



Factors Affecting Implementation of Joint Commission International Standards in Egyptian Hospitals: A comparative Study Between Two Private Hospitals in Egypt

By

Dr. Mohamed Hassan Abdrabou

Dean Productivity and Quality Institute

Arab Academy for Science, Technology and Maritime Transport

mhabdrabou@egypt.aast.edu

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Study Between Two Private Hospitals in Egypt**

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Abstract

The study aimed at investigating the main factors affecting the joint commission standards implementation in Egypt, through conducting a comparative study between two private hospitals in Egypt.

A comparative study between two private hospitals, one of them was accredited and another one even failed to apply for survey. Direct observation of significant areas at the two studied hospitals using a semi-structured observation checklist includes a list of pre-specified categories. A comparison between the two hospitals regarding positive and negative points under each category was conducted. Additionally, a face-to-face interview of a sample of internal customers at the two studied hospitals was conducted using a questionnaire with open-ended questions.

Observation revealed major differences between the two hospitals in the areas of communication and safety measures. Both hospitals were comparable regarding patients' privacy and confidentiality. Interviewing internal customers showed most of internal customers in the non-accredited hospital were unaware about accreditation. Success of a hospital to get accredited is associated with staff education & training, top management support, cooperation between different departments and recruitment of competent staff. Instead, failure of accreditation is attributed to the hospital design & infrastructure don't comply with standards in addition to un-supportive top management.

Creating motivate decision makers in hospitals to be supportive and commitment to quality plans is essential and should be a priority from the side of Ministry of Health in Egypt. Raising awareness at both managerial and customer levels about requirements and benefits of accreditation to the hospital, customers and staff is very crucial.

Keywords: Joint Commission International (JCI), Quality, Top Management

Dr. Mohamed Hassan Abdrabou

Introduction:

Quality strategies aim, in general, to establish a "system" that eliminates the variation in processes and offer the customer a service that fulfils his needs or even exceed his expectations. So, experts in each field took the hard mission to standardize the different processes in each type of business.

Accreditation is “the process in which certification of competency, authority, or credibility is presented”. The accreditation process ensures that the organizations' certification practices are acceptable”. One important definition of quality is to comply with standards. Accrediting bodies develop sets of standards to be applied and implemented, which in turn guarantee high quality of services or products within the accredited organization (JCIA, 2020). It serves the foundation of an evaluation process that can help healthcare organizations to measure assess and improve performance (JCIA, 2020).

Healthcare sector deals with human health, which is the real wealth everyone possesses, so the healthcare leaders, especially in the developed countries, focused intensively on the standards of the service to standardize the medical services presented to population, for better healthcare results. Many healthcare agencies in the developed countries have developed accreditation standards specific to healthcare & medical processes (Patton, 2015).

The most prominent and applied accreditation program from those is the accreditation of “Joint Commission International” which is well known as JCI, which is the international arm of the Joint Commission.

Its goal is to provide guidance, support, and ongoing improvement to international health organizations, health ministries, and public health organizations so they can meet the highest standards of patient safety and treatment quality. JCI offers organizations training, advice, certification, and international accreditation while still considering their own cultural, legal, and religious considerations (JCIA, 2020).

The joint commission international accreditation process has many advantages, including making the working environment safer for both patients and healthcare professionals, offering top-notch training to staff members, increasing leadership involvement and commitment, and supporting an organization's missions and objectives. These factors have led medical practitioners to see the JCIA as a tool for quality improvement and adaptation to the constantly changing landscape of healthcare (Ommen, 2020).

Dr. Mohamed Hassan Abdrabou

The joint commission international accreditation process has many advantages, including making the working environment safer for both patients and healthcare professionals, offering top-notch training to staff members, increasing leadership involvement and commitment, and supporting an organization's missions and objectives. For these reasons, medical practitioners see the JCIA as a tool to help them adapt to the evolving healthcare industry (JCI,2020).

JCI developed several editions of the standards which can control the processes in hospitals and clinics for safer environment and more patient satisfaction. Many hospitals in Egypt tried to gain this honorable accreditation, some of these hospitals succeeded to achieve improvements which were worthy for the accreditation, others, indeed, failed to gain the accreditation

The voice of customers is defined as the customer feedback in any form (Gu, Jane & Tayi, Giri., 2023), and in more words, it can refer to “the process of capturing customers’ requirements” (Jach, et al., 2022). It produces a detailed set of customers’ wants, needs and perceptions, whether those customers are internal or external. There are four aspects of the VOC – customer needs, a hierarchical structure, priorities, and customer perceptions of performance. By fulfilling all these aspects, VOC can provide quantitative & qualitative information regarding a product or service.

