

# Accreditation and Clinical Relevance

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## The Basis for Clinical Relevance


1. The process of accreditation - from standards development to the accreditation decision for an organization
2. The capabilities for continuous improvement in quality and safety that remain after the granting of accreditation



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## The Process of Accreditation

- The credibility of the sponsoring organization with health care practitioners
- Drivers for accreditation favor clinical issues
- Standards developed by practitioners
- Standards framework that requires the use of science and evidence
- Evaluation process by peers focused on systems and processes of care
- Accreditation decisions by peers using transparent criteria



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## Organizational Base

- Joint Commission International (JCI) is the international arm of The Joint Commission (TJC).
- Established 1997
- TJC and JCI are **independent, non-profit, non-governmental agencies**




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## Mission of Joint Commission International

- To improve the **safety and quality** of care in the international community through the provision of education, publications, consultation, evaluation, and accreditation services




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## Drivers for Accreditation

- Aging population
- Emerging diseases
- Emergence of new care



HA  
NA



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## Standards Development

- ISQua principles describe a standards development process involving relevant stakeholders – health care practitioners
- Vetting process need to be inclusive and responsive
- Most difficult decision is how to incorporate input from stakeholders

## Standards Framework

- When standards require the use of science or evidence the impact on practitioners may be mixed and the impact on actual practice hard to evaluate

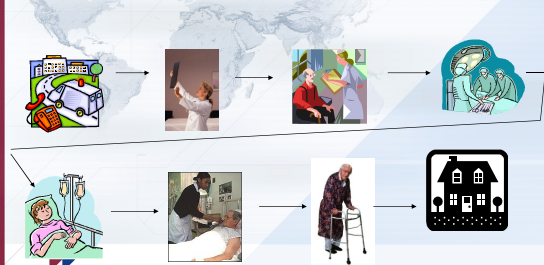


***"Medicine used to be simple, ineffective and relatively safe. Now it is complex, effective and potentially dangerous."***

Sir Cyril Chantler, former Dean Guy's, King and St. Thomas's Medical and Dental School, Lancet 1999

## Evaluation Process

Follows the care and needs of the patient



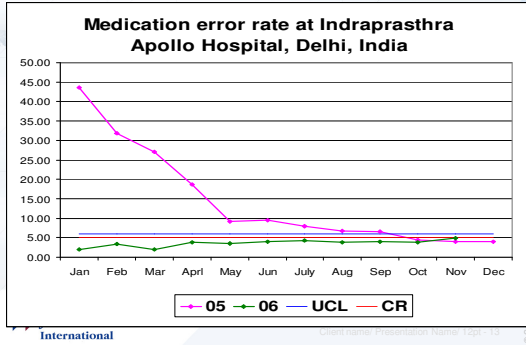
## Accreditation Decisions

- Peers involved
- Decision criteria value clinical performance and results
- Decisions are protected from political and professional influence

## Capability to Continuously Improve

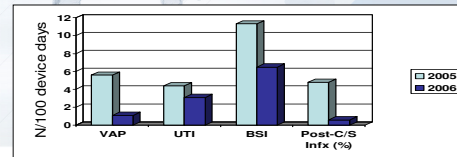
- Practitioners need to be engaged in the creation of the continuous improvement process in the organization
- They need to set priorities for improvement that meet practitioner needs
- They need to be involved in the interpretation of data

## Decreases in Medication Errors

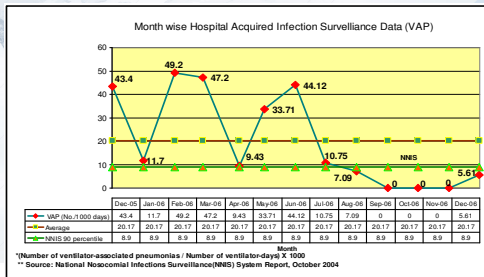


## Reduction of Complications at American Hospital, Dubai, UAE

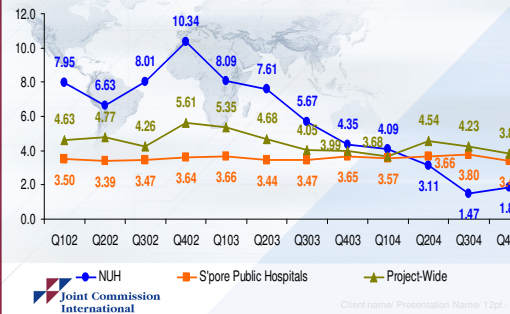
- During preparation for re-accreditation:
  - Emphasis on prevention of hospital associated infections
  - New Clinical guidelines introduced



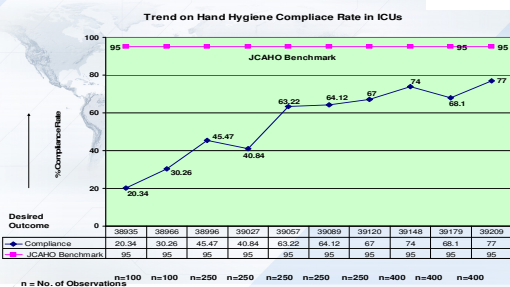
## Reduction of Ventilator-Associated Pneumonia



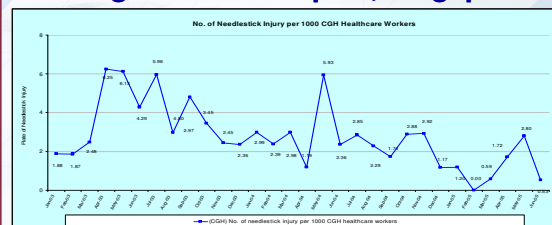
## Unscheduled Returns to ICU Rates (Q1 2002 to Q4 2004) in National University Hospital, Singapore



## Handwashing – Pt Safety



## Needlestick Injuries – Changi General Hospital, Singapore



The rate of needlestick injuries per 1000 healthcare workers was reduced from 7.91 in 2003 to 3.48 in 1<sup>st</sup> 6 months of 2005, an improvement of 127%.

**Thank You.**



Gracias  
Shukran  
Xie Xie  
Obrigado  
Merci  
TESEKKÜR  
EDERIM  
Grazie.  
Arigato  
Shukran  
Danke  
Do jeh Tak  
Komawoyo

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