

Are Joint Commission International Standards Effective in Improving Quality Performance? A Longitudinal Study

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Objective

The purpose of this study was to explore whether applying Joint Commission International (JCI) standards in a health care organization leads to perceived improvements in its performance. The report of the results is supplemented by selected data on clinical and patient safety results from JCI accredited hospitals worldwide.

Methods

This study used a Kanji’s holistic performance measurement model¹ (see Figures 1 and 2) to measure the effect of the JCI standards on the perceived quality performance and the progress toward organizational excellence of a 400-bed hospital in a Middle East country. The study used a longitudinal quantitative design over a period of 15 months. Structured questionnaires were used to collect data from 250 staff, 250 patients and families, 200 patients’ medical records, and 60 self-assessment surveys based on the accreditation bodies’ approach.

Figure 1. Kanji’s Business Excellence Model, Internal Stakeholder Groups

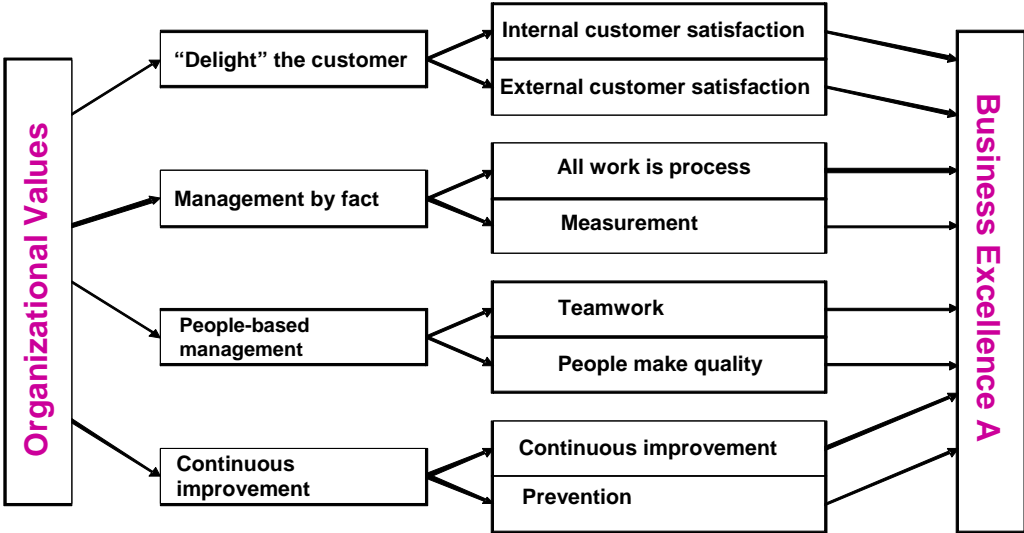
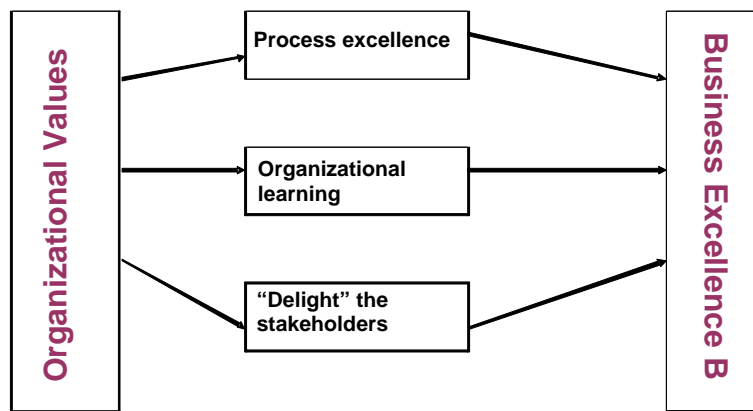


Figure 2. Kanji’s Business Excellence Model, External Stakeholder Groups



Kanji Scoring Model

Operational Performance Index

$$OPI = [A + (\sum B_n/n)]/2, \text{ where}$$

A = Internal Stakeholder Score

B_n = Score of each of n groups of External Stakeholders

Results

The results showed significant perceived improvement (49%) in the overall organizational performance index 15 months after the start of implementation of JCI standards.