More attention was paid in the last years in the healthcare industry in Egypt to the concepts of quality and standardization. It’s indicated by establishment of quality department in many hospitals, many hospitals are ISO 9001 certified, and Ministry of health (MOH) already is coping with this era of attention to quality by developing the Egyptian Accreditation Programs of the primary care centers.

The JCI accreditation is still unknown for many of healthcare workers in Egypt. Many of decision makers, managers, and hospital owners, need help and assistance to identify the factors affecting their activities to prepare their hospitals for accreditation and how to deal with these factors to conduct successful efforts for accreditation.

According to available literature, no previous studies were conducted in Egypt to reveal the success & failure factors of getting JCI Accreditation in hospitals. So, this research deals with the factors affecting the implementation of these standards in two private hospitals, one succeeded to be accredited in November 2015 and another one failed even to apply for survey, trying to add a value in the implementation of these standards.

Dr. Mohamed Hassan Abdrabou

Subjects and Methods:

Research strategy: A comparative cross-sectional study includes a sample of internal customers at two private hospitals in Egypt to identify their perspectives regarding benefits of accreditation, reasons of getting or failure to get accreditation. In addition to direct observation of significant areas as both hospitals to identify points of difference regarding a list of pre-specified categories.

Study setting: The study was conducted at two purposively selected private hospitals as one of them has been accredited in April 2020 (JCI accreditation) and the other one failed even to apply for the survey. Both hospitals were comparable regarding the total number of beds, outpatient clinics, number of operative rooms, ICU beds and number of floors. There was a difference in the quality teams as the accredited hospital, Consists of Manager, Four Specialists and one secretary however, in hospital B, consists of one specialist only.

Target population:

Two tours were conducted at each of study hospitals to observe different departments (namely reception, outpatient clinic, inpatient department, and investigation area/laboratory) using a semi-structured observation checklist.

A sample of internal customers (employees) at the two studied hospitals were interviewed who agreed to participate in the study after clarifying the aim of the study. A total of 165 internal customers (93 from hospital A and 72 from hospital B) were included with a response rate of 87%.

Data collection tools:

The checklist for direct observation includes a list of pre-specified categories namely, communication tools among staff communication tools with patients, patient safety measures, education materials, facility safety, guiding signage, availability of restricted & isolation areas and patients' privacy & confidentiality. A comparison between the two hospitals regarding positive and negative points under each category was developed.

A questionnaire was designed and developed, to be open-ended questionnaires. Questionnaire for internal customers was developed to cover data about baseline characteristics namely job title, unit or department, and working years in the hospital, participant's knowledge about JCI accreditation & standards, questions covered the benefits from accreditation for both patients and staff from the participant's point of view, factors that help hospitals to improve their services

Dr. Mohamed Hassan Abdrabou

and to get the accreditation as well as factors that may prevent hospitals from getting the accreditation.

The Content Validity Index for Individual Item (I-CVI) method was used in this research to test relevance of each question in the questionnaire to the whole subject of the research and to the aim of the questionnaire as a tool of data collection. A panel of content experts is asked to rate each scale item in terms of its relevance to the underlying construct (Zhang, L., et al., 2022). And as advised by (Tari, J., et al.,2020) the panel of experts shouldn't be less than 3 experts and no need to be more than 10 experts, so 10 experts were asked to test the validity of the two questionnaires using the (I-CVI) method. The I-CVI method has its own scoring system that consists of scoring the relevancy of each question as following; (1= not relevant, 2= somewhat relevant, 3= relevant, 4= highly relevant). The total score of each question is computed from all experts (by multiplying the summation of all scores by the number of experts). (Suhaini, M., et al.,2021)

Data Processing:

Data obtained by direct observation were presented as enlistment of the items fulfilled in each hospital under the prespecified categories in the checklist.

Analysis of results of interview:

- Creating of “Themes” under which all answers lie down as patient care, administrative, operational.... To facilitate data aggregation and analysis. After data aggregation and answers reviewed carefully again, the themes were broken down into “categories” which can be called “Affinity Categorization or Grouping” of the collected data. Researchers tried their best to unify these categories for questionnaires for both hospitals to make valid & meaningful comparisons between the two hospitals. Giving weights for each category or group according to the frequency of the order of the answer in the questionnaires; most of questions may receive more than one answer, and the respondent would mention the answers in a certain order, so researcher advised respondents to order the answers according to importance as much as possible. So, the total score of each category would be calculated through summation of weighted frequency of included answers rather than frequency of answers regardless their order.
- Pareto Analysis: It is a statistical graphical tool used to map and rank process problems starting from the most to the least frequent with the goal of focusing efforts on the factors that produce the greatest impact.

