

CRITICAL ANALYSIS OF STAFF QUALIFICATIONS AND EDUCATION STANDARDS IN JCI AND MEDICAL STAFF & STAFFING MANAGEMENT STANDARDS IN DNV ACCREDITATION FOR HOSPITALS

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ABSTRACT

The Staff Qualifications and Education (SQE) is a chapter in the Joint Commission International (JCI) Accreditation (Fifth Edition)¹ which describes the standards of Medical Staff & Staffing Management Standards in DET NORSKE VERITAS (DNV) Standard, Interpretive Guidelines and Surveyor Guidance for Hospitals, May 2013, Version 3.0.² JCI Accreditation is a USA based international healthcare accrediting organization, whereas DNV is a Norway based international accreditation organization. The DNV International Accreditation Standard for Hospitals are based on the National Integrated Accreditation for Healthcare Organizations (NIAHO) standard platform developed in the United States (US), and has been adopted by hospitals around the world as a new standard of excellence. These standards integrate clinical and patient safety requirements with proven quality principles into one seamless program. It's a highly developed management system uniquely formulated to promote excellence within hospitals. However, both these standards are accredited by Ireland based International Society for Quality in Health Care (ISQua), which is the only accrediting organization who "accredit the accreditors" in the world.

Methods

This is a comparison study (normative comparison) in which the researcher has critically analyzed and compared the Staff Qualifications and Education (SQE) standards in the Joint Commission International (JCI) Accreditation (Fifth Edition) and Medical Staff & Staffing Management Standards in DNV Standards for Hospitals, May 2013, Version 3.0.

Data Collection

Primary data are collected from the JCI Accreditation Standards for hospitals, fifth edition, and DNV Standards for hospitals, Version 3.0. Secondary data are collected from relevant published journals, articles, research papers, academic literature and web portals.

Objectives of the Study

The aim of this study is to analyze critically SQE Standards in JCI Accreditation and Medical Staff & Staffing Management Standards in DNV Standards to point out the best among both these international standards.

Conclusions

This critical analysis of SQE, MS and SM standards in JCI and DNV Accreditation for hospitals clearly shows that the SQE Standards in JCI Accreditation are very comprehensive, to the point and are much better than the DNV Accreditation.

KEYWORDS: Staff Qualifications and Education (SQE), Joint Commission International (JCI) Accreditation, Medical Staff (MS), Staffing Management (SM), DET NORSKE VERITAS (DNV), Isqua (International Society For Quality in Healthcare)

INTRODUCTION

According to the World Health Organization (WHO), Accreditation can be the single most important approach for improving the quality of health care structures. Accreditation is not an end in itself, but rather a means to improve quality.

Each patient and family visiting to any healthcare organization is unique with their own medical, physical, psychosocial, discharge needs and spiritual/cultural values & beliefs. A good healthcare organization always works to establish faith and open communication with their patients/ families and to understand and protect each patient's/family's cultural, psychosocial, and spiritual values. Patients and families have a right to participate in their care process and make informed care decisions. Healthcare organizations must provide the services by educated, qualified, licensed, trained, competent, and credentialed medical, nursing and other healthcare professionals.

REVIEW OF LITERATURE

Fake colleges and universities outside the Kingdom keep issuing bogus diplomas and certificates. The Kingdom does not employ strict penalties against those caught with fake diplomas. The fake doctor worked for 11 years in the Kingdom at four different hospitals without being caught. He even got raises and incentives every time he transferred from one workplace to another. Neither the hospital management, nor his colleagues, patients nor official inspectors noticed anything suspicious about this fake doctor. Investigations showed that he studied nursing for a while, then quit college and decided to take a short cut to becoming a practicing doctor. He found a person who was willing to sell his medicine diploma.³

The Ministry of Health has blacklisted 742 doctors of different nationalities whose educational certificates were either fake or otherwise found not to be in order. The highest number — 223 — was from Egypt, according to a report released by the MOH. The blacklisted doctors also include 11 Britons, eight Americans and one Saudi, the report added. Some of the doctors were also found to be suffering from infectious diseases.⁴

Egyptian doctors top the list of hospital staff committing medical errors, with almost 50 percent of them being held accountable for nearly half of such incidents that occurred in Kingdom. Out of the 512 erring doctors in the country, 219 were Egyptian, which makes 42.8% of total cases, according to a report from the Ministry of Health. The report also mentioned that Saudi doctors were placed second with 70 doctors out of the 512, making it 13.7 percent. Syrian doctors (59) were placed third with 11.5 percent, followed by Indian doctors with 41 physicians that translate into 8 percent of the medical errors.⁵

