

CRITICAL ANALYSIS OF INTERNATIONAL PATIENT SAFETY GOLAS STANDARDS IN JCI ACCREDITATION AND CBAHI STANDARDS FOR HOSPITALS

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ABSTRACT

International Patient Safety Goals (IPSG) is a very important and critical chapter in the Joint Commission International (JCI) Accreditation (fifth edition)¹, whereas these IPSG Standards are also available in the Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards for hospitals (second edition)² in Quality Management and Patient Safety, Laboratory, Radiology, and Nursing chapters. JCI Accreditation is a USA based international healthcare accrediting organization, whereas CBAHI is the Kingdom of Saudi Arabia based national accrediting organization. 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 International Patient Safety Goals (IPSG) standards of JCI (Joint Commission International) Accreditation of USA (United States of America) and CBAHI (Central Board for Accreditation of Healthcare Institutions) of the Kingdom of Saudi Arabia.

Data Collection

Primary data are collected from the JCI Accreditation Standards for hospitals, fifth edition, 2013 and CBAHI Standards for hospitals of Kingdom of Saudi Arabia, second edition, 2011. 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 International Patient Safety Goals (IPSG) Standards in JCI Accreditation and CBAHI Standards to point out the best in among both these standards.

Conclusions

This critical analysis of International Patient Safety Goals (IPSG) Standards in JCI Accreditation and CBAHI

Standards for hospitals clearly shows that the IPSP Standards in JCI Accreditation are very comprehensive than CBAHI Standards.

KEYWORDS: IPSP (International Patient Safety Goals), Joint Commission International (JCI) Accreditation, USA (United States of America), CBAHI (Central Board For Accreditation of Healthcare Institutions), KSA (Kingdom of Saudi Arabia), 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.

In the 21st century, trends for greater transparency and performance monitoring have become established in many industries. There is no doubt that healthcare systems across the world now recognize the need to pay attention to patient safety. The steady increase in the number of research publications relating to this area reflects the impetus for improvement³. Semi-annual reports by the Institute of Medicine (IOM) in the United States (US)⁴ and the United Kingdom's (UK's) Department of Health (DH)⁵ over the last decade capture the main issues surrounding quality and safety of care.

In International Patient Safety Goals (IPSP) chapter of JCI Accreditation for hospitals, there are ten (10) standards and thirty (30) measurable elements (ME) whereas in CBAHI Accreditation these IPSP standards are available in Quality Management and Patient Safety Chapter (Standards-5, Sub-standards-3 and Evidence of compliance-11), Nursing Chapter (Standards-2, Sub-standards-6 and Evidence of compliance-4), Laboratory Chapter (Standards-1, Sub-standards-3 and Evidence of compliance-1) and Radiology Chapter (Standards-1, Sub-standards-0 and Evidence of compliance-2). The scoring mechanism is totally different in both these accrediting organizations. The researcher has identified ten (10) common parameters from JCI Accreditation and CBAHI standards, intent statement, measurable elements, sub-standard and evidence of compliance. On the basis of these identified common parameters, the researcher has compared the IPSP Standards in JCI Accreditation and CBAHI Standards.

REVIEW OF LITERATURE

Research across different countries have produced variable estimates of medical errors, adverse events and actual patient harm, yet all the numbers published make for grave reading by clinicians, healthcare providers, governments and the public⁶. Most recent data from the Institute for Healthcare Improvement (IHI), although pending publication, estimate that 15 million incidences of harm occur every year in the US⁷. This figure is based on calculations which indicate that there are 40 to 50 patient injuries per 100 hospital admissions⁸.

Joint Commission International, March 31, 2010 states, 13.4% wrong side surgeries were performed, 2.2% transfusion errors, 0.5% child abduction, 8.1% Medication errors and 0.1% Infants discharged to wrong families⁹. Another alarming statistic from an American healthcare organization is that an average of 195000 patients in the USA died in hospitals in each of the years from 2000 to 2002 as a result of potentially preventable medical errors¹⁰.

DATA ANALYSIS

The author has analyzed IPSP standards in JCI Accreditation and CBAHI Standards by ten (10) critical comparison parameters after studying these standards. These ten (10) 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 (fully mentioned) in both accreditations, i.e. JCI Accreditation and CBAHI 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 CBAHI Standards.

- **Partially Mentioned**

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are partially mentioned (but not fully mentioned) in JCI Accreditation and CBAHI 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 CBAHI Standards.