Dr. Mohamed Hassan Abdrabou

Results:

1. Results of direct observation:

Results of analysis showed differences in the organizational structure between the two hospitals. Major differences were in the areas of tools of communication with patients as it is clearly deficient at hospital B as compared to the accredited hospital. Moreover, patient’s safety measures are adequate in the accredited hospital including instructions, identification cards, measures against fall, infection control measures.....etc.

Hospital B has negative issues regarding safety, namely the presence of several wires plugged in one slot and many wires tangled with no protective pipes.

Table 1 shows that both hospitals were comparable regarding patients’ privacy and confidentiality.

Table 1: Comparison between studied hospitals regarding the organizational structure

Category of Observations	Hospital A	Hospital B
Communication tools among staff	<ul style="list-style-type: none"> -Internal network of telephones -Internal network of e-mails -Board on which internal memos and hospital instructions are hung. -TV monitor shows the distribution of patients on the operating rooms, and the status of each operation (done, cancelled, in-progress, scheduled,) (Operative Room Reception) 	<ul style="list-style-type: none"> -Internal network of telephones (AVAYA system) -Internal network of e-mails
Communication tools with patients	<ul style="list-style-type: none"> -Face-to-face communication -TV monitor shows the doctors’ profiles and their clinic schedules, hospital mission & vision, and phone number to receive suggestions and complaints. -Brochures of the most common services provided in the hospital (printed in both Arabic & English languages). -Clear poster illustrates the scope of services provided in the hospital. -Posters explain patients & families’ rights & responsibilities. 	<ul style="list-style-type: none"> -Face-to-face communication - TV monitor shows the visiting doctors’ profiles and their clinic schedules. (Outpatient dep.) - Queuing system is used for clinics reservation. (Outpatient dep.)

Dr. Mohamed Hassan Abdrabou

	<p>The bill of patients & families rights & responsibilities is endorsed to every patient.</p> <p>-Complaint forms are available and a complain box is positioned on the counter. (Outpatient dep.)</p> <p>-Posters of patients & families rights & responsibilities (Outpatient dep)</p>	
Patient Safety Measures	<p>-Clear instructions are hanged on the board that patients with certain criteria (frail old, blind, covering one eye, and so) are prohibited to move alone in the hospital, and should be accompanied with a staff from the department during move in the hospital.</p> <p>-Dispenser of sanitizer/disinfectant was available with illustrating poster regarding hand hygiene procedures.</p> <p>-Patients identified as high risk for fall patients are labeled by orange label to implement the required precautions with them. (Outpatient dep)</p> <p>-Patients receive an ID card containing the patient's full name and Medical Number, the card is used to identify the patient before any procedure or examination. (Outpatient dep lab services,)</p> <p>- Crash carts are available in the clinics area.</p> <p>-Housekeeper is assigned to dry floors of the bathrooms in the clinic area to prevent patients from falling.</p>	<p>-Crash carts are available in the clinics area. (Outpatient clinic)</p> <p>-Dispenser of sanitizer/disinfectant was available with illustrating poster regarding hand hygiene procedures. (outpatient)</p>
Education Materials	<p>For staff: A board was available with several number of posters: Patient safety goals, Departmental key performance indicators (KPIs), Infection rate in the hospital, Firefighting instructions, Flowchart of registration process, Signs of flu and precautions to be followed with such patients.</p> <p>For patients: Brochures of the most common services provided in the hospital (printed in both Arabic & English languages).</p>	Nil
Facility Safety	<ul style="list-style-type: none"> - Fire distinguishers - Emergency exit signs 	-Fire distinguishers

