



Overview of Joint Commission International

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Time table

- 13:00-13:30 Introduction to JCI (30 min)
- 13:30-14:40 Introduction to JCI 6th ed. Hospital Standards (70 min)
- 14:40-14:50 Q&A (10 min)
- 14:50-15:20 Tea/Coffee Break (30 min)
- 15:20-16:00 Tracer Methodology (40 min)
- 16:00-16:05 Q&A (5 min)
- 16:05-16:50 International Patient Safety Goals (45 min)
- 16:50-17:00 Q&A and Closing (10 min)

JCI's Mission

JCI was established in 1994 as the international arm of The Joint Commission (TJC) in the United States and is globally recognized as the preeminent international accrediting body and gold standards in quality and patient safety.



Mission

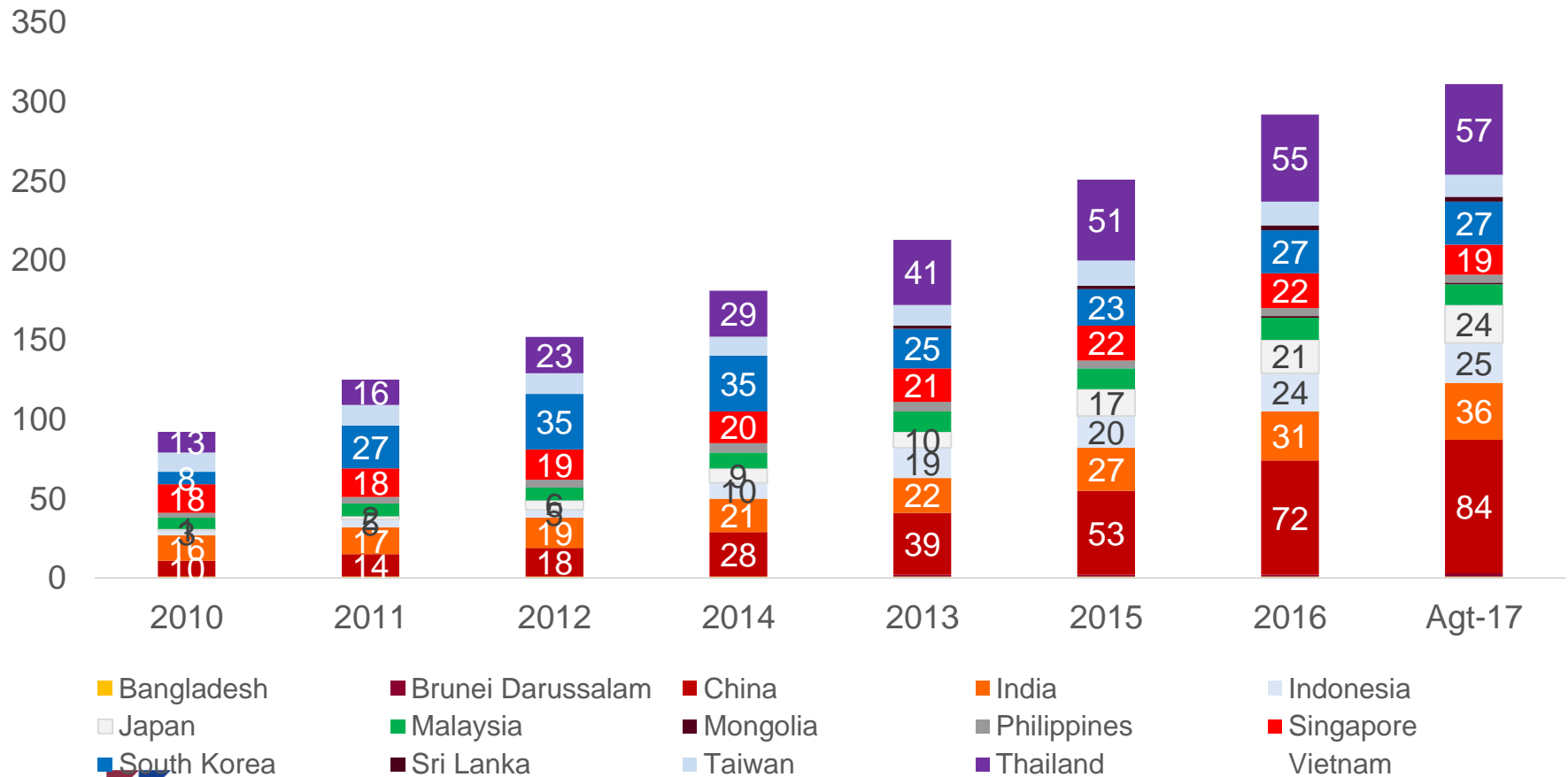
“To **continuously improve** the safety and quality of care in the international community through the provision of **education, advisory services, and international accreditation and certification**”

