John Wocher, executive vice president for administration at Kameda Medical Center in Kamogawa, Japan—the first Joint Commission International-accredited hospital in Japan—is a champion of accreditation and a force for quality improvement and patient safety. In this narrative, he shares memories of his and Kameda's journey to Joint Commission International (JCI) accreditation. This article was first appeared in the July 1999 issue of *The Journal*, a publication of the Japan Hospital Association.

An Accreditation Journey: One Hospital Executive's Story
by John C. Wocher, MHA, FACHE

Many years ago I authored an article titled "Hospital Accreditation in Japan—Long Overdue?" In that article, I lamented the slow progress of establishing an effective third-party, independent evaluation of hospitals in Japan. Although some activity was underway, change came slowly. Fledgling efforts to promote effective evaluations had begun in 1985, when the work of the group known as the Tokyo JCAHO Research Group led to the formation of the Japan Hospital Quality Assurance Society (JHQAS) in 1990. Prior to this, hospitals completed a self-assessment using a Ministry of Health and Welfare checklist. This process seemed very subjective to me. My hospital, Kameda Medical Center, was among approximately 60 initial JHQAS member hospitals that desired evaluation by an external entity.

In 1995, the Japan Ministry of Health and Welfare joined with the Japan Hospital Association and the Japan Medical Association to form the Japan Council for Quality Health Care (JCQHC).

By May of 2005, just 16% of all hospitals in Japan were accredited by JCQHC. In 2010 the JCQHC website stated that 2,556 of 8,766 Japanese hospitals had been accredited, which, despite being an improvement, still represented less than 30% of Japanese hospitals. Today 2,246 of 8,485 hospitals (or 26%) are JCQHC accredited.

Despite this low percentage of accredited hospitals in Japan, much progress has been made in the area of quality improvement. For example, there are many evidence-based tools to evaluate quality. Some hospitals have taken additional steps to improve the quality and safety of the care delivered. Kameda Medical Center, among others, has embraced the International Organization for Standardization (ISO) certification, specifically ISO 9001. Other certifications achieved by my hospital include United Kingdom Accreditation Services, British Standards Institute, Japan Accrediting Board, and Privacy Mark. We feel a strong moral and ethical obligation to maintain the highest standards possible and to go above and beyond minimal requirements.

Kameda's JCI Journey

Kameda's accreditation journey began in 1995. Kameda Clinic, a freestanding outpatient facility, was built and opened that year. Kameda General Hospital, a 925-bed acute care facility, which would open in 2005, was already in the planning stages. We felt we had established a very sophisticated electronic medical record system and the timing was right for us to consider accreditation of Kameda Clinic against The Joint Commission's U.S. ambulatory care standards. At this time, JCI had not yet been formed.

To that end, I mentored a summer intern in 1996 from the University of Iowa's Graduate Program in Healthcare Administration. That student was given the task of evaluating and predicting whether our clinic could successfully pass a Joint Commission survey. The intern attended a one-week

Joint Commission orientation in Chicago, Illinois, USA. For three months at Kameda, the intern assessed our Joint Commission compliance. When she found shortfalls, she made recommendations on how to close compliance gaps. She concluded that with significant additional efforts to document the structure, processes, and outcomes at Kameda Clinic, it could achieve Joint Commission accreditation.

Unfortunately, The Joint Commission would not accredit Kameda Clinic or any other non-U.S. organization at that time, with the exception of U.S. military health care centers outside the United States. In 1999, Joint Commission International was formed and it issued its first set of international hospital standards. We reviewed those standards and concluded that we could prepare and successfully become accredited. We decided to wait for completion of the new Kameda inpatient building, known as K-Tower, and then have the entire Kameda complex surveyed by JCI at the same time. K-Tower was completed in 2004 and opened in 2005. In May 2007 Kameda committed to a two-year preparation plan for JCI accreditation.

The Reasons behind the Decision

Kameda was the first hospital to pursue JCI accreditation in Japan. I had long felt that Kameda needed to grow and become more globally focused if it was to become a world-class medical institution. Also, my informal feedback from non-Japanese friends and colleagues living and working in Japan was that they were generally dissatisfied with local health care encounters. They tended to return to their home country at any sign of a serious medical condition.