Table 1: IPSP Chapter Standards Critical Analysis in JCI Accreditation and CBAHI Standards Based on Critical Comparison Parameters

Sl. No.	Critical Comparison Parameters (IPSP)	JCI Accreditation Standards, Intent Statement, Measurable Elements (ME) of IPSP	CBAHI Standards, Sub-Standards, and Evidence of Compliance of IPSP
1.	Process to improve accuracy of patient identifications	(Standard IPSP.1, Intent, ME-1, ME-2, and ME-3)	Partially Mentioned: (Standard QM 17, EC-1 and EC-2) Identification of the comatose patient with no identification is not mentioned in CBAHI.
2.	Process to improve the effectiveness of verbal and/or telephone Communication among caregivers	Partially Mentioned: (Standard IPSP.2, Intent, ME-1, ME-2, and ME-3) Verification by two Nurses and signing time of Telephone and Verbal order is not mentioned in JCI.	(Standard NR 51, Sub-standard NR-51.1, NR-51.2 NR-51.3 and EC-1 and 2) (Standard NR 52, Sub-standard NR-52.1, NR-52.2 NR-51.3 and EC-1 and 2)
3.	Process for reporting critical results of diagnostic tests	(Standard IPSP-2.1, Intent, ME-1, ME-2 and ME-3)	Partially Mentioned: (Standard LB 23, Sub-standard LB-23.1, LB-23.2, LB-23.3 and EC-1) Defined critical values for each type of diagnostic test are not mentioned in CBAHI. (Standard RD 16, EC-1 and 2) Defined critical values for each type of diagnostic test are not mentioned in CBAHI.
4.	The hospital develops and	(Standard IPSP.2.2, Intent,	Handoff Communication is not

Sl. No.	Critical Comparison Parameters (IPSG)	JCI Accreditation Standards, Intent Statement, Measurable Elements (ME) of IPSG	CBAHI Standards, Sub-Standards, and Evidence of Compliance of IPSG
	implements a process for handover communication.	ME-1, ME-2, and ME-3)	mentioned in CBAHI.
5.	Process to improve the safety of high-alert medications	(Standard IPSG.3, Intent, ME-1, ME-2, and ME-3)	Partially Mentioned: (Standard QM 21, EC-1 and EC-2) List of all high-alert medications, including look-alike/sound-alike medications and specific storage, prescribing, preparation, administration, or monitoring processes is not mentioned in CBAHI.
6.	Process to manage the safe use of concentrated electrolytes	(Standard IPSG.3.1, Intent, ME-1, ME-2, and ME-3)	Partially Mentioned: (Standard QM 21, Sub-standard-QM 21.1, QM-21.2; EC-2 and EC-3) Availability of concentrated electrolytes in only identified patient care areas as clinically necessary is not mentioned in CBAHI.
7.	For ensuring correct-site, correct-procedure, and correct-patient surgery.	(Standard IPSG.4, Intent, ME-1, ME-2, and ME-3)	(Standard QM 18, Sub-standards-QM-18.1, QM-18.2, and QM-18.3; EC-1 and EC-2)
8.	The hospital develops and implements a process for the time-out that is performed in the operating theatre Immediately prior to the start of surgery to ensure correct-site, correct-procedure, and correct-patient surgery	(Standard IPSG.4.1, Intent, ME-1, ME-2, and ME-3)	Partially Mentioned: (Standard QM 18, Sub-standards- QM-18.1, QM-18.2, and QM-18.3; EC-1 and EC-2) When surgery is performed, including medical and dental procedures done in settings other than the operating theatre, the hospital uses uniform processes to ensure the correct site, correct procedure, and correct patient is not mentioned in CBAHI.
9.	The hospital adopts and implements evidence-based hand-hygiene guidelines to reduce the risk of health Care-associated infections	(Standard IPSG.5, Intent, ME-1, ME-2, and ME-3)	(Standard QM 20; EC-1 and EC-2)
10.	Process to reduce the risk of patient harms resulting from falls.	(Standard IPSG.6, Intent, ME-1, ME-2, and ME-3)	Partially Mentioned: (Standard QM 19; EC-1 and EC-2) Fall risk assessment in out-patient is not mentioned in CBAHI.

Common Standards (*Standards, intent, Su-standards, Measurable Elements and Evidence of compliance*):

- For ensuring correct-site, correct-procedure, and correct-patient surgery.
- Process to reduce the risk of patient harms resulting from falls.

Clearly Mentioned in JCI Accreditation

- Process to improve accuracy of patient identifications
- Process for reporting critical results of diagnostic tests
- The hospital develops and implements a process for handover communication.
- Process to improve the safety of high-alert medications

- Process to manage the safe use of concentrated electrolytes
- The hospital develops and implements a process for the time-out that is performed in the operating theatre Immediately prior to the start of surgery to ensure correct-site, correct-procedure, and correct-patient surgery
- Process to reduce the risk of patient harms resulting from falls.