Improvement in the hospital’s quality performance was evident in the assessment of all four stakeholders; 32% improvement in staff index, 10% improvement in patients’ index, 135% improvement in government authorities’ index, and 177% improvement in the self assessment index based on external assessor’s approach (see Figure 3). Figure 4 shows indices in select areas by primary stakeholder group for each area; Figure 5 shows staff perception of performance improvements. Figures 6 and 7 show other performance improvement data from JCI–accredited organizations.

Figure 3. Overall Indices of Performance: Perceptions by Stakeholder Groups

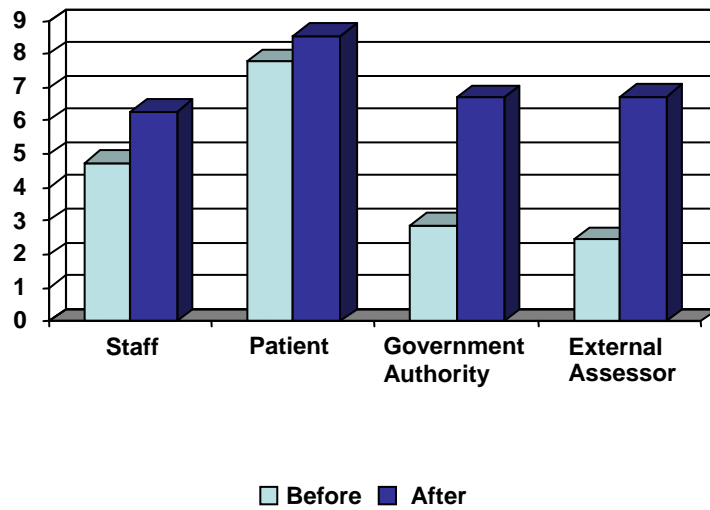


Figure 4. Indices in Select Areas: By Primary Stakeholder Group for Each Area

