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Accreditation:
How to improve efficiency and
quality in the hospital

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A quick overview of our organization

JCR

- Non-profit affiliate of TJC
- Quality and safety innovations
- Accreditation resources
- Quality and safety risk areas
- Founded 1986

The Joint Commission

- Leading accrediting body for health care institutions in the US
- Founded 1951
- >15,000 accredited institutions

Transforming
patient safety
and quality of
care

JCI

- Improving the quality and safety of patient care and achieve peak performance in the international community
- Work with Health Care org's, NGO's and Government
- 300+ Accredited organizations

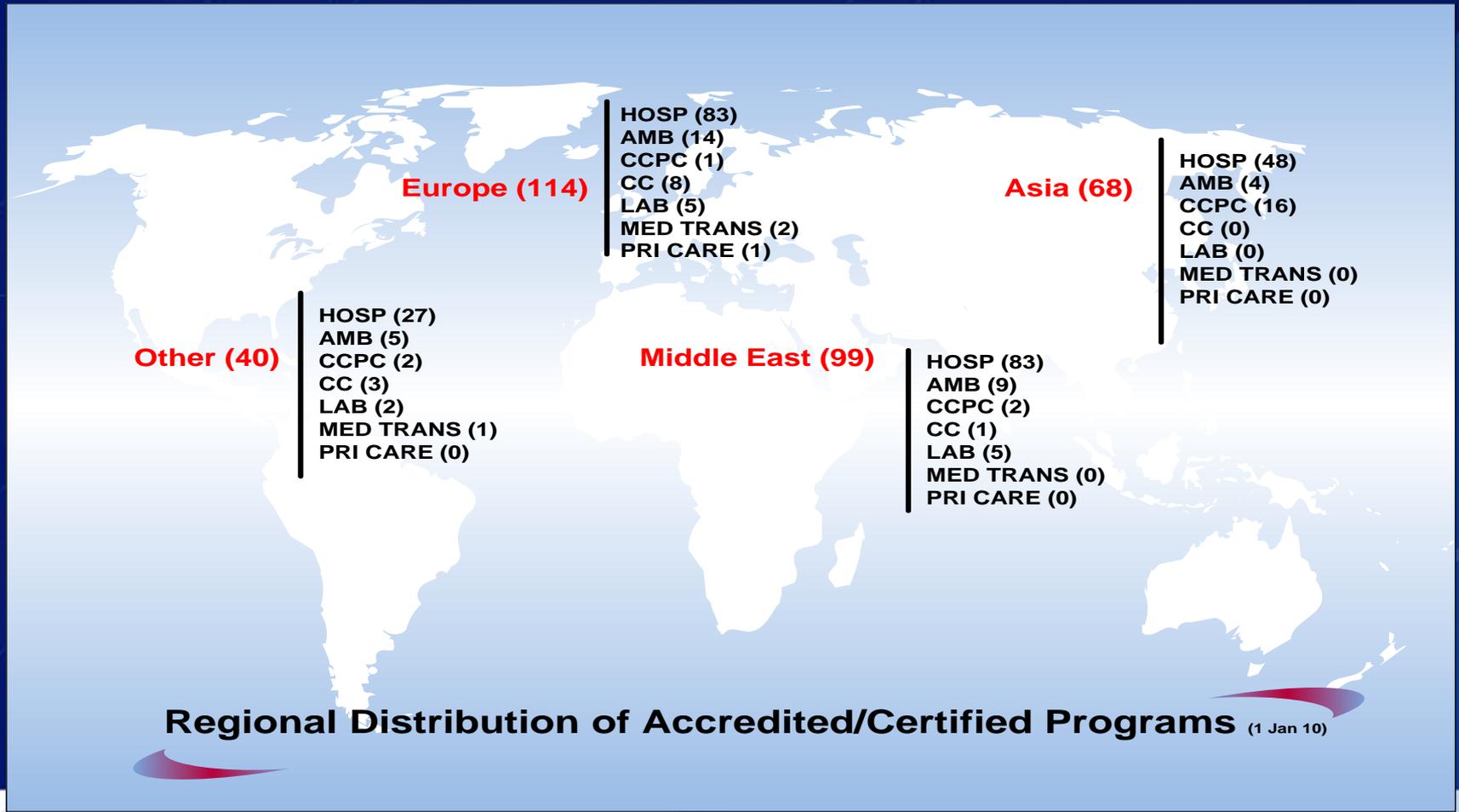
We've worked in over 70 countries

Countries with current JCI accredited organizations



Head office

JCI Accreditation Update

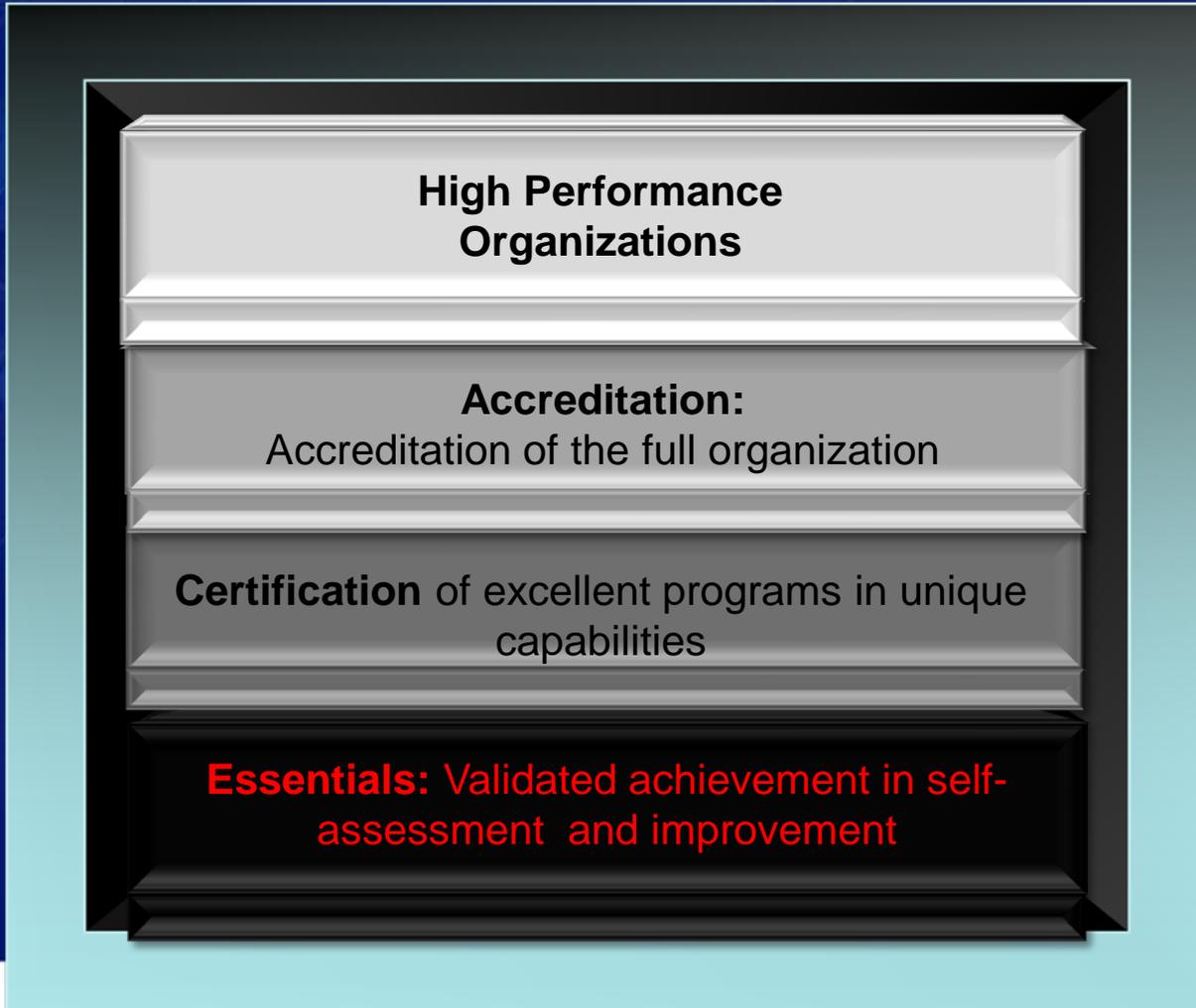


International Structure

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



The JCI Roadmap



Accreditation – JCI Definition

- 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.

