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New JCI Standards: Emerging Challenges to Providing Safe, Quality Care

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The new Joint Commission International (JCI) accreditation standards to take effect on January 1, 2008, are quite different from previous standards in that they focus even more on the top priority of JCI: Patient safety. Since we last updated our standards in 2003, we have learned additional lessons and best practices from the many hospitals we accredit around the world -there are currently about 140 hospitals in 26 countries accredited by JCI – and we have incorporated those lessons into 323 standards, that hospitals must meet to receive accreditation. JCI accreditation is for a period of three years.

JCI is the international arm of the Joint Commission. The Joint Commission accredits more than 90% of hospitals in the United States. JCI accreditation standards are comparable to Joint Commission accreditation standards, but they are different.

The difference is that the JCI standards and survey process were created for the international community and designed to be culturally applicable and in compliance with country-specific laws and regulations. Our standards allow for cultural differences while still requiring hospitals to standardize and provide patient care that promotes safety and quality.

Unlike some high reliability industries, such as air traffic control, healthcare has lacked standardization across the globe. JCI is working to change that by helping hospitals around the world learn a common healthcare language that promotes safety and consistency in the delivery of care.

One example of a change to our standards that better protects patients is our more stringent requirements for how hospitals verify credentials of healthcare providers. It is no longer sufficient for a hospital to simply gather diplomas and certificates. Moving forward, JCI accredited hospitals must validate these credentials with the institutions that were supposed to have granted them. We also have new standards addressing what health professionals in training programs in JCI accredited hospitals may do with or without supervision.

Because our research shows medication errors are the most common errors threatening patient safety, JCI has made medication use standards a chapter by itself, which brings added scrutiny to how healthcare providers store, prescribe, dispense, and administer medications. Our new standards have us examining the many areas where errors can occur that lead to patients receiving the wrong medicine or wrong dosage.

Our standards aim to ensure patient's rights are protected. We require that every patient and their family be educated about their care in a language that he/she understands. With so many international travelers now seeking healthcare in other countries, this requirement is taking on added importance. We also believe all patients need to be involved in their care decisions, so we have requirements regarding consent as well as confidentiality issues. Finally, we also require that doctors transfer information to the patient upon dismissal so that recommendations for follow-up care, wherever it may be, are communicated. This transfer of information makes it less likely there will be the need for emergency care or readmission to the hospital in the coming weeks.

Another major change in our new standards is our emphasis on ensuring healthcare organizations provide uniform care 7 days a week, 24 hours a day. We want to be sure that care provided on weekends and in the middle of the night meet our standards as well. We are also requiring that patient care be planned out and written down within 24 hours of admission. Physicians must conduct exams and run tests within that time frame.

A final area, which has evolved with the growing concern about potentially fatal infectious diseases such as avian flu and SARS, is standards for managing and preventing infectious disease outbreaks. For example, we expect hospitals to have rooms with negative pressure that vent outside, which is critical when a patient needs to be isolated.

To determine if a hospital is meeting our 323 standards, with their 1193 measurable elements, we conduct an on-site survey with a team of three professionals, typically a doctor, nurse, and administrator. Although JCI visits are currently announced, our organization will be moving to unannounced surveys at some point in the near future. The Joint Commission moved to unannounced surveys for all U.S. hospitals this year. To begin the on-site evaluation process, our surveyors use a tracer methodology where they select as many as eight patients and examine their healthcare services from the time they enter the hospital until they are discharged. We believe it is vitally important to examine how hospital departments work together to create positive outcomes for patients rather than survey each department separately as distinct units within the organization. This process takes between three and five days. Before leaving the organization, our survey team has a conference with hospital administrators and provides a preliminary report on how the organization fared in the survey. JCI has also been actively involved in helping countries around the world develop their own accreditation programs. Through partnerships with ministries of health, we are fulfilling our mission by working with our partners on how they can best evaluate the quality of care in their countries and thus enhance patient safety. Many of these countries are adopting the JCI standards while others have used our accreditation format as template for their own accreditation programs.

Although our reports are all confidential, we list hospitals receiving accreditation on our website. For more information on JCI, its new standards, and our accredited hospitals, please visit our website at www.jointcommissioninternational.com.

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