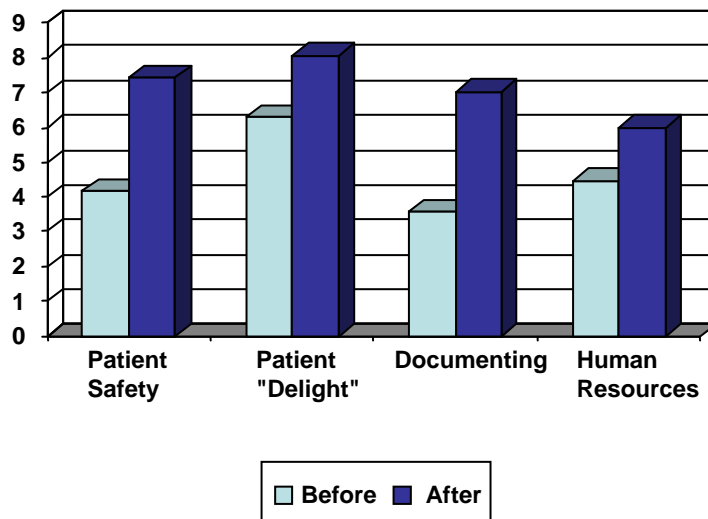


Figure 5. Staff Perception of Performance Improvements

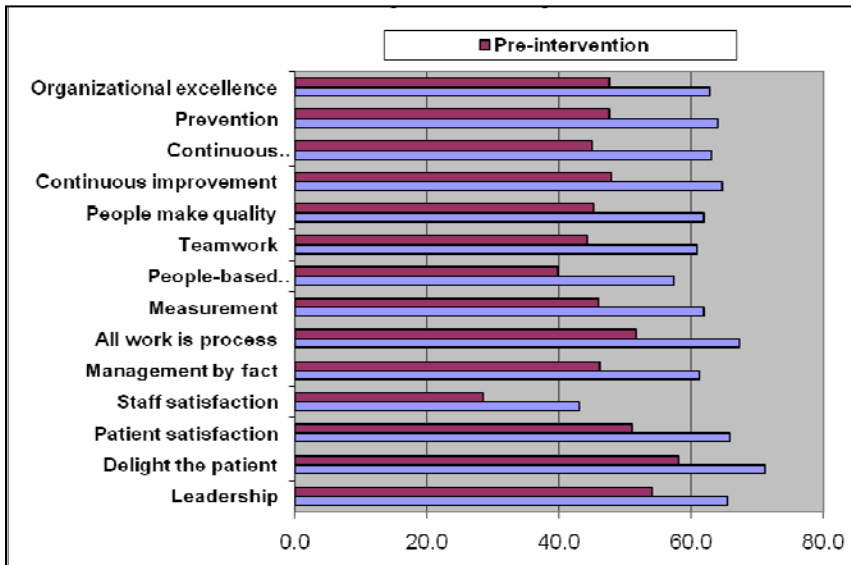
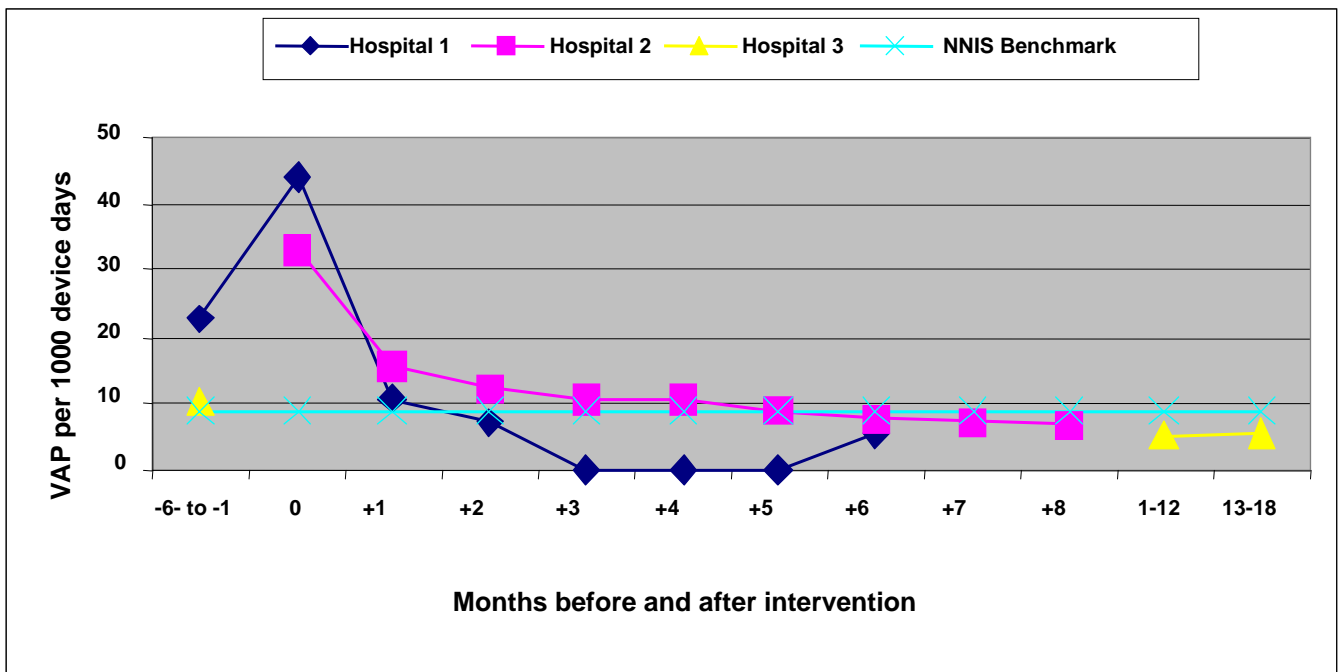
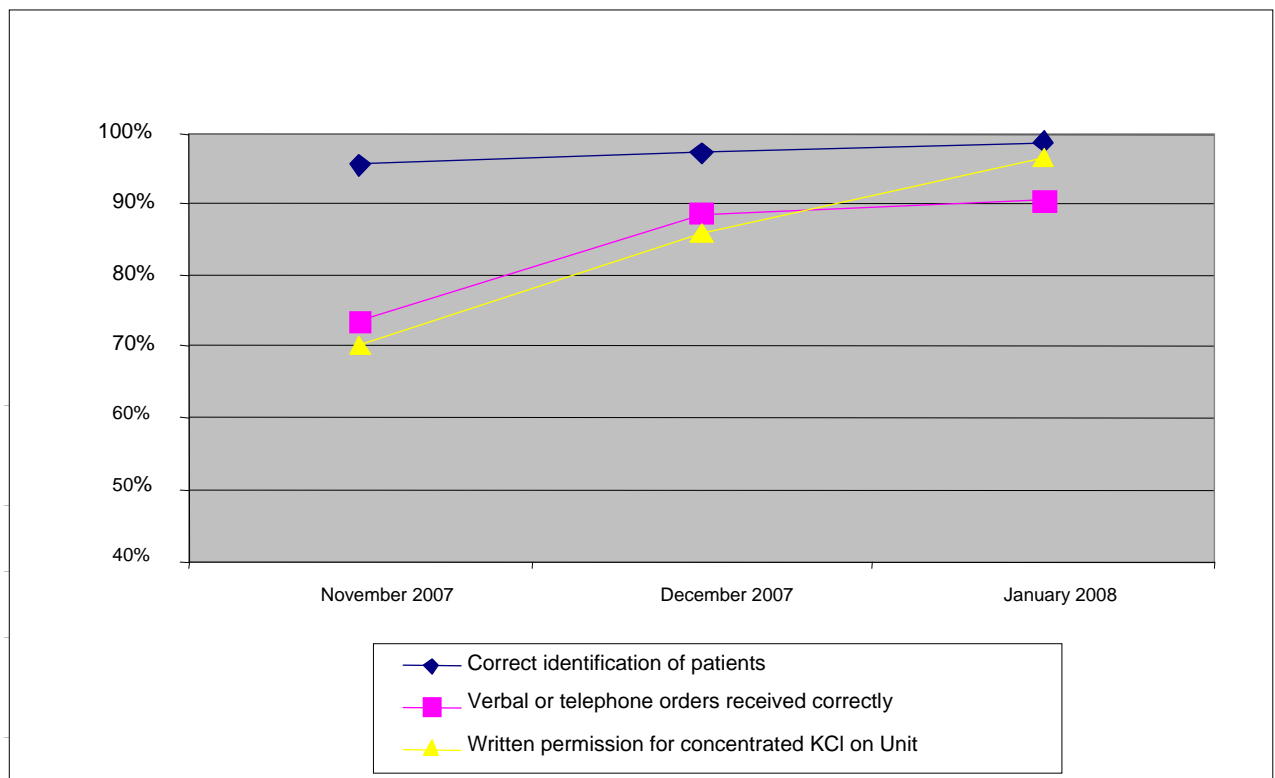


Figure 6. Ventilator Associated Pneumonia Improvements in Three JCI-Accredited Hospitals in India



Note: NNIS=National Nosocomial Infections Surveillance System

Figure 7. Compliance with International Patient Safety Goals 1, 2, and 3 in a Danish Hospital



Note: KCl = Sodium Chloride

Conclusion

This study provides the first empirical evidence for the credibility of the JCI standards, which emerged as a potential solution to improve the quality of health care services in countries outside the United States; it validates the use of a model, with solid methodology for measuring performance in the health care sector; and it supports other studies in allaying doubts on the effectiveness of total quality management initiatives. The study contributes positively to the health care standards of nations, particularly developing nations, in which the international standards of health services need validation to drive quality improvement initiatives, which will ultimately raise the standard of health care services in their countries. These measures are supplemented by measures of clinical and safety outcomes of patient care, as documented in the accompanying graphs.

References

Kanji GK: Kanji's Business Excellence Model, *Measuring Business Excellence*. London, Routledge, 2002.