



Towards a Professional Culture of Patient Safety and Clinical Quality

By A/Prof Chin Jing Jih

MYHOSPITAL has just completed a week-long re-accreditation survey by Joint Commission International (or JCI). It was our fourth encounter with this three-yearly exercise, where we subject our policies and processes to a rigorous evaluation by JCI, an external agency, against a set of patient safety and quality standards. For those who are less familiar, JCI is a not-for-profit international offshoot of The Joint Commission, which accredits healthcare organisations and programmes in

the US. Through its surveys and other educational projects, JCI helps hospitals and other healthcare organisations to evaluate, improve and demonstrate the quality of patient care and enhance patient safety. The scope of the JCI survey is extensive and comprehensive, with domains ranging from assessment and care of patients to facility management, infection control, fire safety and staff credentialing; from patient and family rights to patient and family education; and from facilities such

as patient wards to clinics, operating theatres and pharmacies to kitchens and mortuaries.

Like typical conscientious Singaporeans, the hospital staff took the survey as seriously as an examination and put in our best possible effort. For many, the survey generated much anxiety and stress, very much like how MBBS professional examinations used to bring angst and pressure to medical students. The process was made even more challenging with the use of the “tracer methodology”, where the survey is conducted by following the care rendered to real patients throughout their hospitalisation, through observing this care, interviewing patients and staff, and examining documents.

But overall, many members of the hospital staff – particularly those who participated in the interviews and assessment – found the survey experience this time around a rather positive one. This was partly due to the fair and educational approach taken by the surveyors, who focused on sharing their experiences and insights, instead of fault-finding. Having gone through three past surveys in the last nine years, the hospital has gradually installed a highly evolved system of patient safety policies and practices, and this provided a more positive and constructive setting for engagement between the surveyors and hospital staff.

In spite of this, many still wondered if this should have been the last time we subjected ourselves to such nerve-racking assessments. It is indeed a tempting thought to be free from the need to spend days and hours revising policies and enforcing compliance. But looking across the hospital, one cannot ignore nor deny that accreditation has transformed it as a healthcare organisation.

Purpose of JCI accreditation

One of the frequently surfaced arguments for stopping JCI surveys is that the original intent of obtaining a globally acknowledged mark of recognition to draw patients from all over the world is no longer a compelling agenda for a local public hospital such as Tan Tock Seng. But while this may be true, I tend to believe that accreditation by an international agency such as JCI is more than just winning a badge to attract and assure foreign patients.

Accreditation should instead be viewed as a necessary tool to drive accountability at both organisational and individual levels, especially in the early stages of a healthcare institution’s journey in promoting quality and safety in patient care. In an accreditation exercise, the healthcare facility being surveyed is evaluated by an external entity and held accountable against a set of predetermined requirements or desirable attributes. The surveyed organisation has to demonstrate the presence of a set of definable attributes deemed critical or highly desirable to the quality and safety of the services it provides. And while the survey is conducted over a period of a few days to a week, it is presumed that the observations represent the norms and reflects the prevailing culture in the organisation.

A point often raised in accreditation-related discussions is whether there are already more than sufficient health

statutes, health regulations and work instructions from the Ministry of Health to ensure good clinical standards. While regulations are believed to have more teeth and can therefore modify behaviour and practice more expeditiously, they lack the agility of accreditation standards that can be changed and updated frequently on the basis of science and professional norms, without going through an invariably time-consuming process of amending laws or regulations. Secondly, regulatory frameworks tend to be about minimum standards, while the bar for accreditation can be set above the minimum requirements for licensing while avoiding the prohibitive fear of losing operating licences. Ultimately, this will help to push standards higher, albeit gradually. And thirdly, the feedback provided to the surveyed organisation or individual is more useful than the pass or fail verdict in licensing exercises, and can be used to improve quality and safety. Therefore, the changes made via an accreditation process tend to have deeper roots and are more impactful on the surveyed entity’s professional culture and practices.

