundige beschikbaar die het **beleid** m.b.t. de omgang met kinderen in de functie chirurgische daghospitalisatie **uitwerkt**.
- Bijkomende eis
  - Er is een pediatische verpleegkundige **aanwezig** op de functie op moment dat er een kind opgenomen is.

# Chirurgisch zorgtraject dagziekenhuis

- Medisch kader en personeel chirurgisch dagziekenhuis
- Infrastructuur chirurgisch dagziekenhuis
- Specifieke eisen chirurgisch dagziekenhuis
  - De functie beschikt over uitgeschreven **selectiecriteria**
    - \*(lijst van ingrepen die mogen doorgaan in dagopname en voorwaarden voor patiënten).
  - Een van deze patiëntgebonden opnamecriteria is “patiënt heeft **24 uur na de ingreep opvang**”.
    - Elke patiënt is voor opname via een folder op de hoogte gebracht dat hij / zij 24 u na de ingreep niet alleen mag zijn.
  - Er is duidelijke informatie aan patiënt/ouders (neergeschreven info) van **pijnpreventie/behandeling**

# Chirurgisch zorgtraject dagziekenhuis

- Specifieke eisen chirurgisch dagziekenhuis (vervolg)
  - Indien geen eigen operatiezalen gebruikt worden, zijn de ingrepen bij dagpatiënten niet ondergeschikt aan het **operatieprogramma** voor opgenomen patiënten.
  - Er kan steeds een **ouder bij het bewuste kind** blijven
    - \*(op het dagziekenhuis, tijdens onderzoeken, tot bij inductie en op recovery)
  - **Kinderen** worden visueel en auditief **afgeschermd** van volwassen patiënten.
  - ...

# Concrete aanpak

- Onaangekondigd
  - Aanwezigheid dienstverantwoordelijke is niet vereist
  - Betekent niet dat alles onbegeleid kan
- Inspectiemethodiek (flexibel):
  - Observatie
  - Gesprekken – bevraging medewerkers
  - Patiëntenbevraging
  - Centrale dossiercheck + inkijken dossiers op de diensten



