



# JCI – The Lagoon Hospitals experience

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Healthcare in Nigeria.

Thursday, 13/10/11

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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



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by Joint Commission International

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## OUR CULTURE OF SHARED VALUES

<b>I</b>	<b>INTEGRITY</b>	<b>Trustworthy; Reliable; Strong</b>
<b>C</b>	<b>COMPASSION</b>	<b>Caring; Gentle; Kind</b>
<b>A</b>	<b>ATTENTIVENESS</b>	<b>Details; On Time; Listening</b>
<b>R</b>	<b>RESPECT</b>	<b>Men, Women &amp; Children, Company</b>
<b>E</b>	<b>EXCELLENCE</b>	<b>Quality; 1<sup>st</sup> Choice</b>

**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



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# ROAD TO ACCREDITATION

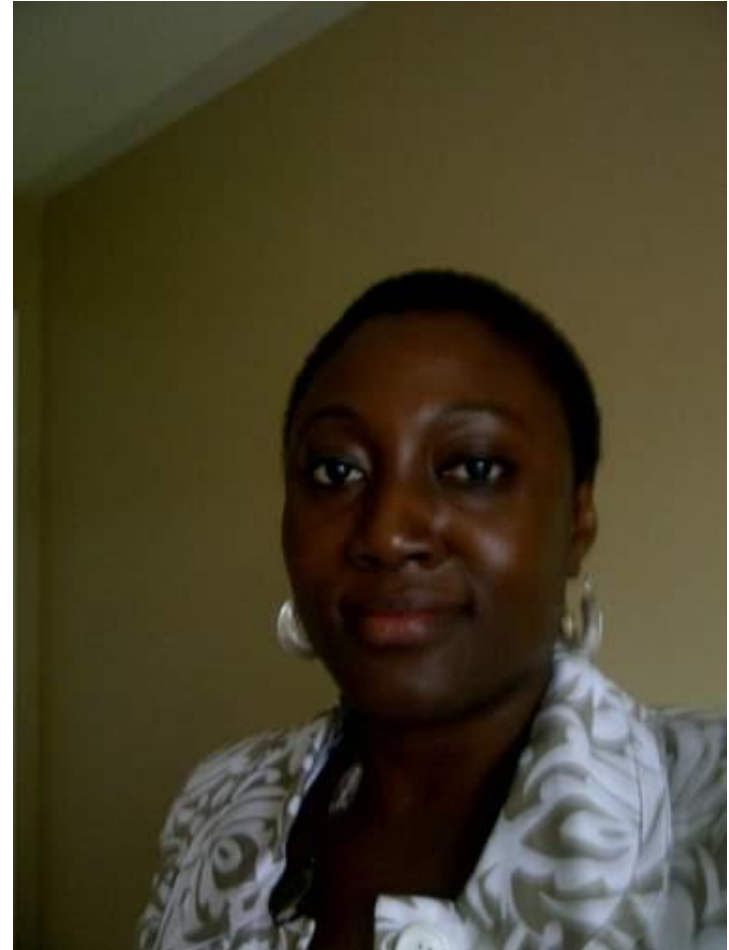
- 2004
  - Collaborations with Apollo Hospitals of India
    - Visits
    - Standard operating procedures
- 2005
  - Decision to achieve internationally recognized quality accreditation

# 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



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# SAFETY FEATURES



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# HAND HYGIENE



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# ICU



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# NICU



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# 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 Catheterisation" 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.

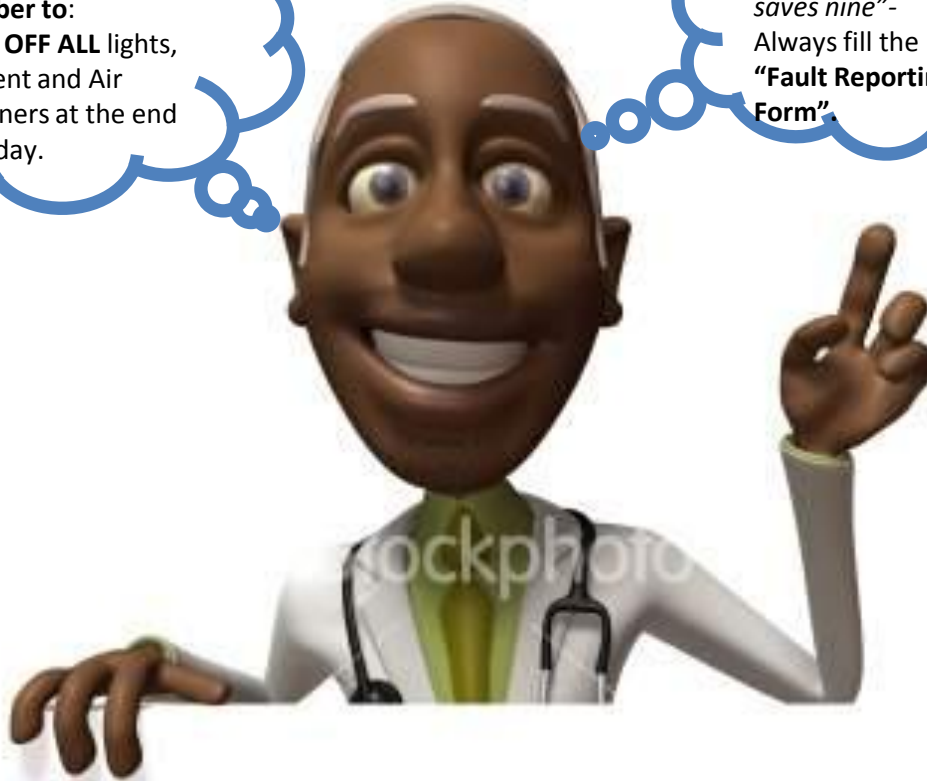


# JCI REMINDERS WITH DR. J.C. Isaac!

## 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

# 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



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# 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



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# JOINT COMMISSION INTERNATIONAL

“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



Organization Accredited  
by Joint Commission International



Thank you

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