JCI – The Lagoon Hospitals experience

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VISION & MISSION

• Our Vision - to be the first choice for healthcare solutions of international standards in Nigeria.

• Our Mission – To help our clients restore and sustain their wellbeing
## OUR CULTURE OF SHARED VALUES

<table>
<thead>
<tr>
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<th>INTEGRITY</th>
<th>Trustworthy; Reliable; Strong</th>
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<tbody>
<tr>
<td>C</td>
<td>COMPASSION</td>
<td>Caring; Gentle; Kind</td>
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<td>A</td>
<td>ATTENTIVENESS</td>
<td>Details; On Time; Listening</td>
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<td>R</td>
<td>RESPECT</td>
<td>Men, Women &amp; Children, Company</td>
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<tr>
<td>E</td>
<td>EXCELLENCE</td>
<td>Quality; 1st Choice</td>
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**I CARE**
Locations

1. **Lagoon Apapa – Flagship Hospital**
   - Advanced Secondary Care
   - Caters to inpatient, outpatient and Health Assessment Clinic clients offering the full range of services and specialties

2. **Lagoon Ikeja**
   - Secondary Care
   - Focus on mother and child care offering inpatient and outpatient services

3. **Lagoon Victoria Island**
   - Primary Care
   - Caters to outpatient clients focus on consultation, feeder for other hospitals
WHAT IS ACCREDITATION

• Process where an independent entity assesses the health care organization to determine if it meets a set of requirements designed to improve the safety and quality of care

• Voluntary or Mandatory

• Standards usually regarded as optimal and achievable

• Effective quality evaluation and management tool
VALUES OF ACCREDITATION

• Key benchmark for measuring quality of our organization

• Accreditation standards provide catalyst for organizational management strategy

• Culture of learning from timely reporting of adverse events and safety concerns
SIX – YEAR JOURNEY
ROAD TO ACCREDITATION

• 2004
  – Collaborations with Apollo Hospitals of India
    • Visits
    • Standard operating procedures

• 2005
  – Decision to achieve internationally recognized quality accreditation
TYPES OF ACCREDITATION CONSIDERED

• **International standard organization (ISO 9000)**
  – Difficulty in recruiting QC manager
  – In-house training of Quality Improvement Manager

• **Kings Fund** – United Kingdom
  – Healthcare specific accreditation

• **Joint Commission International** - USA
  – Internationally recognized brand name
  – More rigorous
  – Registration of choice in Asia
QUALITY IMPROVEMENT DEPARTMENT

- Quality improvement department set up
- QI manager went for ISO training at IITA
- Two full time doctors & nursing matron
- Coordinate all quality activities
- Report directly to management
TRIP TO INDIA IN 2006

• Apollo Hospitals in Chennai and Hyderabad
  – Recently achieved JCI accreditation
• Baseline assessment of JCI standards in the hospitals
  – 3% full compliance of JCI standards!
• Fourteen implementation teams
  – Tackle each chapter of JCI measures of standards
  – Weekly meetings
  – Schedule clashes and commitments
JCI: PATIENT – CENTRED STANDARDS

• Access to care and continuity of care
• Patient and family rights & education
• Assessment of patients
• Care of patients
• Anaesthesia and surgical care
• Medical management and use
JCI: HEALTHCARE ORGANIZATION MANAGEMENT STANDARDS

• Quality improvement and Patient safety

• Prevention and control of infection

• Governance, Leadership and Direction

• Facility management and safety

• Management of communication and information

• Staff qualification and Education
KEY CHALLENGES

• Team working and better communication
• Develop and adhere to standard operating procedures
• Deliver care as integrated team
• Changed from Physician-centred care to Patient-centred care
• Accept the idea of continuous performance evaluation
JOINT COMMISSION RESOURCE ORGANIZATION (2006)

- Contract in 4 phases
  - Audit of hospital facilities
  - Audit of policies and procedures
  - Online and telephone conferences
  - Mock audit 6/12 before accreditation
QUALITY COUNCIL (2007)

- Sub-committee of the group management board
- Reported directly to the board
- Approved organization-wide policies
- Monthly meetings
FURTHER EVENTS IN 2007

• Repeat assessment of JCI standards
  – 11% compliance

• Structural modification of the hospitals required

• Organization-wide training sessions
  – Culture and attitude change
  – Continuous training sessions
  – JCI standards to become part of the fabric of the organization
PROGRESS IN 2008

• February 2008
  – Assessment by 3 JCI consultants
  – Estimated 3 years to accreditation