The Saudi Commission for Health Specialties (SCHS) discovered 2,714 forged certificates for health care practitioners in the last 10 years, according to the SCHS. The report said the forged certificates included physicians, pharmacists, nurses, technicians of sterilization, operation rooms, anesthesia, labs, X-ray and optics. According to the SCHS report, 663 forged certificates were discovered in the public sector health facilities, 383 in the nursing field and more than 150 in anesthesia, sterilization and labs. The number of fake medical certificates in the private sector health stood at 2,051 of which 1,048 were in nursing, 370 in pharmacy, 60 general physicians, and more than 300 in anesthesia, sterilization and labs. The accreditation and registration department at the SCHS categorized and registered more than 119 practitioners of different health care fields, renewed registration of more than 51,500 practitioners, including 12,044 physicians, 5,000 pharmacists and more than 34,000 technicians of different applied medical professions, the report said.

There were about 1,300 citizens and foreigners caught with fake certificates in the Kingdom and they managed to obtain these after paying a total of SR500 million, Al-Sharq local daily reported Saturday quoting informed sources. Prices for a fake university bachelor's, Master's or doctorate degree ranged between SR10,000 and SR30,000 whereas the cost of university certificates not recognized by the Ministry of Higher Education was much higher. In such cases, a bachelor's degree certificate costs SR30,000 while a Master's degree could be obtained by paying at least SR45,000. The cost of a doctorate degree certificate ranges between SR60,000 and SR90,000, the sources said. Agents of some fake universities in Egypt sell Master's degrees and doctorate degree certificates for \$12,000, whereas certificates from some unrecognized US universities cost up to 40,000 Euros.⁶

DATA ANALYSIS

The author has analyzed SQE Chapter standards in JCI Accreditation and Medical Staff & Staffing Management Standards in DNV Standards by fourteen (14) critical comparison parameters after studying these standards. These fourteen (14) critical comparison parameters are divided into four categories for statistical purpose to measure the standards, intents, measurable elements, sub-standards and evidence of compliance as follows:

Common Standards

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are common in both accreditations, i.e. JCI Accreditation and DNV Standards.

Clearly Mentioned

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are clearly mentioned (to the point) in JCI Accreditation and DNV Standards.

Clearly Not-Mentioned

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are not clearly mentioned (to the point) in JCI Accreditation and DNV Standards.

Not-Mentioned

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are not mentioned (to the point) in JCI Accreditation and DNV Standards.

Table 1: Critical Analysis of SQE, SM and MS Standards in JCI and DNV Accreditation Based on Critical Comparison Parameters

Sl. No.	Critical Comparison Parameters of SQE, SM AND MS	JCI Accreditation Standards, Intent Statement, Measurable Elements (ME) of SQE	DET NORSKE VERITAS (DNV) Accreditation Standards (SR) And Interpretive Guidelines of SM and MS
1.	Verification of Licensure, Registration and Certification	<p>(Standard SQE.2, Intent of SQE.2, Measurable Elements of SQE.2, ME-1, ME-2, ME-3 and ME-4)</p> <p>(Standard SQE.9, Intent of SQE.9 Through SQE.9.2, Measurable Elements of SQE.9, ME-1, ME-2, ME-3 and ME-4)</p> <p>(Standard SQE.9.1, Measurable Elements of SQE.9.1, ME-1, ME-2, ME-3)</p> <p>(Standard SQE.9.2, Measurable Elements of SQE.9.2, ME-1, ME-2, ME-3)</p> <p>(Standard SQE.13, Intent of SQE.1, Measurable Elements of SQE.13, ME-1, ME-2, ME-3, ME-4, ME-5, ME-6)</p> <p>(Standard SQE.15, Intent of SQE.15, Measurable Elements of SQE.15, ME-1, ME-2, ME-3, ME-4, ME-5)</p>	(SM.1, SR.1) Not Clearly Mentioned
2.	Professional Scope	<p>Standard SQE.13, Intent of SQE.13, Measurable Elements of SQE.13, ME-1, ME-2, ME-3, ME-4, ME-5 and ME-6)</p> <p>(Standard SQE.14, Intent of SQE.14 and SQE.14.1, Measurable Elements of SQE.14, ME-1, ME-2, ME-3)</p> <p>(Standard SQE.14.1, Measurable Elements of SQE.14.1, ME-1, ME-2, ME-3)</p> <p>Standard SQE.15, Intent of SQE.15, Measurable Elements of SQE.15, ME-1, ME-2, ME-3, ME-4 and ME-5)</p> <p>(Standard SQE.16, Intent of SQE.16, Measurable Elements of SQE.16, ME-1, ME-2, ME-3)</p> <p>(Standard SQE.16.1 and SQE.16.1, Measurable Elements of SQE.16, ME-1, ME-2, ME-3)</p>	(SM.2, SR.1) Not Clearly Mentioned
3.	Department Scope of Service	(Standard SQE.1, Intent of SQE.1 Measurable Elements of SQE.1, ME-1, ME-2 and ME-3)	(SM.3, SR.1, SR.2, SR.3)

