The Value of Accreditation: the JCI Experience

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Presentation Topics

- Some facts about Joint Commission International (JCI)
- Accreditation and Licensure basics
- The JCI accreditation process
- The drivers for accreditation
- Potential return on the investment
- Quality, Safety, and Accreditation
Organizational Base

- Joint Commission International (JCI) is the international arm of The Joint Commission (TJC).
- Established 1997
- TJC and JCI are independent, non-profit, non-governmental agencies.
Mission of Joint Commission International

- To improve the **safety and quality** of care in the international community through the provision of education, publications, consultation, evaluation, and accreditation services.
International Accreditation and Certification Programs

- Medical Transport (2002)
- Primary Care (July 2008)
- Disease-Condition-Service Certification (2009)
Countries with JCI Accreditations

Current JCIA = 56 Countries as 1 July 2013

- 541 Accredited IHCOs
- 50 CCPC Certificated Programs
- 2 Accredited Networks
Accreditation – A Definition

- Usually a **voluntary** process by which a government or non-government agency grants **recognition** to health care institutions which meet certain **standards** that require **continuous improvement** in structures, processes, and outcomes.
Accreditation – A Definition

Accreditation is often confused with:

- **Licensure** - governmental activity that sets minimum standards to protect the public
- **Certification** - evaluates special capability or unique skills/ability
International Structure

- International Board of Directors (of JCR)
- International Accreditation Committee
- International Standards Committee
- Regional Advisory Councils
- Four International Offices
- International translations of many products
Hospital Standards

- Patient-Centered Standards
  - Access to Care and Continuity of Care
  - Patient and Family Rights
  - Assessment of Patients
  - Care of Patients
  - Anesthesia and Surgical Care
  - Medication Management and Use
  - Patient and Family Education
Hospital Standards

- Health Care Organization and Management Standard
  - Quality Improvement and Patient Safety
  - Prevention and Control of Infections
  - Governance, Leadership, and Direction
  - Facility Management and Safety
  - Staff Qualifications and Education
  - Management of Communication and Information
Hospital Standards

- 4th Edition of the Hospital Standards
  - Contains 320 standards
  - Over 1200 criteria measured during the survey/evaluation process

- 5th Edition of the Hospital Standards (Due in September)
  - 285 Standards
  - 1160 Measurable Elements

- Required compliance with the International Patient Safety Goals
Evaluation Methodology

- Teams of peers gather information on-site
- Teams trace patients through the organizations to evaluate systems of care
- The compliance elements and scoring method is transparent
- Decisions on accreditation are rule based
Patient Tracer

Follows the care and needs of the patient

Joint Commission International
Drivers for Accreditation

- Aging populations with multiple chronic diseases have raised costs of care.
- Emergence of new diseases and HAIs.
- Movement of patients and healthcare practitioners across borders.
- Globalization of service and manufacturing sectors.
How safe is healthcare?

<table>
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<th>Deaths / year</th>
<th>Dangerous (&gt;1/1000)</th>
<th>Risky</th>
<th>Safe (&lt;1/100K)</th>
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<td>100,000</td>
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<td>Driving</td>
<td>Regular air transport</td>
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<td>Mountain climbing</td>
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<td>Bungee jumping</td>
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</table>

Contacts / 1 death
“Medicine used to be simple, ineffective and relatively safe. Now it is complex, effective and potentially dangerous.”

Sir Cyril Chantler, former Dean Guy’s, King and St. Thomas’s Medical and Dental School, Lancet 1999
Potential Returns on Accreditation

- Improved care – fewer complications
- Better reputation -- increased number of new patients
- More satisfied staff – better retention and lower recruitment and training costs
- More efficient, cost effective work processes
Potential Returns on Accreditation

- Better preventive maintenance program – longer life of biomedical equipment
- Special recognition from payment sources and insurance companies
- Greater clarity to leadership structure and quality oversight
- *Better safety management, risk reduction, and reduced liability exposure*
Questions to Ask

- How does accreditation lead to enhancement of patient and staff safety?
  - Is it a result of compliance of standards?
  - Or is it a function of the survey methodology?
- Do you have the data to prove what you are telling us?
Improvement in Documentation

Trend on Non Compliance of Allergy Documentation at

% Noncompliance

Desired Outcome

Nov-06  Dec-06  Jan-07  Feb-07  Mar-07  Apr-07  May-07  Jun-07  Jul-07

11.07  6.40  4.74  1.90  0.93  0.5  0.3  0  0
Reduction of Complications at American Hospital, Dubai, UAE

- During preparation for re-accreditation:
  - Emphasis on prevention of hospital associated infections
  - New Clinical guidelines introduced
Reduction of Ventilator-Associated Pneumonia

Moving Average - VAP - Year 2005

Rate/1000 ventilator days

Month

Jan-05 Feb-05 Mar-05 Apr-05 May-05 Jun-05 Jul-05 Aug-05 Sep-05 Oct-05 Nov-05 Dec-05

QIP ON VAP REDUCTION COMPLETED

Rate/1000 ventilator days

0.00 5.00 10.00 15.00 20.00 25.00 30.00 35.00
Reduction of Ventilator-Associated Pneumonia

Month wise Hospital Acquired Infection Surveillance Data (VAP)

* (Number of ventilator-associated pneumonias / Number of ventilator-days) X 1000
** Source: National Nosocomial Infections Surveillance (NNIS) System Report, October 2004
Incidence of VAP in MSICU - 2000 to Q2 05