JCI Accreditation System

Patient Centered STD

1. Access to Care and Continuity of Care
2. Patient and Family Rights
3. Assessment of Patients
4. Care of Patients
5. Anesthesia and Surgical Care
6. Medication Management and Use
7. Patient and Family Education

Organization centered STD

1. Quality Improvement and Patient Safety
2. Prevention and Control of Infections
3. Governance, Leadership, and Direction
4. Facility Management and Safety
5. Staff Qualifications and Education
6. Management of Communication and Information

Standards

Requirements that define performance **expectations** with respect to structure, process, and outcomes that must be substantially in place in an organization to enhance the safety and quality for patient care

An example of standard

ASC.5.1 The risks, benefits, and alternatives of anesthesia are discussed with the patient, his or her family, or those who make decisions for the patient.

Intent of ASC.5.1

The anesthesia planning process includes educating the patient, his or her family, or decision maker on the risks, benefits, and alternatives related to the planned anesthesia and postoperative analgesia. This discussion occurs as part of the process to obtain consent for anesthesia (including moderate and deep sedation) as required in PFR.6.4, ME 2. An anesthesiologist or a qualified individual provides this education.

Measurable Elements of ASC.5.1

1. The patient, family, and decision makers are educated on the risks, benefits, and alternatives of anesthesia. (Also see PFR.6.4, ME 2)
2. The anesthesiologist or another qualified individual provides the education.

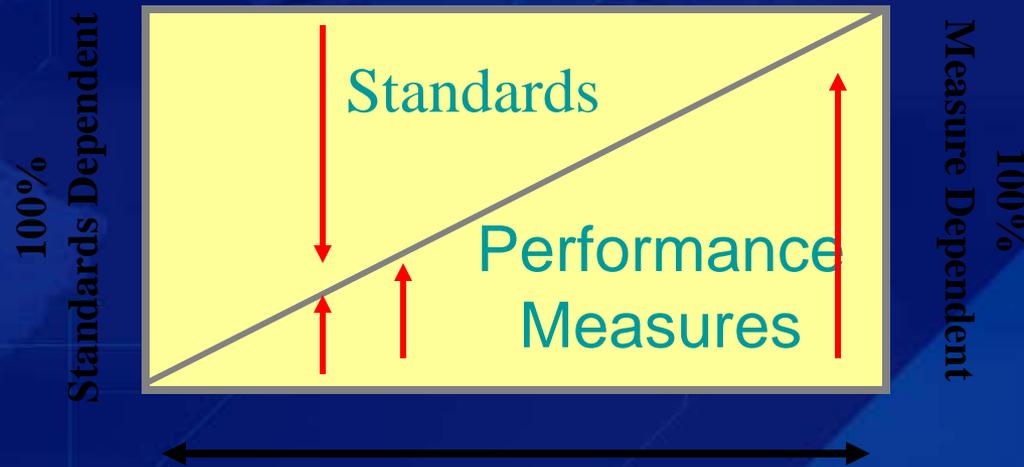
What is Accreditation Intended to Accomplish?

- Involve **Patient and Family** in his/her care
- Stimulate **continuous** improvement in patient care
- Increase efficiency/reduce **costs**
- Strengthen the public's **confidence**
- Improve the **management** of health services
- Enhance staff **recruitment** and retention
- Improve or expand sources of **payment**
- Provide less government **oversight**
- Provide comparison of **performance**

What is it found in JCI Accredited Organizations?

- A culture of patient rights, quality, safety and transparency
- An integrated management structure
- Qualified staff
- Lower risks and data on the risks
- **Quantifiable outcomes of care**
- Up-to-date science used by Medical staff

Accreditation Standards and Performance Measures Are Complementary



Complex interrelationships exist among any given standard and an array of relevant performance measures