Another contributing factor in our decision was the global trend, particularly in Asia, to achieve JCI accreditation. Virtually all government and private hospitals in Singapore are now JCI-accredited. Severance Hospital in Seoul was joined by Korea University Anam Hospital in July 2009. Clifford Hospital in China was first accredited by JCI in 2003 and reaccredited in 2006. A total of five Chinese hospitals were accredited in 2010. Three hospitals in Malaysia were accredited, as well as two in the Philippines, six in Taiwan, and seven in Thailand. With the very best hospitals in Asia seeking and obtaining JCI accreditation, I felt that great hospitals in Japan were missing the opportunity to be recognized. While they grew in international esteem, Kameda and other Japanese hospitals were seen as remaining domestically and inwardly focused.

Kameda's decision to become JCI accredited was also motivated by a desire to improve on an existing culture of safety and quality. We wanted to instill confidence and trust in the community we served—patients, their families, our visitors, and our staff—and convey to them in word and deed that our priority is their safety through the quality of our care. By pursuing the higher standard of JCI accreditation, we could demonstrate to patients and their loved ones that Kameda cares, it respects their rights and privacy, and it desires to be in partnership with them in their health care decisions. For our staff, we wanted to provide a safe working environment and, in doing so, improve employee satisfaction. Last, but not least, we wanted to create a corporate culture of safety, as well as show that Kameda learns from incidences and near misses and is fully supportive of internally reporting adverse events to improve and prevent recurrence.

Getting Started

The first year of preparation consisted mostly of discussion between Kameda leadership and JCI regarding costs, timing, and logistical and technical questions. The costs associated with accreditation, indirect and direct, were significant. The direct costs are precise, but indirect costs are often underestimated. They can get lost in the general overhead of doing business or get underestimated in order for them to appear more reasonable.

The direct costs of JCI accreditation had several components, including a set fee based on organization size and complexity of services. These costs entailed the number of surveyors and the number of days required to survey the organization. In our case, with 965 operating beds and approximately 3,000 outpatient visits per day, it was determined that we would require three surveyors for a five-day initial survey.

Direct costs not part of the set fee included:

- Transportation, accommodations, and tuition for two Kameda staff to attend a JCI Practicum in Bangkok, Thailand
- Observation of a mock survey at Severance Hospital in Seoul, South Korea
- Two mock surveys of Kameda Medical Center by experts outside of our organization
- Interpreters for the on-site JCI survey as surveys are always conducted in English, regardless of the nationality. Kameda used four outside interpreters each day; costs included interpreters' fees, transportation, accommodations, and some meals.

In the absence of precise methodology, there was simply no way to measure indirect costs, given no historical precedent at our medical center. Budgeted projects for cosmetic improvements initially unrelated to JCI accreditation were moved up in the scheduling process. Because the JCI survey came within a month of our JCQHC survey, it was impossible to determine the cost of each separately. No new employees were hired to support JCI accreditation, so employee costs were fixed over the preparation period.

The Kameda JCI team consisted of a senior physician, a senior nurse, a project coordinator, five assistant coordinators, the University of Iowa graduate student intern, and me. We worked mainly on JCI survey preparation for the three months leading up to and including the actual survey. With the exception of the project coordinator, none of us worked on accreditation full time, but as the date of the survey came closer, our time requirements grew proportionally.

Staff Buy-In

Staff awareness and education are essential components in changing corporate culture. With JCI accreditation requiring virtually all staff in the medical center to be aware of the accreditation process, this became a major effort. Translation of the JCI standards—1,030 measurable elements in the 349 standards in the 3rd edition of the JCI Hospital Standards — into Japanese was done by members of the JCI team and not contracted out. After this was accomplished, every department in the medical center was provided a copy of the requirements that were specific to its areas of responsibility. Members of the team responsible for the medical staff, nursing staff, ancillary staff, and administration visited each department on numerous occasions to systematically explain and clarify the requirements.

The most important issues we dealt with pertained to how we provide documentation regarding compliance. All of Kameda's policies and procedures manuals were reviewed for accuracy. In many

cases, there was ample indication of things being done properly, but documentation was poor or absent. In other cases, new policies and procedures were created to become compliant with the requirements. JCI requires at least four months of documented compliance prior to an initial survey date in order to meet the standards, another reason why early preparation was so important.