Dr. Mohamed Hassan Abdrabou

	<ul style="list-style-type: none"> - Sensors & sprinklers in the ceiling - Pipes for electric wires 	<p>-Sensors & sprinklers in the ceiling</p> <p>Negative issues observed:</p> <ul style="list-style-type: none"> -Several wires are plugged in one slot - Many wires are tangled with no protective pipes.
Guiding signage	<p>Big signage illustrating the contents of the building.</p> <p>Sign on each clinic illustrating the name of the clinic doctor and his/her specialty</p>	<p>Sign on each clinic illustrating the name of the clinic doctor and his/her specialty</p>
Availability of restricted & isolation area	<p>One clinic is assigned as a simple isolation room in which examination is done for the patients suspected to have infectious diseases especially in seasons of influenza.</p>	<p>Nil</p>
Patients' privacy & confidentiality	<ul style="list-style-type: none"> - The queuing system is used to call patients all over the hospital with the queue number instead of their names. - No separators between office agents. - Curtains are used in the preparation area to keep patient privacy during pre-operative examination and site marking. (Outpatient dep.) - Patient's file is moved with assigned nurse, and no one is allowed to access or do entry in the file unless from the clinical team. 	<ul style="list-style-type: none"> - A queuing system is used for clinic reservations, so patients are called by their number rather than their names. - No separators between office agents. - Curtains are used in the preparation area to keep patient privacy during pre-operative examination and site marking. (Outpatient dep) - Patient's file is moved with assigned nurse, and no one is allowed to access or do entry in the file unless from the clinical team.

Dr. Mohamed Hassan Abdrabou

2. Results of the interview with internal customers:

a. Results of content validity of the questionnaires:

The content validity index (I-CVI) for all questions in the two questionnaires equal 0.8 denoting internally valid questions.

b. Description of internal customers:

Table 2 shows description of internal customers included in the study according to their working departments and the number of working years at the study hospital. The Respondents represented different departments and units in both hospitals, covering almost all hospital departments & units. The highest number of respondents in both hospitals came from the nursing department. Nearly three quarters (74%) of respondents in Hospital A have more than or equal to 3 years working in the hospital, versus 42% of those responding in hospital B.

Table 2: Description of internal customers participating in the study.

Baseline characteristics	Internal customers at hospital A (N= 93)		Internal customers at hospital B (N=72)	
	no	%	no	%
Department				
Medical (Physician)	9	9.68	7	9.72
Nursing	41	44.09	29	40.28
Pharmacy	4	4.30	3	4.17
Admission & Reception	11	11.83	8	11.11
Customer Services	5	5.38	2	2.78
Accounting	2	2.15	1	1.39
IT	7	7.53	1	1.39
Administrative	3	3.23	5	6.94
Supply Chain (Purchasing & Ware House)	5	5.38	5	6.94
Laundry	1	1.08	2	2.78
Housekeeping	1	1.08	3	4.17
Maintenance	4	4.30	6	8.33
Duration of working at the study hospital				
<1	9	9.68	6	8.33
1 – <3	14	15.05	36	8.33
3 – <5	32	34.41	17	50.00
5 – 7	21	22.58	13	23.61
>7	16	17.20	0	18.06

Dr. Mohamed Hassan Abdrabou

c. Awareness about accreditation:

95% of respondents in the accredited hospital (Hospital A) did hear about the JCI accreditation. However, 76% of respondents in the unaccredited hospital (Hospital B) didn't hear about the accreditation.

Among those heard about accreditation in hospital A, only 19.32% reported that it's not beneficial for hospitals to be accredited as compared to 88.24 % in hospital B.

Table 3: Awareness of internal customers about accreditation

	Internal customers at hospital A (N= 93)		Internal customers at hospital B (N=72)	
	no	%	no	%
Did you hear before about JCI accreditation for hospitals				
Yes	88	94.62	17	23.61
No	5	5.38	55	76.39
Do you think it's beneficial for hospitals to be accredited				
	(n=88)		(n=17)	
Yes	71	80.68	15	88.24
No	17	19.32	2	11.76

d. Benefits of accreditation to the staff and patients:

- Table 4 shows the weighted frequency of stated benefits of hospital accreditation to both the staff and patients. Only internal customers who declared that accreditation has benefits answer this question.
- Among those perceive accreditation as beneficial to the staff in hospital A, the most beneficiary issue for staff from the JCI accreditation reported is the incentives and rewards. On the other hand, in Hospital B, internal customers reported that the most beneficiary issue for them if the hospital gets accredited is to have a good credit in their CVs.
- Regarding benefits of accreditation to patients as perceived by internal customers, the most frequently reported benefits by customers at the accredited hospitals were for; "protection from infection", "safe environment" and "ensuring right procedure for right patient". On the other hand, reducing medication error is the most frequently reported cause by internal customers at the non-accredited hospital. In the Pareto Chart, the most important results (vital few) are:

Dr. Mohamed Hassan Abdrabou

- 1- Incentives & rewards
- 2- Enhanced incident reporting
- 3- Clear policies & work instructions
- 4- Education & training

Table 4: Perspectives of internal customers about benefits of accreditation to patients and staff

Baseline characteristics	Internal customers at hospital A (n=71)*	Internal customers at hospital B (n=15)*
What are the expected benefits from JCI accreditation, for staff		
	Weighted frequency	
Incentives and rewards	126	10
Enhanced incidents reporting process	117	11
Clear policies & work instructions to follow	90	7
Education & training	81	11
Good credit in curriculum vitae	72	34
Comfort of conscience	20	0
Effective communication through hospital staff	16	0
Objective staff evaluation process	8	0
What are the expected benefits from JCI accreditation, for patients		
	Weighted frequency	
Protection from infection	111	9
Safe Environment (Protection of Patients From Fall or Harm)	94	20
Right procedure for right patient	86	11
Informative medical records	69	3
Providing the patient with proper education	66	3
Reduce medication errors	65	47
Providing patients with good supplies	42	0
Enhanced retrieval of patients' data	38	9
Implementation of list of patients' rights	33	0
Reduction of waiting time	22	2

*Number of internal customers reported that accreditation is beneficial

Figure 1: Pareto Chart prioritizing the benefits for staff from JCI accreditation as stated by Hospital A's staff.

Dr. Mohamed Hassan Abdrabou

e. Reasons of success and failure to get accreditation:

Table 5 shows weighted frequency of each stated factor by internal customers as perceived reasons of success. Out of 10 reasons of success according to internal customers in Hospital A, the highest weighted frequency in Hospital A went to “staff education & training”. The second highest weighted frequency in Hospital A is “top management support”. Other reasons frequently stated as top reasons cooperation between different departments and recognition of ideal Employees. On the other hand, the most frequent reason for success stated by internal customers at hospital B was a change in hospital design followed by top management support.

“Effective committees & meetings” was the 6th reason according to internal customers at hospital A, while this reason wasn’t mentioned at all in Hospital B’s answers. Similarly, recruitment of competent staff and considering staff opinion. “Purchasing of required materials, supplies, equipment” as a reason of success was mentioned in the answers of two hospitals.

According to the Pareto Chart, the most important reasons from the point of view of the staff to get the accreditation are:

- 1- Staff education & training
- 2- Top management support
- 3- Cooperation between different departments
- 4- Recognition of ideal employees
- 5- Recruitment of competent staff

Table 5 demonstrates the reasons for failure to get accreditation. The most frequent reasons stated by customers at accredited hospital (A) were unsafe environment for patients & staff, unsupportive top management, written policies are not implemented and untrained/un-oriented staff.

On the other hand, customers at hospital B stated that the most important reason for failure is that the hospital design & infrastructure don't comply with standards followed by unsupportive top management and untrained/un-oriented staff.

From the Pareto Chart, and according to Hospital B’s staff, the most affecting factors on failure to complete the activities to prepare the hospital for accreditation, are:

- 1- Hospital Design & Infrastructure don't Comply with Standards
- 2- Unsupportive top management

Dr. Mohamed Hassan Abdrabou

Table 5: Perspectives of internal customers about reasons for success and failure to get accreditation.

Baseline characteristics	Internal customers at hospital A (n=88) *	Internal customers at hospital B (n=17) *
What are the reasons of success to get the accreditation		
	Weighted frequency	
Staff education & training	177	6
Top management support	143	36
Cooperation between different departments	105	3
Recognition of ideal Employees	98	0
Recruitment of competent staff	60	0
Effective committees & meetings	51	0
Purchasing of required materials & supplies	49	15
Direction from quality team	41	3
Staff opinions are considerable	35	0
Change in hospital design	0	42
What are the reasons might cause failure to get accreditation		
Unsafe environment for patients & staff	174	0
Unsupportive top management	170	23
Written policies are not implemented	136	3
High infection rates	107	0
Untrained/un-oriented staff	101	17
High rate of turnover in Executive Levels	78	0
High rate of turnover in managerial level	24	0
Hospital design & infrastructure don't comply with standards	0	64