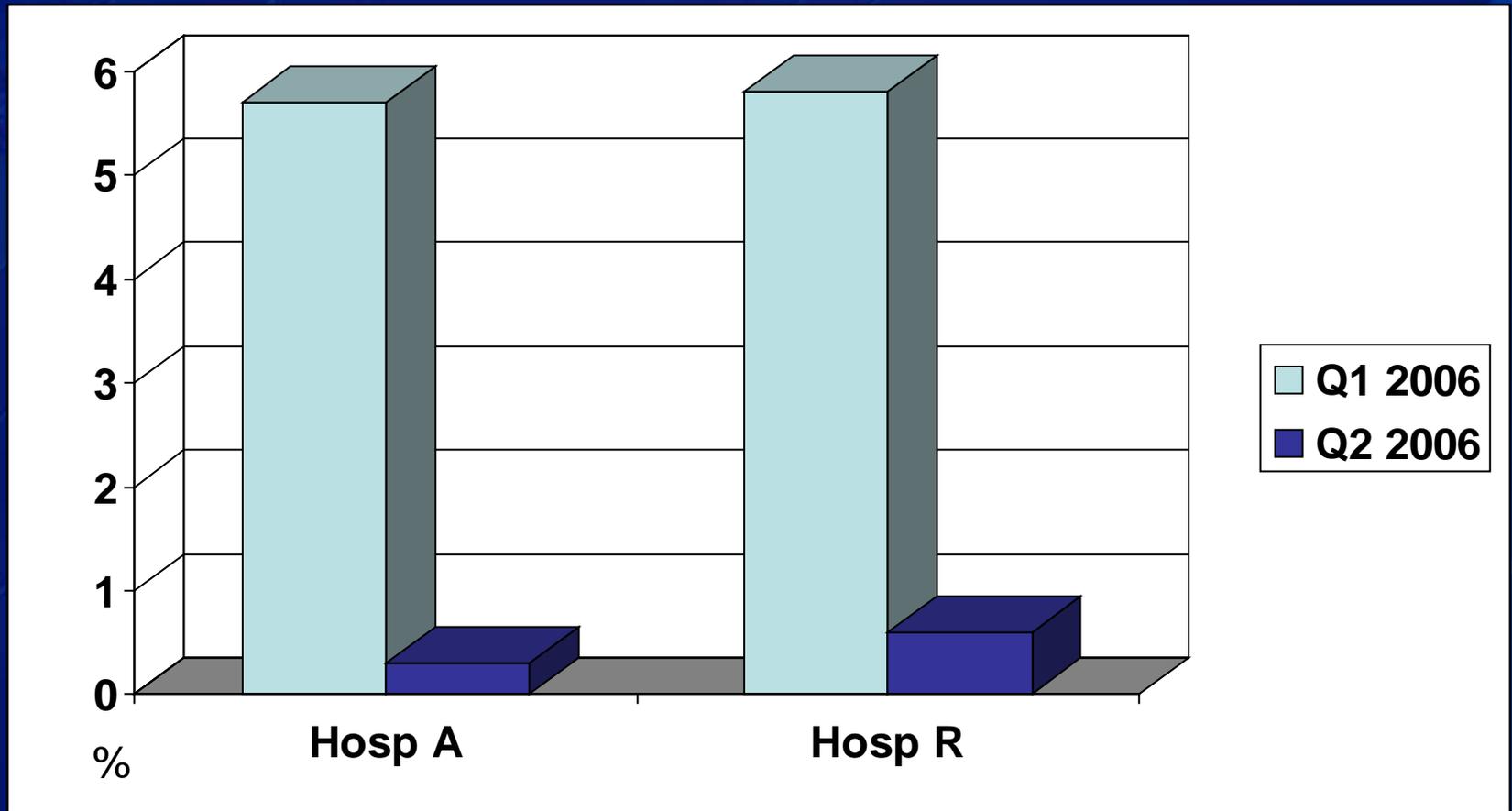
Clinical Monitoring

- aspects of patient **assessment**
- aspects of **laboratory** services
- aspects of **radiology** and diagnostic imaging services
- aspects of **surgical** procedures
- aspects of **antibiotic** and other medication use
- the monitoring of **medication errors** and near misses.
- aspects of **anesthesia** and **sedation** use
- aspects of the use of **blood** and blood products
- aspects of availability, content, and use of **patient records**
- aspects of **infection control**, surveillance, and reporting
- aspects of **clinical research**