It was essential that staff understood and agreed with the spirit and intent of the standards. This effort by all staff to improve the documentation of the work they did was a great opportunity to improve the quality and safety of the care provided and created new opportunities to implement new policies and procedures that would further benefit patients. Not all staff were enthusiastic about this process. In any large organization, there are employees who, for various reasons, do not actively support organizational change. Some are unsupportive because they do not comprehend the need. This is sometimes caused by management's failure to adequately articulate the need. Some are unsupportive because the change is threatening to them or, more rarely, they fear the unknown.

Like many places, Japan's hospital staff work hard and put in long hours without much recognition, so adding additional tasks and changes can be burdensome. However, through frequent visits by JCI team members, use of mock surveys, and use of internal communication methods Kameda leaders and staff made the most of staff education.

The value of mock surveys cannot be overestimated. For a health care organization pursuing JCI accreditation in a country where there is no precedent to rely on, mock surveys were an essential undertaking. To gain more experience in understanding the logistics of undergoing JCI accreditation and understanding of a mock survey process, Kameda's medical director, director of nursing, JCI team coordinator, and I visited Severance Hospital in Seoul in February of 2009 and observed a mock survey in preparation for reaccreditation in 2010. It was to observe not only how Severance prepared each department for interaction with surveyors, but also to see how the survey process was actually carried out. When we returned to Japan, we were determined to conduct not only a mock survey, but to arrange for two mock surveys using external expertise. We used external consultants to help us prepare.

Because Kameda has long been a referral site for U.S. military hospitals in Japan, combined with the fact that all of those hospitals are accredited by The Joint Commission, we asked both the U.S. Navy Hospital in Yokosuka and the U.S. Navy Hospital in Okinawa if they could provide us some assistance in preparing us for accreditation. In the true spirit of international cooperation, they agreed, and on two separate occasions we underwent a full three-day mock survey using both Joint Commission and JCI standards. Kameda was able to correct all deficiencies found during our mock surveys in order to show four month's compliance with JCI standards by the time of the actual JCI survey. This cooperation was of immense benefit to Kameda in our successful survey. Practice makes perfect, so to speak.

The Survey

From 3 to 7 August 2009, Kameda Medical Center underwent its JCI accreditation survey. Kameda received a full three-year accreditation without any follow-up requirements, other than creating a Strategic Implementation Plan (SIP) to improve areas identified by JCI. This SIP was accepted by JCI in a minimal time frame.

Kameda is proud to be the first Japanese hospital to become JCI accredited, but it is my hope that other hospitals in Japan will consider accreditation using global standards in addition to domestic standards. To be clear, I am in no way advocating that JCI replace local accrediting by JCQHC.

Is JCI Accreditation Worth It?

The answer to this question is: absolutely. Because the JCI accrediting process is educational, we learned many ways to improve quality and enhance safety. Through our preparation activities, we created new policies and procedures that improved many aspects of our organization.

Kameda now proudly displays the JCI Gold Seal of Approval® and we are ISO 9001 certified. In this sense, we have the best of both worlds; the two accrediting programs complement each other. Their combined value is greater than each one alone. I look forward to other hospitals in Japan considering accomplishing this. Kameda would be pleased to provide assistance based on our experience.

2016 Update

This article was written in 2010, shortly after Kameda achieved reaccreditation in 2009. I believe that JCI accreditation is a never-ending journey of improvement in health care quality and patient safety. Getting the JCI Gold Seal is not an end point, but a new beginning of continuous quality and patient safety improvements.

After submission and acceptance of our SIP, we almost immediately began planning the processes to prepare for JCI reaccreditation. Early preparation was considered for several reasons. First, the look-back period would be longer (one year for all annual requirements), we would face the 4th edition of the JCI Hospital Standards, and we did not want to lose our momentum. While successful, we were not satisfied that we had “Not Met” and “Partially Met” findings, some of which would require significant changes to remedy. Also, we needed to plan the budget for the reaccreditation journey, in particular for staff training and any JCI education we might need.

In late 2010, I began working for JCI as an independent contractor. My exposure to the efforts that other health care organizations were making worldwide was beneficial to my medical center, and the insights provided by my JCI professional colleagues were incredibly helpful. These factors lessened the anxiety in facing reaccreditation.

