

Understanding Hospital Accreditation: The Joint Commission International (JCI)

By Dr Lim Shun Ping

Recently, the National University Hospital and Johns Hopkins-NUH International announced that they had been accredited by the Joint Commission International (JCI). We are informed that other hospitals in the two public healthcare clusters are considering engaging JCI. Regionally, according to JCI, one hospital in China, one in Thailand and one in the Philippines have obtained JCI accreditation. Interestingly, so far we have not heard if hospitals in regions of the world with more established hospital and medical systems and traditions, such as in Western Europe and Australia and New Zealand, are prepared to embrace JCI accreditation.

What is accreditation of a healthcare organisation? In the Singapore context, this boils down to a process by which JCI assesses a hospital to determine if it meets a set of 368 minimum standards devised by JCI "to improve quality and safety of patient care." The accreditation process involves a two to four-day long site visit to the hospital by JCI's survey team comprised of a physician, nursing officer and administrator. These surveyors interview key personnel and inspect selected documents, as well as physically view the hospital premises and departments. Typically, the surveyors meet with the hospital administration at the end of the survey. They may also meet with the medical staff and other hospital personnel at a staff meeting to present and discuss their findings, but a final accreditation decision comes later and will be based on an analysis of the survey findings by their international accreditation committee.

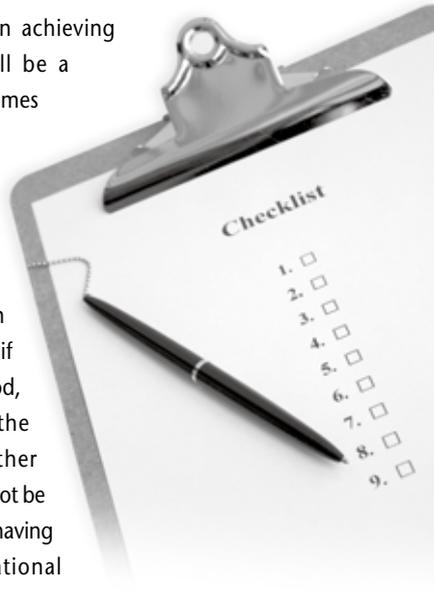
JCI is a division and a subsidiary corporation of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The latter was formerly called the Joint Commission on Accreditation of Hospitals (JCAH) until it extended its reach beyond its original focus on hospitals to include other facilities and programmes involved in providing patient care activities such as nursing homes. JCAHO and JCI are non-governmental not-for-profit US corporations based in Oakbrook Terrace, a suburb of Chicago. JCAHO and its predecessor, JCAH, have been accrediting hospitals in the United States for about 75 years. Currently, JCAHO states that more than 90% of the hospitals in the US seek accreditation with it. Despite the not-for-profit status of JCAHO and JCI, fees are charged for accreditation surveys (one figure quoted for a hospital in Singapore is USD\$30,000). Accreditation lasts for a period of three years. Thus, in order to maintain accreditation, a healthcare organisation has to pay a fee and undergo and pass an accreditation survey every three years.

The advantages of accreditation are incremental depending on the baseline level of excellence (or lack thereof) from which the hospital starts; that is, if the hospital and/or staff are

substandard, then achieving accreditation will be a huge and sometimes painful effort, but the patients as the main beneficiaries will benefit substantially. On the other hand, if standards are good, the benefits to the patients and other stakeholders may not be as tangible. That having been said, national decision makers and high level administrators gain comfort from having an external body independently assess the quality of hospitals under their purview based on "international standards." It is also true that reinventing the wheel by attempting to create and enforce equivalent national hospital standards from scratch would be a daunting (but not impossible) task.

Although the initial decision to engage the JCI is voluntary, once a hospital enters the first accreditation cycle, it becomes difficult, if not politically impossible, not to sign up and pay for subsequent accreditation evaluations, as accreditation (the "seal of approval") can no longer be awarded in that circumstance. Thus, a healthcare organisation may become virtually "locked in" to the JCI process, unless another reputable organisation surfaces to offer its services.

For just over twenty years, from 1980 to 2000, I worked, taught and did research in a variety of hospitals in a number of different midwestern states, all JCAH and later JCAHO accredited. These included university hospitals, Department of Veterans Affairs (VA) hospitals and private hospitals, small, medium, large and very large. I was able to see the impact of JCAH and JCAHO from the point of view of a clinical cardiology fellow, a junior then senior faculty member, head of section and private practitioner. One of my enduring impressions is that in the US, record-keeping is much more complete and definitely much more legible as one has to have admission notes and discharge summaries dictated and transcribed by a small army of medical transcriptionists. It is common for physicians to spend one or two half days a week in the medical records room catching up with dictations and "authenticating" (personally signing) daily notes written during ward rounds and telephone orders. Another (sometimes amusing)



About the author:
Dr Lim (MBBS 1970, Monash) spent 20 years working in the States, where one of his appointments was Clinical Associate Professor of Medicine at Ohio State University in Columbus. He is currently a cardiologist in full-time private practice in Singapore.

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phenomenon is the occasionally frenetic preparation the hospital makes for the anxiety-provoking accreditation survey and focused re-survey (in case of conditional accreditation). The administration galvanises the hospital staff from the ward clerks to the department heads, organising meetings to coach individuals on how to respond to questions from the surveyors, as well as inserting helpful

hints in the hospital newsletter and hospital notice boards.

There is a price to pay in terms of the administrative and paperwork burden on the administrative and healthcare professionals. There will be a focus on the paperwork trail to assess compliance. Persons not in compliance will need to be disciplined. For example, admitting privileges may be suspended (and suspension lists circulated to the emergency and admissions departments and all nursing units) for not completing overdue discharge dictations.

JCI's standards are largely based on the JCAHO's standards as applied to US hospitals though some leeway is given to accommodate local factors. JCI's agenda is to improve the quality of healthcare in the international community. Inevitably, US standards and experiences form the backbone of the standards and future biennial modifications to the standards. A wag might characterise this as a further colonisation of the Asian medical mind, using the uniquely powerful metaphor of Dr Mahathir. But will we be able to work with JCI to develop a Singapore-appropriate set of standards? I hope so. ■