

# JCI

## Accreditation: Why Not?

By Dr Wong Sin Yew and Dr Lam Mun San

**ONE OF** the clinics in our group practice, Infectious Disease Specialists® at Gleneagles Medical Centre recently received its Joint Commission International (JCI) accreditation in the ambulatory care category. During this long journey of trying to enhance our care processes through to the present post-accreditation period, the most common question we have been asked is: “Why?” Allow us to answer this question in a convoluted way.

We have described the attempt at accreditation as a “long journey” because it was an odyssey fraught with obstacles, but most importantly, it involved a fundamental mindset change. We had to move from a single physician specialist practice with a hierarchal approach to a team-based organisation in which policies and processes are written explicitly, and all patient contacts and procedures are stringently documented. The main objective of accreditation was to improve how care is delivered at our clinic, and to ensure that it is delivered in a clear and consistent manner.

It was a daunting task because JCI judges all ambulatory

care centres that seek accreditation with the same standards – over 800 items that need to be ticked off in the survey checklist. However, we feel that there are several reasons why it is easier for a small clinic with a staff strength of five like ours to attain accreditation than a large specialist medical institution with several hundred staff like National Skin Centre.

Firstly, we do not have to meet standards for blood transfusion, day surgery, research, in-house laboratories and radiological facilities, as we are linked to a JCI-accredited hospital (Gleneagles Hospital) that provides laboratory and radiological support. Being a physician-led initiative with a small team also helped. Team involvement was more palpable. We could identify the knowledge and implementation gaps more easily and the flow of information was better and faster, allowing us to keep complete focus on clinical care processes.

The main difficulty we encountered was manpower resources, as a project on this scale was a major undertaking in the allocation of staff time. When we decided to embark on this accreditation project, our group practice had three functioning clinics specialising in infectious diseases with 12 staff in total. A project manager and two other staff members were assigned to write, train and coach their colleagues on

the processes. We also received assistance from the staff of Gleneagles Hospital and Parkway Pantai to formulate our processes, which would form the basis on which we would be measured and audited by JCI. Trying to understand and anticipate what JCI required in each area and the intent of each standard was a challenge! Eventually, we decided

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to engage a JCI consultant for two days to go through our written processes and improve our implementation procedures. This was done several months before our actual survey date.

### **Survey process**

After we decided that our processes were adequately documented, we proceeded to apply for a survey date. Typically, you have to ensure that you have strictly adhered to your processes for the next four months, because your records will be audited by JCI. You also need to conduct measurements to determine compliance to your processes, and these will be reviewed by JCI to confirm that you have met the standards.

The surveyors were professional, experienced and neutral, while the survey process was comprehensive (arduous) and rigid as it followed a defined checklist of fixed standards. Like any audit, you naturally expect the surveyor

to make some comments in the report. In essence, the survey only provides a snapshot of your practice and you will have to convince them that you can integrate all these processes seamlessly into your daily operations.

### **Staff involvement**

There was stress on the existing staff and staff dynamics as the changes to our processes were being implemented. Some staff who had been with us for a number of years had decided that this was not their cup of tea. Within the 18 months before our actual survey date when many changes were being executed, there was a 40% staff turnover within our group of clinics! Embarking on accreditation is clearly disruptive and challenging. Therefore, you will need to consider the human resources issue carefully. This process can also be used to weed out staff who find it too tedious to follow proper procedures.

### **Costs**

There were two direct costs for the survey and had to be paid to JCI regardless of the outcome! The first was for the actual 1.5-day survey that was applicable to our clinic, which cost us in excess of five figures. The other was accommodation, airfare and meals for the surveyor, which was also a five-figure sum (you can request for your survey to be linked with a local Singapore or regional visit by the surveyor, which will allow the sharing of costs).

If you choose to hire a JCI consultant for a one-to-one review of your processes, their charges can exceed five figures, depending on the number of days required and the costs of the logistical arrangements.

There are of course indirect costs, such as: physician time and staff costs (including the costs to replace staff as mentioned above).

### **Tangible benefits**

One of the main internal benefits that we derived was the construction of a systematic, comprehensive and disciplined platform to document our care processes. We had to develop a team-based approach to deal with problems and our focus was on producing integrated solutions. For example, if only the manager or doctor came up with a “solution”, it could result in a new problem for the clinic nurses or the finance and admin executives.

Our processes, services and operations were then reviewed by the external body (JCI in this case) to determine if the applicable standards were met. When we qualified for accreditation as an ambulatory centre, staff satisfaction and pride in working at a JCI-accredited institution was significant, especially since each and every one of them had contributed to this success.

Meanwhile, we have not experienced any tangible external benefits so far! But we suppose that there are numerous *potential* benefits, such as better marketing, improved recognition, increased patient referrals, and so on.

So if you are thinking about obtaining external accreditation for your clinic processes, focus on the internal benefits! This, however, is counter-intuitive to what most business owners would consider as the main benefits.

### Going forward

Although written policies and processes have been fully incorporated into our three clinics, implementation and full compliance remain a constant challenge. We continue to fine-tune our measurements and have regular checks and audits. It is a constant effort to ensure that what we do is relevant. Hopefully, we will be able to maintain the momentum to ensure that the three-yearly survey cycle will be a “non-event”.

### We are not perfect!

It is critical for us to state that successful JCI accreditation does not mean that the healthcare institution is perfect.

Recent instances in Singapore have demonstrated that lapses and human errors still occur in local JCI-accredited hospitals. What is important is that such errors can be tracked, traced and corrected early. In addition, patients and their relatives can be assured that complaints will be dealt with in a robust, fair and just manner.

### Conclusion

The easiest and most appropriate answer to the question of “Why?” is “Why not?!” We wish to acknowledge all the staff of our clinics because without them, the accreditation would not have been possible. It was truly a team effort!

So, if you are a sucker for torture, we hope this article will help you on your journey! ■



*Dr Wong Sin Yew (far left) and Dr Lam Mun San are infectious disease physicians in private practice. They are building their group practice into an organisation which focuses on patient safety and quality care.*