Sl. No.	Critical Comparison Parameters of SQE, SM AND MS	JCI Accreditation Standards, Intent Statement, Measurable Elements (ME) of SQE	DET NORSKE VERITAS (DNV) Accreditation Standards (SR) And Interpretive Guidelines of SM and MS
		(Standard SQE.6, Intent of SQE.6, Measurable Elements of SQE.6, ME-1, ME-2 and ME-3) (Standard SQE.6.1, Intent of SQE.6.1, Measurable Elements of SQE.6.1, ME-1, ME-2 and ME-3)	
4.	Determining and Modifying Staffing	(Standard SQE.6, Intent of SQE.6, Measurable Elements of SQE.6, ME-1, ME-2 and ME-3) (Standard SQE.6.1, Intent of SQE.6.1, Measurable Elements of SQE.6.1, ME-1, ME-2 and ME-3)	(SM.3, SR.1, SR.2 and SM.4, SR.1, SR.2)
5.	Job Description	(Standard SQE.1.1, Intent of SQE.1.1, Measurable Elements of SQE.1.1, ME-1, ME-2 and ME-3)	(SM.5, SR.1)
6.	Orientation	(Standard SQE.7, Intent of SQE.7, Measurable Elements of SQE.7, ME-1, ME-2, ME-3, ME-4)	(SM-6, SR.1, SR.2) Not Clearly Mentioned
7.	Staff Evaluations	Standard SQE.3, Intent of SQE.3, Measurable Elements of SQE.3, ME-1, ME-2, ME-3, ME-4 and ME-5) (Standard SQE.4, Intent of SQE.4, Measurable Elements of SQE.4, ME-1, ME-2, ME-3, ME-4 and ME-5) Not Clearly Mentioned	(SM-7, SR.1, SR.2, SR.3, SR.4, SR.5 and SR-6) (MS.7, SR.1, SR.2) Not Clearly Mentioned
8.	Health Promotion	(Standard SQE.8.2, Intent of SQE.8.2, Measurable Elements of SQE.8.2, ME-1, ME-2, ME-3, ME-4, ME-5)	(SM-8, SR.1)
9.	Personnel information for each staff member	(Standard SQE.5, Intent of SQE.5, Measurable Elements of SQE.5, ME-1, ME-2, ME-3, ME-4, ME-5 and ME-6)	Not Mentioned
10.	Ongoing in-service and other education and training	(Standard SQE.8, Intent of SQE.8, Measurable Elements of SQE.8, ME-1, ME-2, ME-3, ME-4 and ME-5)	(SM-7, SR.6) (MS-1, SR.1)
11.	Competence in resuscitative techniques	(Standard SQE.8.1, Intent of SQE.8.1, Measurable Elements of SQE.8.1, ME-1, ME-2, ME-3, ME-4)	Not Mentioned
12.	Medical Staff Clinical Privileges	(Standard SQE.10, Intent of SQE.10, Measurable Elements of SQE.10, ME-1, ME-2, ME-3)	(MS-10, SR.1, SR.2, SR.3, SR.4, SR.5, SR.6) (MS-11, SR.1, SR.2,

Sl. No.	Critical Comparison Parameters of SQE, SM AND MS	JCI Accreditation Standards, Intent Statement, Measurable Elements (ME) of SQE	DET NORSKE VERITAS (DNV) Accreditation Standards (SR) And Interpretive Guidelines of SM and MS
			SR.3, SR.4, SR.5)
13.	Ongoing Monitoring and Evaluation of Medical Staff Members	(Standard SQE.11, Intent of SQE.11, Measurable Elements of SQE.11, ME-1, ME-2, ME-3, ME-4 and ME-5)	(MS-7, SR.1, SR.2)
14.	Medical Staff Reappointment and Renewal of Clinical Privileges	(Standard SQE.12, Intent of SQE.12, Measurable Elements of SQE.12, ME-1, ME-2, ME-3, ME-4)	(MS.2, SR.1) (MS-9, SR.1, SR.2, SR.3) Not Clearly Mentioned

The Table No.1 depicts that

Common Standards (In JCI Accreditation and DNV Standards)

- Department Scope of Service
- Determining and Modifying Staffing
- Job Description
- Health Promotion
- Ongoing in-service and other education and training
- Medical Staff Clinical Privileges
- Ongoing Monitoring and Evaluation of Medical Staff Members
- Medical Staff Reappointment and Renewal of Clinical Privileges