Dr. Mohamed Hassan Abdrabou

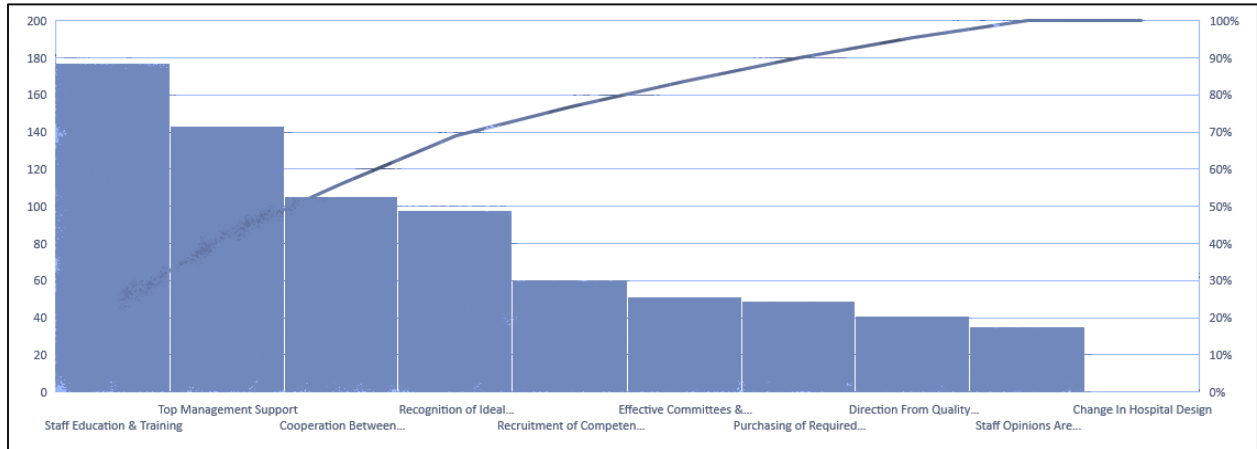


Figure 2: Pareto Chart prioritizing the reasons of success to get the accreditation as stated by Hospital A's staff.

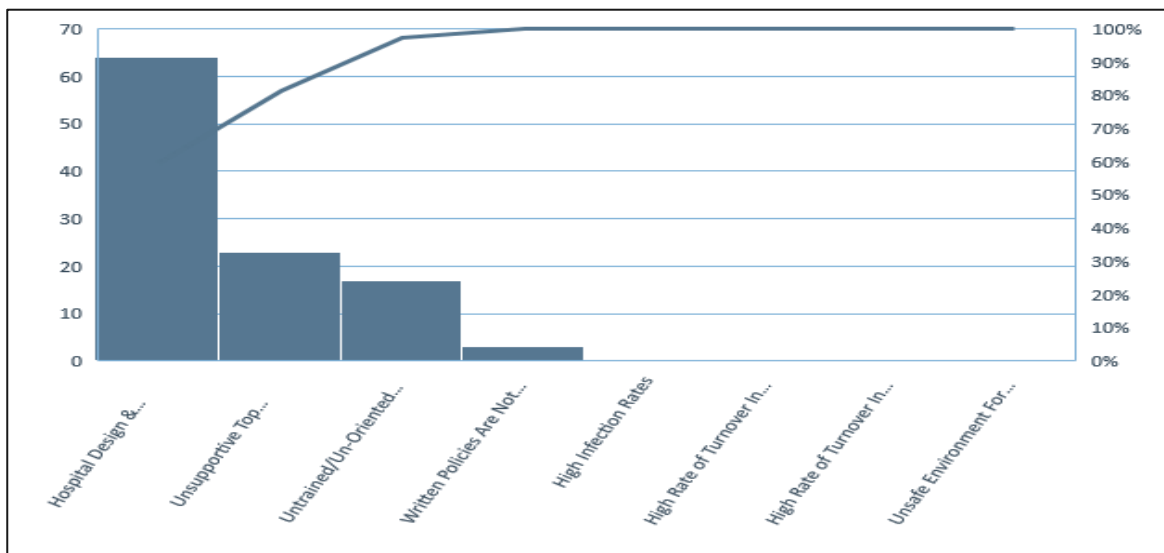


Figure 3: Pareto chart prioritizing the reasons for failure to get accreditation as stated by Hospital B's staff.

Dr. Mohamed Hassan Abdrabou

Discussion:

Regarding benefits of accreditation to the staff from the perspective of internal customers, Internal customers in Hospital A reported that the most beneficiary issue for staff from the JCI accreditation is the incentives and rewards. This high weighted frequency reflects what happened during accreditation activities and after survey, as management used incentives and rewards as a motivational tool to motivate staff to be involved in the accreditation activities.