• June 2008
  – JCI Practicum in Chicago
  – Team of six committed individuals

• JCI Wednesdays
  – Team work and staff training
  – Policies and procedures written and discussed
PROGRESS IN 2008

• Monthly progress report by the Quality Improvement Manager to the Hospitals Executive committee

• Upgrade of hospital facilities

• Training of all staff
  – Basic Life Support to everyone with patient contact
  – Advanced life Support to ALL clinical staff
UPGRADE OF HOSPITAL FACILITIES

• Installation of fire prevention and detection system

• Water treatment plant

• Reconstruction of hospital spaces to meet international standards

• Improvement and increase in ICU capacity

• Improvement of the Operating theatres
AND MORE UPGRADE

• Nurse call system

• Air filtration system

• And of course, guarantee of near uninterrupted power supply!
ROOMS UPGRADED
SAFETY FEATURES
HAND HYGIENE
ICU
STAFF ENGAGEMENT

• Crucial part of the process
• Regular poster campaigns – virtually a new one each week on a group of standards
• We created Dr J.C Isaac
JCI REMINDERS WITH DR. J.C. ISAAC!

Patients' Care

- ALWAYS identify your patient by name AND hospital number
- ALWAYS remember to manage your patients' pain and have it documented.
- All doctors and nurses should have been trained on "Urethral Catherisation" before the 7th of February 2011.
- Doctors, ALWAYS remember to fill the "Current Medication List" form.

Report adverse events, errors and near misses on the appropriate forms i.e. Occurrence Reporting Forms are for Patients & Visitors, HSE Incident/accident reporting are for Staff.

Remember to live more life.
JCI REMINDERS WITH DR. J.C. Isaac!

WORD FROM THE FACILITY DEPARTMENT

Remember to:
SWITCH OFF ALL lights, equipment and Air conditioners at the end of each day.

Remember:
“A stitch in time saves nine”-
Always fill the “Fault Reporting Form”.

Remember to keep the Patients Safe
JCI REMINDERS WITH DR. J.C.Isaac!

WORD FROM THE HSE DEPARTMENT

Remember:
Incident and Accident Reporting is YOUR obligation – Always fill the “Incident Reporting Form”

Also Remember to:
STOP all unsafe acts today!
KEEP the Hospital clean and tidy.
DISCARD all wastes properly into the recommended bins.

Remember in the event of a FIRE:
R - Raise an alarm
A - Activate Fire Alarm system
C - Confine the Fire
E - Extinguish if able to OR Evacuate the premises

STOP all unsafe acts today!
KEEP the Hospital clean and tidy.
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STAFF ENGAGEMENT

• Regular poster campaigns – virtually a new one each week on a group of standards
• We created Dr J.C Isaac
• Weekly quizzes on knowledge of JCI standards with prizes (winners featured in HyNews)
• JCI parties with focus on areas we needed to improve upon
• JCI ambassador – all expenses trip to Ghana
JUNE 2010

• JCI mock survey

• Over 3 days

• Felt hospitals were ready!
JCI ACCREDITATION PROCESS

• Accreditation survey 26/10/10 – 29/10/10

• Preliminary result in December 2010
  – 45 citations out of 1033 standards!

• Focused visit 19 – 20 April 2011
  – We passed all standards
GOING FOR GOLD
SUSTAINING QUALITY

• Strengthen Clinical Governance/Quality Unit
  – Risk management
  – Morbidity and mortality review
  – Review complaints (Response time frames & closure)

• Continuous Audits
  – Medical files review
  – Environmental surveys

• Regular follow up on results of care indicators
SUSTAINING QUALITY

• Emphasis on team work and communication
• Monthly meetings
  – Discuss Audit findings and ways to improve
  – Meet Quality Champions
• Performance improvement projects
  – Early warning score charts
  – Surviving sepsis campaign
  – WHO Surgical safety check list
SUSTAINING QUALITY

• Key performance indicators of senior staff
  – Unplanned return to OR following elective surgery
  – Unplanned overnight admissions following day case op
  – Unplanned readmission within 28 days of elective op
  – Postoperative wound infection rate
  – 28 – day post operative mortality (all procedures)
  – Complaints, critical incidents and sentinel events
  – CME achievements
  – Fire and hazardous material protection
SUSTAINING QUALITY
“The Citizens of Nigeria should be proud that Lagoon Hospitals Group is focusing on this great challenging goal - to continuously raise quality to Higher levels”

Ann K. Jacobson
Executive Director
International Accreditation
Joint Commission International
Thank you