Clearly Mentioned in JCI Accreditation

- Verification of Licensure, Registration and Certification
- Professional Scope
- Department Scope of Service
- Determining and Modifying Staffing
- Job Description
- Orientation
- Health Promotion
- Personnel information for each staff member

- Ongoing in-service and other education and training
- Competence in resuscitative techniques
- Medical Staff Clinical Privileges
- Ongoing Monitoring and Evaluation of Medical Staff Members
- Medical Staff Reappointment and Renewal of Clinical Privileges

Clearly Mentioned in DNV Standards

- Department Scope of Service
- Determining and Modifying Staffing
- Job Description
- Health Promotion
- Ongoing in-service and other education and training
- Medical Staff Clinical Privileges
- Ongoing Monitoring and Evaluation of Medical Staff Members

Clearly Not Mentioned in JCI Accreditation

- Staff Evaluations

Clearly Not Mentioned in DNV Standards

- Verification of Licensure, Registration and Certification
- Professional Scope
- Orientation
- Staff Evaluations
- Reappointment and Renewal of Clinical Privileges

Not Mentioned in JCI Accreditation

- Nil

Not Mentioned in DNV Standards

- Personnel information for each staff member
- Competence in resuscitative techniques

Table 2: Critical Analysis of SQE, SM and MS Standards in JCI and DNV Accreditation Based on Critical Comparison Parameters

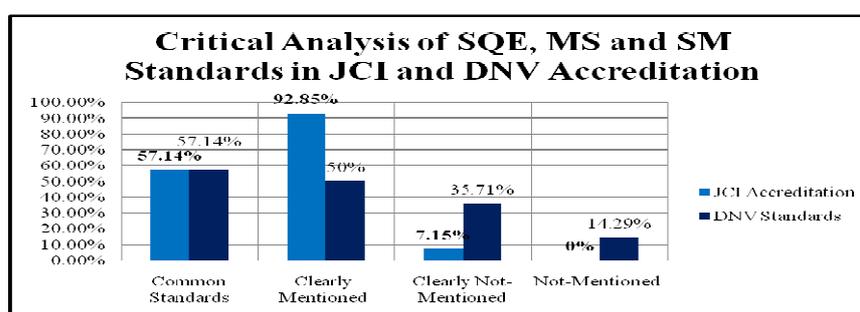
Sl. No.	Accreditation System	Common Standards	Clearly Mentioned	Clearly Not Mentioned	Not Mentioned	Total Parameters of comparison
1.	JCI Accreditation	8 (57.14%)	13 (92.85%)	1 (7.15%)	0 (0%)	14 (100%)
2.	DNV Standards	8 (57.14%)	7 (50%)	5 (35.71%)	2 (14.29%)	14 (100%)

The Table Number-2 depicts that SQE Standards in JCI Accreditation and MS and SM Standards in DNV Accreditation has 8 (57.14%) common standards. In JCI Accreditation, 13 (92.85%) of the standards are clearly mentioned, 1 (7.15%) standards are Clearly Not Mentioned and 0% standard is Not mentioned. Whereas, in DNV standards 7 (50%) standards are Clearly Mentioned, 5 (35.71%) standards are Clearly Not Mentioned and 2 (14.29%) standards are Not mentioned.

Table 3: Critical Analysis of SQE, MS and SM Standards in JCI Accreditation and DNV Standards in Percentage

Sl. No.	Critical Comparison Parameters	JCI Accreditation	DNV Standards
1.	Common Standards	57.14%	57.14%
2.	Clearly Mentioned	92.85%	50%
3.	Clearly Not-Mentioned	7.15%	35.71%
4.	Not-Mentioned	0%	14.29%

The Table Number-3 depicts that SQE Standards in JCI Accreditation and MS and SM Standards in DNV Accreditation has 57.14% common standard. In JCI Accreditation, 92.85% of the standards are clearly mentioned, the 7.15% standard is Clearly Not mentioned and 0% standard is Not mentioned. Whereas, in DNV standards 50% standard is Clearly mentioned, 35.71% standard are Clearly Not Mentioned and 14.29% standard is Not mentioned.



Graph Number-1- Critical Analysis Of SQE, MS And SM Standards In JCI And DNV Accreditation

The Graph Number-1 clearly shows that in SQE Chapter of JCI Accreditation the numbers of clearly mentioned standards are high as compared to the MS and SM standards in DNV Accreditation. The number of Clearly Not Mentioned

standards is high in DNV as compared to JCI. The number of Not Mentioned standards is high in DNV whereas it is 0% in JCI Accreditation.

CONCLUSIONS

This critical analysis of SQE, MS and SM standards in JCI and DNV Accreditation for hospitals clearly shows that the SQE Standards in JCI Accreditation are very comprehensive, to the point and are much better than the DNV Accreditation.

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