Managerial monitoring

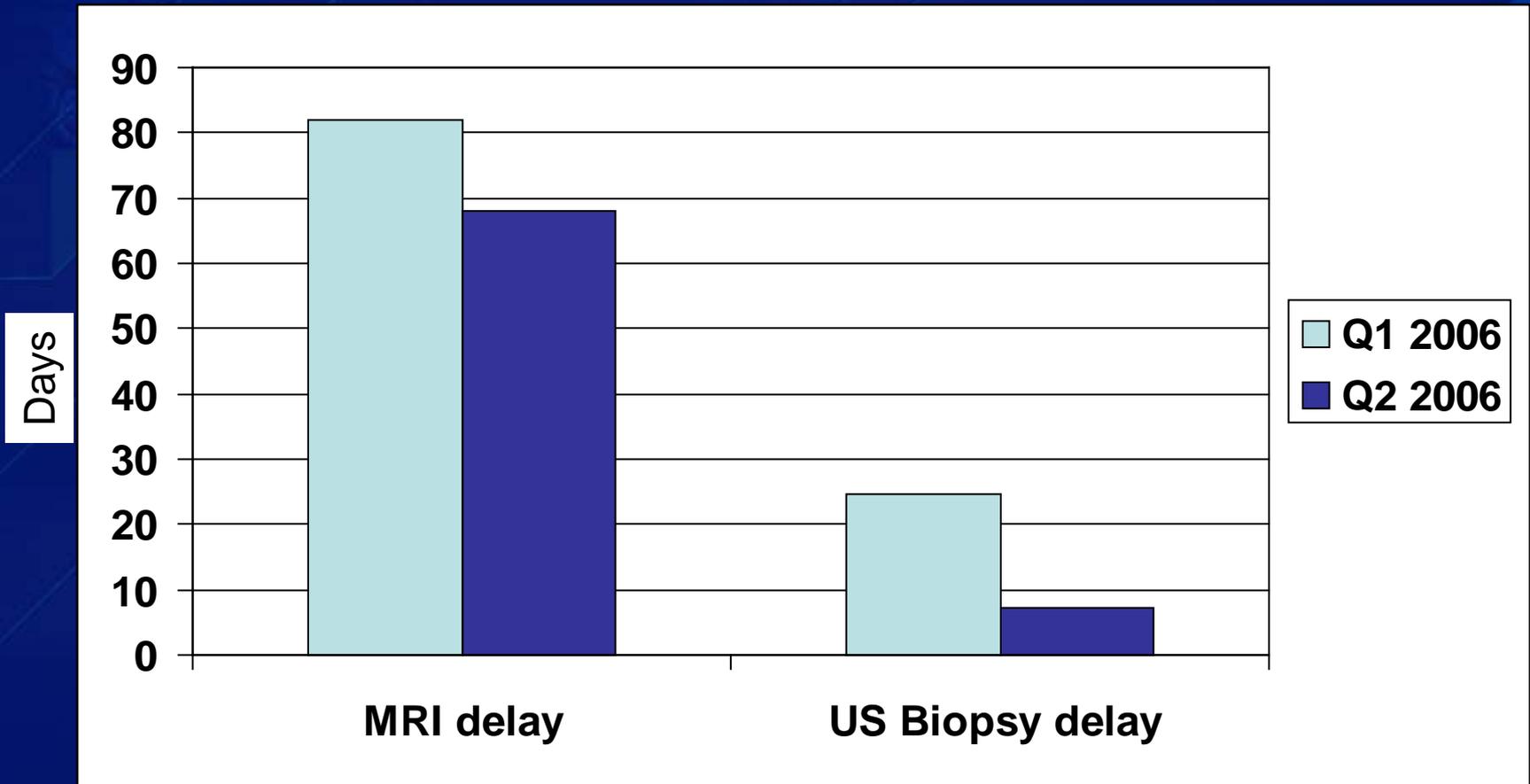
- aspects of the **procurement** of routinely required supplies and medications essential to meet patient needs
- aspects of **reporting** of activities as required by law and regulation
- aspects of **risk** management
- aspects of **utilization** management
- aspects of **patient and family expectations** and satisfaction
- aspects of **staff expectations** and satisfaction
- aspects of patient **demographics** and clinical diagnoses
- aspects of **financial** management
- aspects of the **prevention and control** of events that jeopardize the safety of patients, families, and staff, including the International Patient Safety Goals.