Per thousand ventilator days

Q3 2000 Q4 2000 Q1 01 Q2 01 Q3 01 Q4 01 Q1 02 Q2 02 Q3 02 Q4 02 Q1 03 Q2 03 Q3 03 Q4 03 Q1 04 Q2 04 Q3 04 Q4 04 Q1 05 Q2 05


Target NNIS

Reduction in VAP Rates – National University Hospital, Singapore
Reduction of Complications at “Istituto Giannina Gaslini” NI/PICU

* Mortality (%) from hosp acq. Infections
** Hosp acq. Infections (per 1000 pt days)
*** Hosp acq. Pneumonia (per 1000 pt days)
Improved Patient Safety

Indraprastha Apollo Hospital,
New Delhi, India
Unscheduled Returns to ICU Rates in National University Hospital, Singapore

Comparison With Project-Wide & Singapore Public Hospital Rates
Handwashing Compliance

Trend on Hand Hygiene Compliance Rate in ICUs

- Compliance:
  - n = 100: 20.34%
  - n = 100: 30.26%
  - n = 250: 45.47%
  - n = 250: 40.84%
  - n = 250: 63.22%
  - n = 250: 64.12%
  - n = 250: 67%
  - n = 400: 74%
  - n = 400: 68.1%
  - n = 400: 77%

- JCAHO Benchmark:
  - 95% Compliance
Patient Falls (%)

Indraprastha Apollo Hospital, New Delhi, India
Preventable staff accidents 2007
The rate of needlestick injuries per 1000 healthcare workers was reduced from 7.91 in 2003 to 3.48 in 1st 6 months of 2005, an improvement of 127%.
These are individual reports, dealing with segments of hospital operations – Anecdotal accounts

To study it systematically,
- One Middle East hospital embarked on a study of the effect of the process, not of the outcome, before and after JCI accreditation
Study Details

- 400 bed Government Hospital
- Accredited in 2007
- Studied before start of project to comply with JCI standards
- Repeat study 15 months later (before survey)
- Perceptions of stakeholders studied by questionnaires
- 100 point indices

Kingsham Press, Chichester, UK
Findings of Study

- All stakeholder groups reported improvement in every dimension measured
- Overall improvement: 49% over baseline

Main Areas of Improvement
- Leadership & management
- Quality improvement
- Patient safety
- Pt satisfaction & “delight”
- Ethical performance
- Documentation
- Organizational learning
- Organizational excellence

Areas of Lesser Improvement
- Corporate structure
- Human resources management
- Staff satisfaction
Value Study in Jordan
Objective and Study Design

- To quantify the value (expressed in monetary terms) and impact (expressed in physical terms) of implementing selected JCI standards
- Retrospective
- 3-year period
- Compare two groups of acute general hospitals
  - Accredited group consisted of 3 private hospitals that received JCI accreditation in 2007 or 2008
  - Non-accredited consisted of 2 similar private hospitals (not obtained nor sought accreditation during that time)
Results

Net impact of hospital accreditation, 2006-2008

- 0.6% for Readmission to hospital within 30 days
- 0.9% for Return to surgery within 24 hours
- 13.0% for Staff turnover per year
- 27.6% for Admission of international patients
- 30.1% for Completeness of medical records

+ Variable is the change from the before year (2006) to the average of after accreditation years (2007-8). The greatest negative changes are best for hospital readmission, return to surgery, and return to ICU. The greatest positive changes are best for completeness of records and admission of international patients.

^Statistically significant (at \( p<0.05 \))
Conclusions

- Total saving over two monetary measures US $87,600 per accredited hospital per year

- Saving over 2 years follow up equals US $175,200 per hospital

- Accreditation demonstrated statistically significant improvement in quality as well as cost saving in key areas

- Both accredited and non-accredited hospitals valued study for contribution to staff skills in measuring quality
Communication Issues (MCI)

- The organization seeks to reduce physical, language, cultural, and other barriers to access and delivery of services.

- The patient and family are taught in a format and language they understand.
Rights as Patients (PFR)

- Care is considerate and respectful of the patient’s values and beliefs.
- Care is respectful of the patient’s need for privacy.
- Patient information is confidential.
- Patient informed consent is obtained.
Continuity of Care (ACC)

- Continuity and coordination are evident throughout all phases of patient care.
- Referrals outside the organization are to specific individuals and agencies in the patient’s home community.
- A copy of the discharge summary is provided to the practitioner responsible for the patient’s continuing or follow-up care.
Truth in admission policies (ACC)

- Patients are admitted for care only if the organization can provide the necessary services and settings for care.

- At admission patients and families are provided information on the proposed care, expected results of care, and expected costs.

- The organization has established and implemented a framework for ethical management.
Professional Competence (SQE)

- The organization has an effective process to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications.

- The credentials of medical staff members are reevaluated at least every three years to determine their qualifications to continue to provide patient care services in the organization.
Evidence of quality (QPS)

- The organization monitors its clinical and managerial structures, processes, and outcomes including:
  - Laboratory and radiation safety and quality
  - Surgical procedures
  - Use of antibiotics and other medications
  - Use of blood and blood products’
  - Infections
  - And 13 other areas including patient safety
Complaints (PFR)

- The organization informs patients and families about its process to receive and act on complaints, conflicts, and differences of opinion about patient care.
Conclusions

- There are many drivers for quality evaluation however, patient safety is one of the strongest.

- The accreditation process is an investment in the long-term health of an organization.

- The accreditation process can provide cost savings in key areas as well as improve the quality and safety in an organization.
Gracias

Questions

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