Hospital A's organizational culture doesn't rely on punishments nor forcing people to work, but motivation through rewards plays an important role in improvement activities. While in Hospital B, internal customers reported that the most beneficiary issue for them if the hospital gets accredited is to have a good credit in their CVs, which reflects their desire to move to other hospitals especially outside Egypt, where many hospitals make preference for those have experience with JCI standards. According to (Gözükara, İ., et al., 2019) The commitment of top management is generally a preliminary point for implementing and practicing quality initiatives to enhance performance of an organization.

Among high weighted frequencies for enhanced incident reporting system, clear policies to follow and staff education & training indicated mature quality system in the hospital and clarifies the effect of implementation of JCI standards in risks reduction and standardization process throughout hospital. The untrained staff are not able to implement standards even if they have the will to implement. So, staff training & education is a cornerstone in any plan to implement JCI standards in any hospital. According to (Tari, J., et al., 2020) organizations should develop their people orientation programs and use techniques and tools to a higher extent to progress towards total quality.

Prevention of patient infection is one of the most frequent benefits of accreditation to patients as reported by internal customers. This reflect the impact of infection control team in Hospital A and pharmaceutical team in Hospital B. Safe Environment (protection of patients from fall or harm) is frequently reported at Hospital A, this is consistent with the high weighted frequency of "enhanced incident reporting system" as a benefits of JCI accreditation for staff. This consistency reveals the impact of implementation of JCI standards to create a safe environment for patients, staff & visitors, an environment free from hazards or risks.

Dr. Mohamed Hassan Abdrabou

The intervention of JCI standards in every single process concerning the patients' care. this was clearly reflected when customers stated benefits of accreditation to patients including providing the right procedure for right patient, having informative medical records, providing patients with proper education, reducing medication errors, and providing patients with good supplies.

Regarding reasons of success from the perspective of internal customers, the highest weighted frequency in Hospital B went to "change in hospital design", as the main obstacle against completion of accreditation plans was the hospital design & structure which is not compliant with standards, and hospital had to make changes in the structure to adhere to standards.

The second highest weighted frequency in both hospitals is "top management support" which is really the key word for any success happened in organizations, thus without that support the staff education programs couldn't be conducted, the reward system couldn't be effective and so on. And this "top management support" is a true reflection of the organizational culture persisting for accreditation and implementation of quality system and concepts.

"Effective committees & meetings" was one of the reasons out of 10 reasons of success according to internal customers in Hospital A, while this reason wasn't mentioned at all in Hospital B's answers, which reflects the organizational culture in hospital A which gives more support for communication among staff using tools such as committees and operational meetings. Cooperation & Coordination Between Different Hospital Departments.

"Purchasing of required materials, supplies, equipment" as a reason of success was mentioned in the answers of two hospitals, and this reason can be named with the reason of "recruitment of competent staff. Provision of required resources, either human or not human resources, is critical to achieve success in accreditation activities. This depends on the top management willing to get the accreditation according to each hospital's vision, goals, and strategy to create competitive advantages.

Dr. Mohamed Hassan Abdrabou

The item “cooperation between different departments” reflects the open communication culture adopted by Hospital A, and this reason of success implies for JCI accreditation seekers to develop the teamwork spirit & concepts within their organizations as a crucial factor for success. The communication channels in successful organizations should be two-ways communication not one-way communication, so the “staff opinions are considerable” was a mentioned reason for success. *Cooperation & Coordination Between Different Hospital Departments*

There is a positive relation between success accreditation performance and open communication cultures (Kendrick et al., 2022). The open communication and effective coordination between departments reflect a high teamwork spirit in the organization, indicates the high sense of responsibility among staff especially among heads of departments and is an apparent aspect of the adopted organization culture in the hospital.

“Recognition of ideal staff members” as a reason of success is consistent with the high weighted frequency of “incentives & rewards” as mentioned as a benefit from JCI accreditation for staff in a previous question and consistent with what mentioned in Hospital A regarding the recognition and rewards for staff excelled in the education and orientation programs. Staff can’t be pushed to achieve a stable and sustainable system without proper motivation, and it’s suggested that the prospect of additional funding is one of most important factors that motivate staff to engage in the accreditation activities. (Bastani, P., et al, 2021).

The highest weighted frequency of causes of failure to get accredited in Hospital A went to “unsafe environment for patients & staff” which reflects their awareness with the criticality of safety issues in the JCI standards and the JCI adopted policy of zero tolerance to violations for safety issues. While the highest weighted frequency in Hospital B went to “hospital design & infrastructure doesn’t comply with standards” which was the main obstacle against completion of the ambitious plans for accreditation.