Reduction in Radiology Film Costs in Hospitals in Qatar

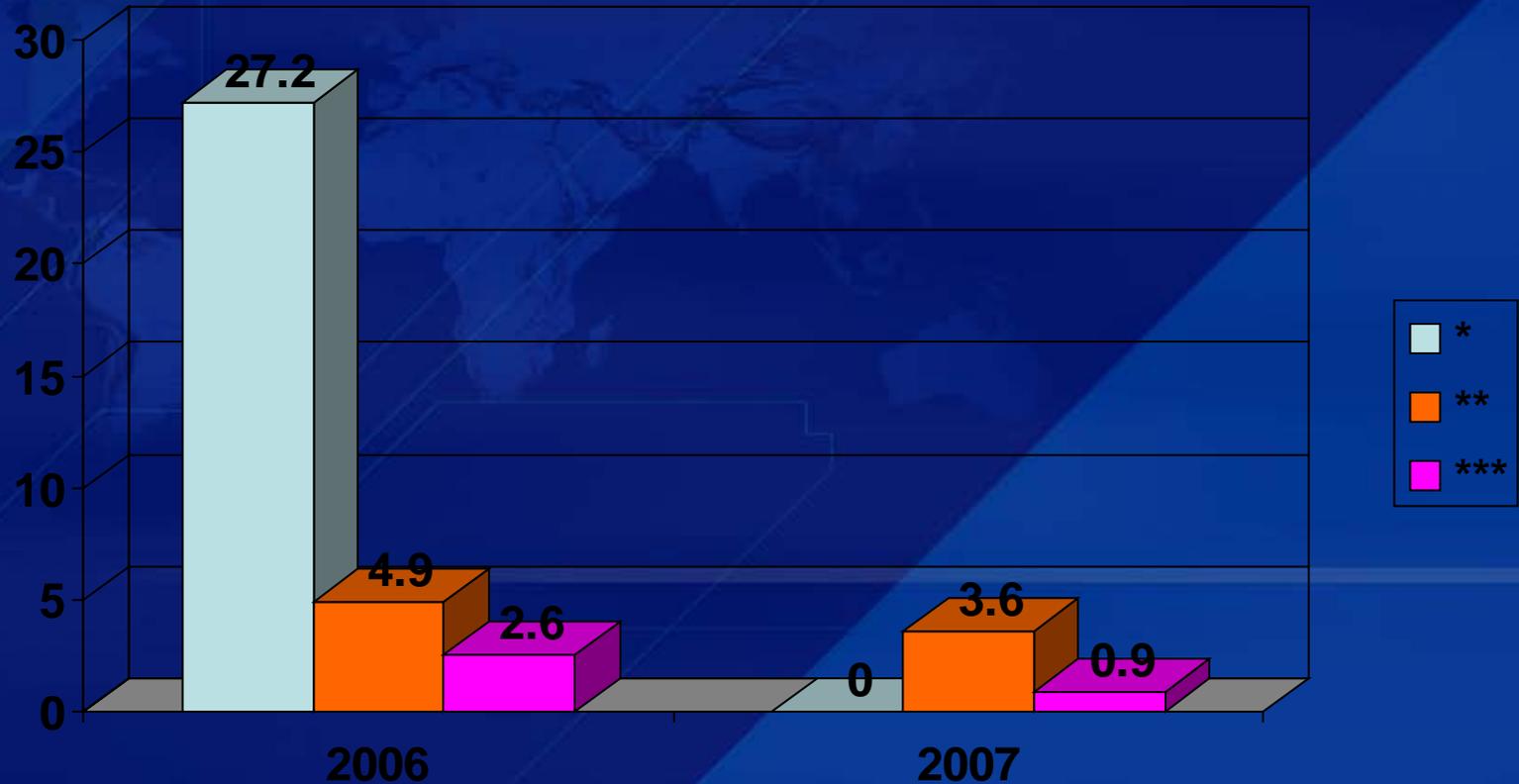


Percentage of Radiology films needing repeat

Improved Patient Service in Qatar

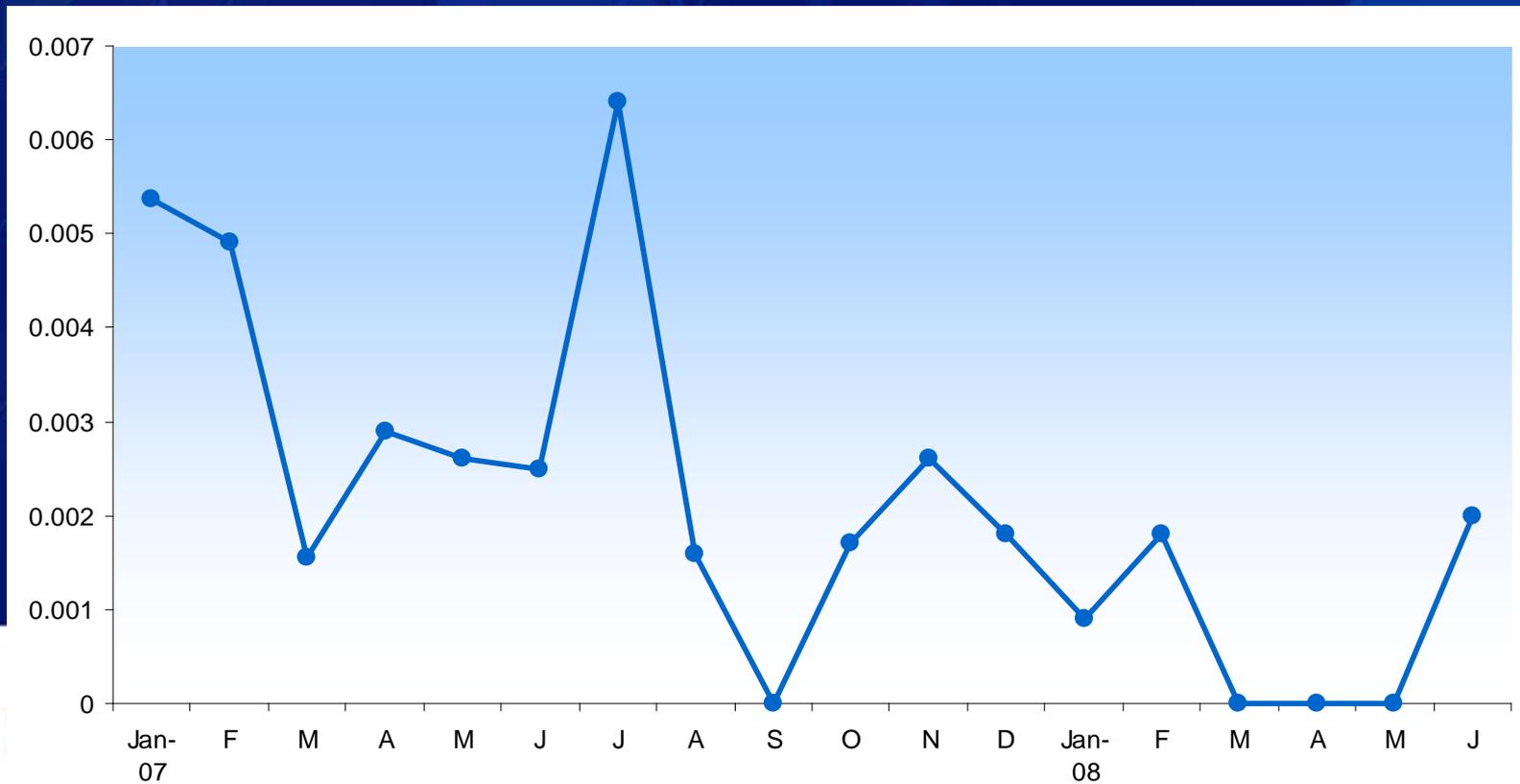


Reduction of Complications at “Istituto Giannina Gaslini” NI/PICU



Postoperative mortality rate (Mexico)

The following chart reflects the percentage rate of patients deceased (line) within 48 hours of a surgical procedure (associated with surgical complications) per total number of surgical patients (bars) from January 2007 to June 2008. Total number of surgical patients during the period described: 21,184



Recent Studies Support the Value of Accreditation

- 1. Longo D.R., Hewett J.E., Ge B., Schubert S.: Hospital Patient Safety: Characteristics of Best-Performing Hospitals. *J Healthc Manag.* 52(3):188-204, May-June 2007.
- 2. Devers K.J., Pham H.H., Liu G: What is driving hospitals' patient-safety efforts? *Health Affairs* 23(2):103-115, 2004.
- 3. Hosford S.B.: Hospital progress in reducing error: The impact of external interventions. *Hospital Topics* 86(1):9-19, 2008.
- 4 Groene O, Klazinga N, Walshe K, Cucic C, Shaw CD, Suñol R Learning from MARQUIS: future direction of quality and safety in healthcare in the European Union. *Qual Saf Health Care* 2009; 18 (Suppl 1): i69-i74. doi:10.1136/qshc.2008.029447

Conclusion

- Accreditation is the most comprehensive and powerful tool for quality improvement
- Accreditation has been found to be effective in many cultures and countries with very different systems
- International Accreditation is the appropriate answer to increasing needs of quality and safety in a global society

Thank you

For more information:

- On JCR products and services
 - www.jcrinc.com
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- On JCI accreditation and advisory services
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