JCI Accreditation Global Footprint



JCI Accreditation – Asia Pacific

No. JCI Accredited Orgs Asia Pacific, 2010-Aug 2017



JCI Accreditation Programs

Hospital

**Academic
Medical
Center
Hospital**

**Ambulatory
Care**

**Long Term
Care**

Home Care

**Primary
Care**

**Clinical
Laboratory**

**Medical
Transport**

JCI Accreditation

- Accreditation involves two closely integrated processes:
 - **STANDARDS:** Evidence-based requirements that increase the likelihood of improved health outcomes for patients guided by Standards Advisory Panel comprised of experienced physicians, nurses, administrators, and public-policy experts & leaders in healthcare industry
 - **SURVEY:** Objective third-party evaluation of level of individual organization's compliance with the global standards requirements

JCI Standards

- JCI standards are rooted in what we know about what characterizes organizations with excellent quality programs and results
- Focus on *structure*, *process* and *outcomes*
- Leadership is vital to all aspects of quality
- Standards assign accountability for quality and safety to highest levels of leadership
 - Governing body, management, MDs, RNs
 - Program, resources, improvement agenda
 - Reporting, communication, safety culture

Components of Standards

1 Standard

Standard ACC.1.1.1

Patients with emergent, urgent, or immediate needs are given priority for assessment and treatment.

Intent of ACC.1.1.1

Patients with emergent, urgent, or immediate needs (such as airborne infections) are identified by an evidence-based triage process. Once identified as emergent, urgent, or requiring immediate needs, these patients are assessed and receive care as quickly as necessary. Such patients may be assessed by a physician or other qualified individual before other patients, receive diagnostic services as rapidly as possible, and begin treatment to meet their needs. The triage process may include physiologic-based criteria, where possible and appropriate. The organization trains staff to determine which patients need immediate care and how their care is given priority.

When the organization is not able to meet the needs of the patient with an emergency condition and the patient requires transfer to a higher level of care, the transferring organization must provide stabilizing treatment within its capacity prior to transport.

Measurable Elements of ACC.1.1.1

- 1. The organization uses an evidence-based triage process to prioritize patients with immediate needs.
- 2. Staff are trained to use the criteria.
- 3. Patients are prioritized based on the urgency of their needs.
- 4. Emergency patients are assessed and stabilized within the capacity of the organization prior to transfer. (*Also see ACC.4, MEs 1, 2, and 5, and ACC.4.2, MEs 3 and 4*)

2 Intent Statement

3 Measurable Elements

Value of JCI Accreditation

- Create a culture of safety and quality that focuses on continuous improvement
- Earn public trust and recognition by clinicians
- Involve patients and families as partners in the care process
- Enhance safety and efficiency in the work environment that contributes to staff satisfaction
- Negotiate for payment using quality data
- Establish collaborative leadership that strives for excellence
- Ultimately, this shift in awareness benefits the patients and their family.

JCI Accreditation Process Timeline

Submit revised application and schedule JCI accreditation resurvey every three years	6-9 months prior to resurvey due date
Receive accreditation decision and official survey findings report from JCI	Within 10-15 days of survey
JCI accreditation survey occurs	Survey dates
JCI Survey Team Leader contacts your organization to determine survey agenda	2 months prior to survey
Receive and complete JCI Survey Contract and Travel Instructions Form	4-6 months prior to survey
Submit application for survey to JCI and schedule survey dates with JCI	6-9 months prior to survey
Obtain JCI standards manual and begin preparing for JCI accreditation	12-24 months prior to survey

- **18-24 months journey**
- **Education programs** to build foundational knowledge - JCI International Practicum
- **Baseline Assessment** - assessment of your organization's readiness for accreditation and identifies areas for improvement
- **Custom Education** - guidance and technical assistance around the precise topics where you need assistance
- **Mock Survey** - prior to their accreditation survey that serves as the final checkpoint in readiness (usually 6 months prior to final survey)

What accreditation is not

- Accreditation is not a guarantee that:
 - No errors will occur
 - Preventable adverse events will never harm patients
 - High quality care will always be delivered to every patient
- Accreditation is not a panacea that can solve all our quality problems



Thank you.

Quality is doing the right thing;
Safety is doing it in the right way.

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