The second highest weighted frequency in both hospitals went to “unsupportive top management” which is the real reason behind most of failure reasons of quality systems and improvement initiatives in many organizations. (Di Nugraha, et al, 2020)

Dr. Mohamed Hassan Abdrabou

One of the failure reasons is not to do what you write, so “written policies are not applied” is a crucial reason of failure to get the accreditation, so organizations must pay attention to write applicable policies and monitor their implementation throughout hospital departments.

Conclusion and Recommendations:

- One of the most effective factors that can affect the “organizational culture” is to create “sense of urgency” to motivate decision makers in hospitals to be supportive and commitment to quality plans and change programs within their hospitals. This sense of urgency could be got from Laws & regulations obliging hospitals to get quality accreditation. Egyptian MOH can make its own regulation to regulate the accreditation programs in hospitals and other healthcare facilities to drive hospitals’ managers & owners to improve their services through accreditation programs.
- Entrance of international competitors in the Egyptian market of healthcare industry. This would change the perception of many decision makers regarding quality concepts and standards and would make accreditation one of the competitive advantages that hospitals strive to get.
- Raising the level of understanding of the quality management among internal & external customers is essential for further development of quality initiatives in Egypt. Moreover, it’s very critical to raise the level of understanding of quality management among managers, CEOs, and other decision makers to ensure their support & commitment toward any quality initiatives and improvement programs in hospitals.
- Establishment of motivational rewards systems in hospitals to motivate staff to be involved in quality activities and to raise their sense of responsibility towards their jobs and services provided to patients.

Dr. Mohamed Hassan Abdrabou

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Dr. Mohamed Hassan Abdrabou

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العوامل التي تؤثر في تطبيق معايير اللجنة المشتركة الدولية (JCI) على المستشفيات المصرية: دراسة مقارنة بين مستشفيات خاصين في مصر

د. محمد حسن عبد ربه

هدفت الدراسة إلى التحقق من العوامل الرئيسية التي تؤثر على تطبيق معايير اللجنة المشتركة الدولية (JCI) في مصر، من خلال إجراء دراسة مقارنة بين مستشفيات خاصين في مصر.

استخدمت الدراسة منهجية البحث المقارن، حيث تم اختيار مستشفى خاص حاصل على الاعتماد ومستشفى آخر لم يتقدم حتى يطلب إجراء المسح والتقييم طبقاً لمعايير JCI. تم إجراء عملية مراقبة مباشرة للمناطق المهمة في المستشفيات باستخدام قائمة تحقق للمراقبة شبه البنائية تتضمن قائمة فئات محددة مسبقاً كما تم إجراء مقارنة بين المستشفيات فيما يتعلق بالنقاط الإيجابية والسلبية تحت كل فئة. بالإضافة إلى ذلك، أجريت مقابلة وجهاً لوجه مع عينة من العملاء الداخليين في المستشفيات باستخدام استبانة تحتوي مجموعة من الأسئلة المفتوحة.

كشفت قوائم المراقبة عن اختلافات كبيرة بين المستشفيات في مجالات الاتصال وإجراءات السلامة في حين كان المستشفيات متشابهين فيما يتعلق بخصوصية المريض والسرية. وأظهرت مقابلات العملاء الداخليين أن معظمهم لم يعلم بأن المستشفيات كانوا معتمد أو غير معتمد طبقاً لـ JCI.

يرتبط نجاح المستشفى الراغبة في الاعتماد على تعليم وتدريب الموظفين ودعم الإدارة العليا والتعاون بين الإدارات المختلفة وتوظيف موظفين أكفاء. كما يُعزى فشل الاعتماد في الغالب إلى عدم تصميم المستشفى والبنية التحتية لها بما يتوافق مع المعايير بالإضافة إلى عدم دعم الإدارة العليا.

من الضروري خلق دافع لصناع القرار في المستشفيات لتقديم الدعم والالتزام بخطط الجودة ويجب أن يكون ذلك أولوية من جانب الصحة في مصر. حيث يعد رفع مستوى الوعي للفئة الإدارية والموظفين وفئة العملاء حول متطلبات وفوائد الاعتماد أمراً بالغ الأهمية.

الكلمات المفتاحية: اللجنة المشتركة الدولية (JCI) – الجودة- الإدارة العليا