Clearly Mentioned in CBAHI Standards

- Process to improve the effectiveness of verbal and/or telephone Communication among caregivers

Partially Mentioned in JCI Accreditation

- Process to improve the effectiveness of verbal and/or telephone Communication among caregivers

Partially Mentioned in CBAHI Standards

- Process to improve accuracy of patient identifications
- Process for reporting critical results of diagnostic tests
- Process to improve the safety of high-alert medications
- Process to manage the safe use of concentrated electrolytes
- The hospital develops and implements a process for the time-out that is performed in the operating theatre immediately prior to the start of surgery to ensure correct-site, correct-procedure, and correct-patient surgery
- Process to reduce the risk of patient harms resulting from falls.

NOT MENTIONED IN JCI ACCREDITATION: NIL

Not Mentioned in CBAHI Standards

- The hospital develops and implements a process for handover communication.

Table 2: Critical Analysis of IPSP Standards in JCI Accreditation and CBAHI Standards

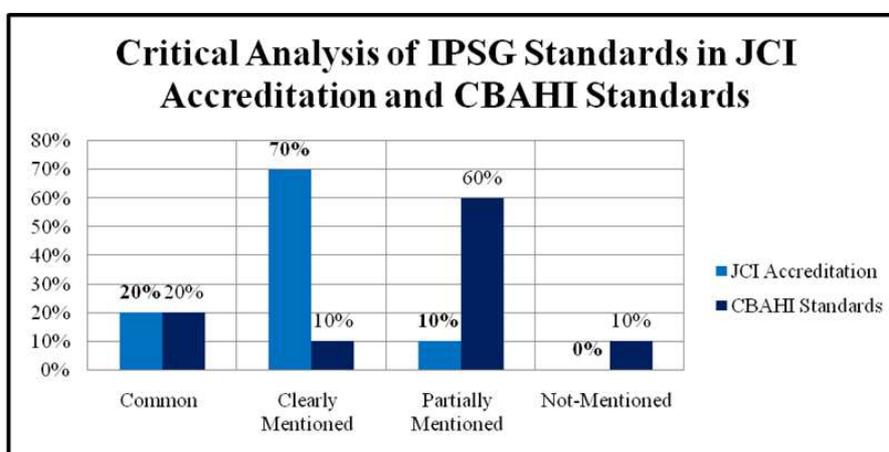
Sl. No.	IPSP Tandarads	Common Standards	Clearly Mentioned	Partially Mentioned	Not Mentioned	Total Parameters of Comparison
1.	JCI Accreditation	2 (20%)	7 (70%)	1 (10%)	0 (0%)	10 (100%)
2.	CBAHI Standards	2 (20%)	1 (10%)	6 (60%)	1 (10%)	10 (100%)

The Table Number-2 depicts that IPSP Chapter in JCI Accreditation and CBAHI Standards has 2 (20%) common standards (standards, intents, measurable elements, sub-standards and evidence of compliance). In JCI Accreditation, 7 (70%) of the standards are clearly mentioned as compared to 1 (10%) in CBAHI Standards. In CBAHI Standards 6 (60%) of the standards are partially mentioned as compared to the 1 (10%) in JCI Accreditation. In CBAHI Standards, 1 (10%) of the standards are not mentioned as compared to the 0 (0%) in JCI Accreditation.

Table 3: Critical Analysis of IPSG Standards in JCI Accreditation and CBAHI Standards in Percentage

Sl. No.	Comparison Parameters	JCI Accreditation	CBAHI Standards
1	Common	20%	20%
2	Clearly Mentioned	70%	10%
3	Partially Mentioned	10%	60%
4	Not-Mentioned	0%	10%

The Table Number-3 depicts that the IPSG Chapter in JCI Accreditation and CBAHI Standards has 20% common standards (standards, intents, measurable elements, sub-standards and evidence of compliance). In CBAHI Standards, only 10% of the standards are clearly mentioned as compared to 70% in JCI Accreditation. In CBAHI Standards 60% of the standards are partially mentioned as compared to the 10% in JCI Accreditation. In CBAHI Standards, 10% of the standards are not mentioned as compared to the 0% in JCI Accreditation.

**Graph Number 1: Critical Analysis of PFE Standards in JCI Accreditation and CBAHI Standards**

The Graph Number-1 clearly shows that in IPSG Chapter of JCI Accreditation the numbers of Clearly Mentioned standards are very high (70%) and Partially Mentioned standards are very low (10%). Whereas, in CBAHI Standards, the numbers of clearly mentioned IPSG standards are very low (10%) and Partially Mentioned standards are very high (60%).

CONCLUSIONS

This critical analysis of International Patient Safety Goals (IPSG) Standards in JCI Accreditation and CBAHI Standards for hospitals clearly shows that the IPSG Standards in JCI Accreditation are very comprehensive than CBAHI Standards.

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