Chirurgisch

# Hoe wordt wat geïnspecteerd?

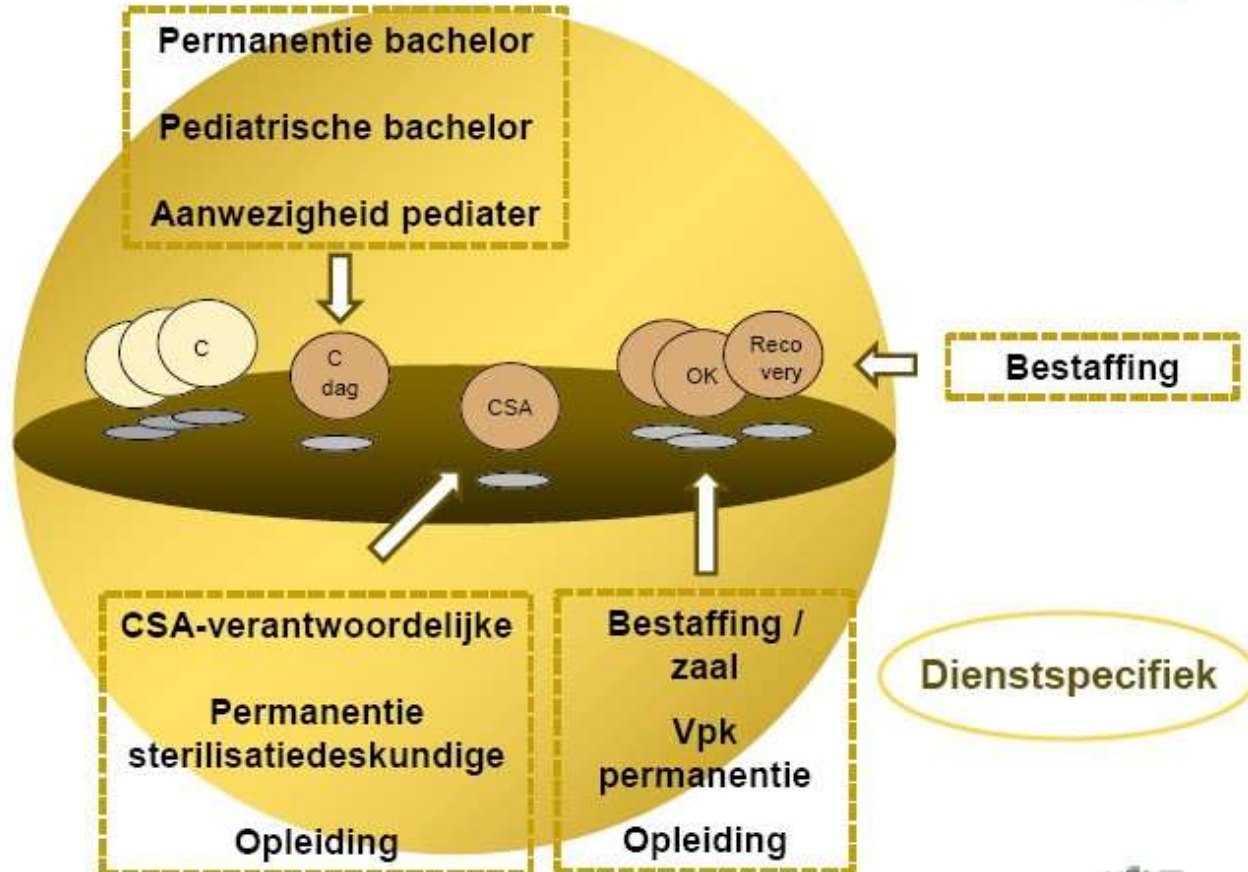


Veilige zorg

Personeel

Infrastructuur  
en veilig  
materiaal

Patiënt- en  
zorg-  
gerelateerde  
risico's



Chirurgisch

# Hoe wordt wat geïnspecteerd?

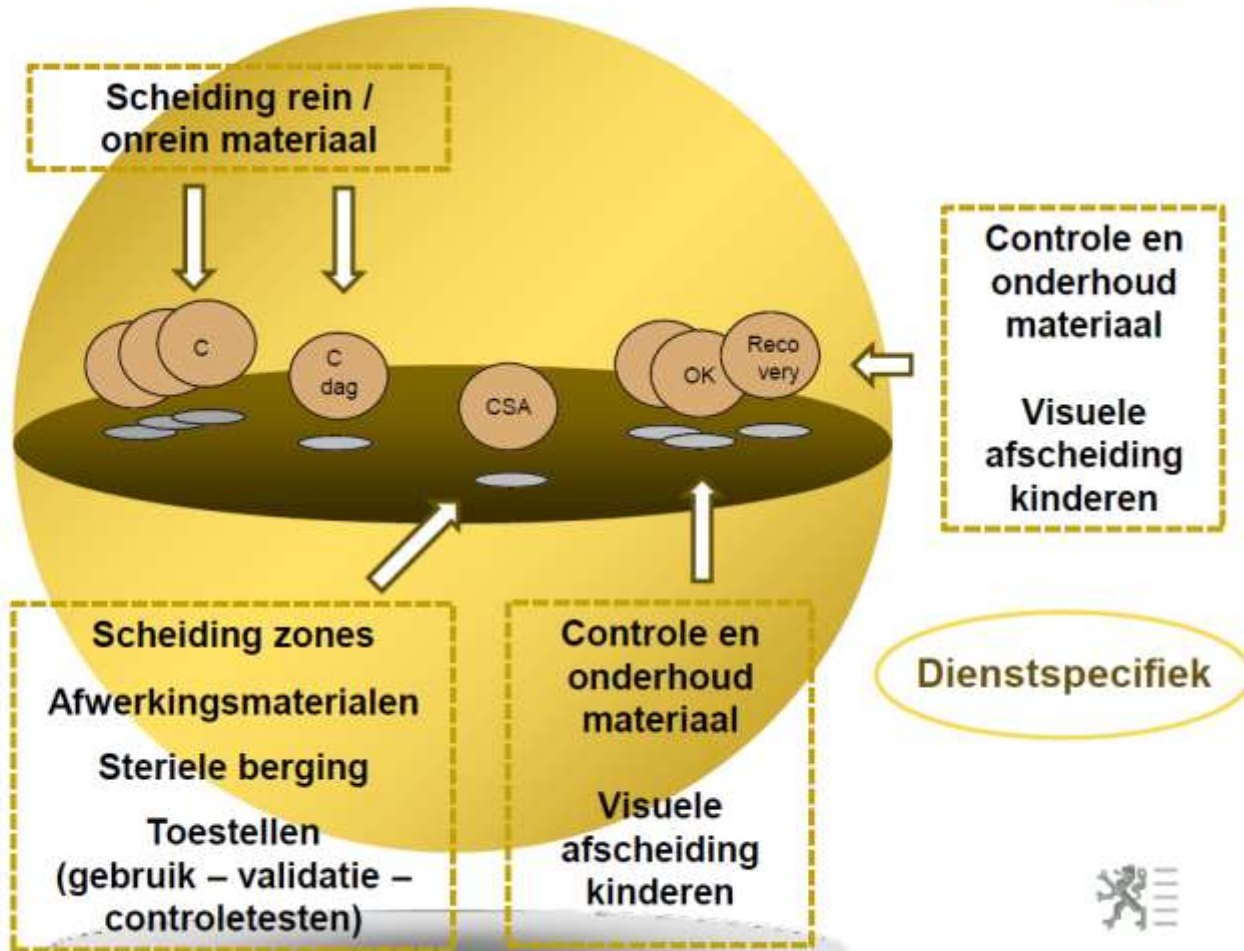
zorg  
inspectie

Veilige zorg

Personeel

Infrastructuur  
en veilig  
materiaal

Patiënt- en  
zorg-  
gerelateerde  
risico's



# Vorbereitung van de inspectie

- Continu voldoen aan eisenkader !
- Geen specifieke voorbereiding nodig
- Wel: een personeelslijst aanmaken van de medewerkers van het chirurgisch dagziekenhuis:
  - Naam en voornaam
  - Opleidingsniveau (bachelor verpleegkundige – bachelor pediatriesch verpleegkundige)
  - Effectief VTE per persoon



# Vrijstelling van 5-jaarlijkse visitatie ?

- Voorwaarden
  - ziekenhuisbreed accreditietraject
  - ISQua-geaccrediteerde organisatie
- Uiterlijk 31 dec. 2012: ZI informeren of men al dan niet kiest voor accreditatie
- Uiterlijk 31 dec. 2017: ZI informeren over het resultaat van de accreditatie-audit