Moving toward a fall 2012 reaccreditation, Kameda Medical Center invested in JCI’s education programs. All of our key staff attended a JCI Practicum and they visited JCI-accredited hospitals in Singapore and South Korea to learn even more from our Asian neighbors. This was very valuable. Also, soon after being initially accredited, many Japanese hospitals contacted Kameda Medical Center to learn how we prepared for a successful JCI accreditation survey. We were inundated with visitors and we freely shared our knowledge with them. We were seen by other hospitals in Japan as having solved all the challenges of accreditation, but internally we knew we had more progress to make.

The position of Joint Commission International has always been that JCI-led mock surveys are not a requirement for success. Having said that, some external review, not necessarily a JCI review, is considered necessary. I have participated in many mock surveys since becoming a JCI consultant. I personally think the combination of working in a JCI-accredited hospital and my experience conducting

mock surveys worldwide greatly increases the value I bring as a JCI consultant to the organizations that I assist as a member of a talented JCI advisory services team.

As Kameda moved forward, we identified several areas where we were struggling with compliance. We knew clearly what was required, but we did not know exactly how to approach these challenges in terms of what needed to be in place and documented in order to satisfy JCI surveyors. We engaged an experienced JCI nurse consultant to spend a few days with us to help us with the "how" issues and found the consultant's expertise to be extremely helpful. We pre-identified the chapters and standards we were struggling with in the 4th edition of the Hospital Standards. Timely coaching and assistance provided us with solutions.

Three years passed quickly. By the fall of 2011, we needed to have our track record in place. We found attending a JCI Practicum and working with advisory services to be helpful to our efforts. Our JCI Core Team at the medical center never disbanded, stayed active, and made continuous improvements. There was no mad rush to get everything in place at the last moment. As an aside, this medical center also has continued ISO certification in every department throughout the organization. ISO compliance considered an advantage; documentation required for ISO in many instances meets the JCI standards for compliance when matched with actual practice.

In the fall of 2012, we underwent our first JCI reaccreditation survey. This time we had four surveyors for five days, one more surveyor than during our initial survey. Because we had prepared continuously since the initial survey and carried our momentum forward, we had fewer "Not Met" and "Partially Met" findings than in 2009, which pleased us immensely. Of course, I believe JCI expects that hospitals facing reaccreditation should do better since they become more experienced in implementing the standards and maintaining them.

At Kameda, by the time we faced our first reaccreditation survey, we felt that JCI had given us a positive corporate culture change. By this I mean that the term "JCI" was in widespread use and chapter abbreviations like AOP and SQE had become part of our professional vocabulary. We had a much better understanding of measurement and how to apply the PDCA (Plan-Do-Check-Act) cycle to areas needing improvement. We embraced the International Patient Safety Goals (IPSGs) early on, not only as the right thing to do, but also as an evidenced strategy for enhancing safety in our organization. Hand hygiene has improved, as have surgical site marking, the standardized use of checklists, regular completion of outpatient fall risk assessments, and identification and control of high alert medications. Before 2009, these ideas were more abstract.

By 2013, we were considered a mature JCI organization in Japan, having achieved both initial and reaccreditation success. Following our initial accreditation in 2009, two other prestigious hospitals in Japan achieved JCI accreditation. We were now learning from each other. Similar to our strategy in 2009 to keep our momentum and strive for continuous quality and safety improvements, we kept the JCI Core Team in place and active after our 2012 reaccreditation. We also began to look toward the 5th edition of the JCI Hospital Standards to get a head start on the changes.

The 5th edition imposed major changes in the responsibilities for quality improvement and in the responsibilities of governance. Board meetings took on a different look and feel; quality information was pushed upward to the leadership level to be reviewed alongside financial performance indicators. Quality indicators were selected by department heads and approved by leadership. All measures were

approved if they addressed opportunities for improvement and were subject to PDCA cycle activities. We continued with JCI education programs, which included Accreditation Updates and Practicums in order to understand the latest changes.

Although naturally nervous, we faced our October 2015 JCI reaccreditation survey with a degree of confidence, and we earned reaccreditation once more. We continue to merge JCI and ISO requirements. The language of JCI has permeated our organization thoroughly and we include it in the orientation of new employees and new medical staff. This confidence is the result of integrating JCI and ISO requirements into our daily routine.

As Kameda Medical Center looks back, we can see the progress this organization has made in improving patient care quality and in enhancing patient safety. We are different. We are better. We are continuously improving. The pursuit of quality and safety is never-ending, as it should be. There are many tools available to achieve better quality and patient safety. Achieving, maintaining, and improving on JCI standards has been a most rewarding undertaking.