Without a doubt, JCI accreditation over the years has brought about a positive change not merely in the policies and standards in my hospital, but more importantly, in the culture of patient safety and quality improvement among both the leaders and staff. Even the most sceptical of observers will agree that there has been considerable progress in the staff’s understanding of the “whats” and “whys” of patient safety practices. The institution has gradually shifted from a culture of individual accountability to one of collective responsibility, with special attention paid to the role played by environment and systems of care. These improvements have made the hospital an effectively safer and better facility despite the increasing complexity of care needed by an ageing population.

A thought-provoking question asked every now and then is this: now that we are familiar with the intent and methodology of a quality and safety framework, are we not mature enough to continue the good work on our accord without JCI surveys? Or even if we wish to continue the triennial evaluations, can we not perform an honest self-critique to achieve the same objectives? Furthermore, it would lead to an upfront saving of more than \$50,000 (the cost of accreditation). Looking at the home-grown quality and patient safety experts available to us in the hospital, I am inclined to answer “yes”. But such an extensive audit has a distinct advantage when performed by an external and independent agency. Besides averting complacency, the external agency is able to provide objectivity and helps to avoid either individual or institutional blind spots. Furthermore, evaluations by an independent third party tend to come with professional credibility. Objectivity and credibility are qualities that do not come by naturally with internal audits.

Of course, accreditation against a set of international standards is not without its challenges. For example, compliance to some of these standards may require staff norms that are more favourable than what is available in local settings. There are also factors that may not be within

the control of the healthcare facility, causing it to fall short of some of the standards. But I have found the JCI surveyors thus far reasonable and fair, and they have been generally respectful and sensitive towards local culture, showing understanding towards the difficulties faced by our local healthcare organisations and placing greater emphasis on the intent behind the standards, rather than insisting on a literal interpretation of these standards. Overall, this makes the exercise far more beneficial and aligned with the spirit of improvement.

Nurturing a spirit of improvement

How is accreditation relevant to the medical profession in general? Some doctors argue that accreditation does not apply to their practice because they do not work in hospitals or medical centres, and therefore have no need for policies and prescribed processes to guide their decisions and practices. While one would tend to agree that adopting a comprehensive accreditation framework such as JCI's may be overkill for the small and solo clinics that represent the majority of practices in the private sector, we should not miss the principle of enhancing professional accountability by being receptive towards honest self-evaluation, if not peer evaluation, against a best practice benchmark. Doctors should recognise that consistency in the quality and safety of the medical care delivered are no longer dependent solely on professional and technical competency of individual doctors, but are causally related with the design of care delivery system and practice environment. Near-miss experiences in patient safety and improvements in work processes and workplace design should be shared among practitioners to minimise professional risk and cost of learning. The methodology of analysing incidents, extracting valuable learning points, and instituting mitigating or preventive strategies should form an integral part of our post-professional core competencies. Therefore, one small step ahead for doctors in small clinics is to pool resources

together by sharing their knowledge and experience, and to survey each other's practices in the spirit of enhancing safety and quality.

It is worthwhile mentioning here that a private infectious disease clinic operated by infectious disease physicians Dr Wong Sin Yew and Dr Lam Mun San successfully attained JCI accreditation on their first attempt in December last year. (Turn to page 6 to read about their journey.) This is the first private specialist clinic in Singapore to attain standards prescribed by JCI for ambulatory care centres. What is significant about this achievement is that it effectively dispelled the myth that JCI accreditation is reserved only for large ambulatory care centres like National Cancer Centre, Singapore National Eye Centre, and National Skin Centre. It is my sincere hope that this achievement will stir an interest in small private practices towards greater attention at standards of patient safety and clinical quality at their practices.

In today's practice, the medical profession and its practitioners should, regardless of their practice setting, recognise that a consistent and high standard of patient safety and clinical quality are no longer "good-to-have" options. Instead, they form an integral part of professional accountability expected by society and patients. As one of the JCI surveyors shared with me, patients who seek help in any healthcare facility will always have three basic expectations: firstly, "please don't hurt me"; secondly, "please make me better"; and lastly, "please make me comfortable". These are simple and reasonable appeals, but nevertheless require doctors' enlightened commitment to safety and quality, and a systems-based approach to care delivery. ■



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