

Critical Analysis of Patient and Family Rights in JCI Accreditation and Cbahi Standards for Hospitals

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Abstract:

Patient and Family Rights (PFR) is a common chapter available in the Joint Commission International (JCI) Accreditation¹ (fifth edition) and Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards for hospitals (second edition)². JCI Accreditation is a USA based international healthcare accrediting organization, whereas CBAHI is the Kingdom of Saudi Arabia based national health care accrediting organization. However, both these standards are accredited by Ireland based International Society for Quality in Health Care (ISQua), which is the only accrediting organization who “accredit the accreditors’ in the world. In Patient and Family Rights (PFR) chapter of JCI Accreditation for hospitals, there are nineteen (19) standards and seventy-seven (77) measurable elements (ME) whereas in CBAHI Accreditation there are thirty one (31) standards, ninety nine (99) sub-standards and fifty (50) evidence(s) of compliance (EC). The scoring mechanism is totally different in both these accrediting organizations. The researcher has identified thirty two (32) common parameters from JCI Accreditation and CBAHI standards, intent statement, measurable elements, sub-standard and evidence of compliance. On the basis of these identified common parameters, the researcher has compared the Patient and Family Rights chapter in JCI Accreditation and CBAHI Standards. Methods: This is a comparison study (normative comparison) in which the researcher has critically analyzed and compared the Patient and Family Rights (PFR) standards of JCI (Joint Commission International) Accreditation of USA (United States of America) and CBAHI (Central Board for Accreditation of Healthcare Institutions) of the Kingdom of Saudi Arabia. Data Collection: Primary data are collected from the JCI Accreditation Standards for hospitals, fifth edition, 2013 and CBAHI Standards for hospitals of Kingdom of Saudi Arabia, second edition, 2011. Secondary data are collected from relevant published journals, articles, research papers, academic literature and web portals. Objectives of the Study: The aim of this study is to analyze critically Patient and Family Rights (PFR) Standards in JCI Accreditation and CBAHI Standards to point out the best in among both these standards. Conclusion: This critical analysis of Patient and Family Rights (PFR) Standards in JCI Accreditation and CBAHI Standards for hospitals clearly show that the PFR Standards in CBAHI Standards are very comprehensive than the JCI Accreditation standards.

Keywords: Patient and Family Rights (PFR), Joint Commission International (JCI) Accreditation, USA (United States of America), CBAHI (Central Board for Accreditation of Healthcare Institutions), KSA (Kingdom of Saudi Arabia), ISQua (International Society for Quality in Healthcare)

I. INTRODUCTION

According to the World Health Organization (WHO), Accreditation can be the single most important approach for improving the quality of health care structures. Accreditation is not an end in itself, but rather a means to improve quality.

Every patient is unique with his/her own needs, values and spiritual beliefs. In alignment with these issues, the hospital is responsible for ensuring that patient and family rights are defined and respected within the organization.

The healthcare providers need to establish confidence, trust and clear communication with patients and to understand and protect each patient’s cultural, psychosocial and spiritual beliefs. Outcomes of patient care are safer and much improved when patients, and where appropriate, their families or others who make decisions on their behalf and participate in their care decisions and plans.³

II. REVIEW OF LITERATURE

Since the time of Hippocrates, the role of the doctor has extended beyond the narrow remit of curing patients of their ailments. Good medical practice, or the art of medicine, hinges on recognizing and respecting the breadth of physical, cultural, spiritual, experiential and psychosocial characteristics of each patient, and understanding their impact on the patient’s beliefs, attitudes and expectations. Doctors must deliver appropriate care which considers the technical complexities of modern treatment, and at the same time deals with the communication and interpersonal needs of the patient, at a time when he or she may feel most vulnerable. In addition to the diagnosis and treatment of illness, the scope of medicine has expanded to preventing disease through measures such as screening, vaccination and health promotion.⁴

III. DATA ANALYSIS

The author has analyzed PFR standards in JCI Accreditation and CBAHI Standards by twenty five (25) critical comparison parameters after studying these standards. These twenty five (25) critical comparison parameters are divided into four categories for statistical purpose to measure the standards, intents, measurable elements, sub-standards and evidence of compliance as follows:

1. Common Standards:

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are common (fully mentioned) in both accreditations, i.e. JCI Accreditation and CBAHI Standards.

2. Clearly Mentioned:

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are clearly mentioned (to the point) in JCI Accreditation and CBAHI Standards.

3. Partially Mentioned:

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are partially mentioned (but not fully mentioned) in JCI Accreditation and CBAHI Standards.

4. Not-Mentioned:

These standards (standards, intents, measurable elements, sub-standards and evidence of compliance) are not mentioned (to the point) in JCI Accreditation and CBAHI Standards.

Table No.1: IPSC Chapter Standards critical analysis in JCI Accreditation and CBAHI Standards based on critical comparison parameters:

Sl. No.	Critical comparison parameters (PFR)	JCI Accreditation Standards, Intent statement, Measurable Elements (ME) of PFR	CBAHI Standards, Sub-standards, and Evidence of compliance of PFR
1.	Patient and family rights and their hospital's responsibilities	(Continuous and organized health care at all levels of treatment; providing emergency medical care in the emergency room for all life threatening cases) (Standard PFR 1, Intent, ME-1, ME-2, ME-3 and ME-4)	(Standard PFR 1, Sub-standards- PFR-1.1, PFR-1.2, PFR-1.3, PFR-1.4, PFR-1.5 and PFR-1.6, Evidence of Compliance PFR.1.EC.1; PFR.1.EC.2; PFR.1.EC.3) (PFR 2, PFR.2.EC-1) (PFR.3, PFR.3.EC.1) (Standard PFR.9, Sub-standard- PFR.9.1; PFR.9.2; PFR.9.3; PFR.9.4; PFR.9.5; PFR.9.6; PFR.9.7; PFR.9.8; PFR.9.9; PFR.9.10; PFR.9.11; Evidence of Compliance PFR.9.EC.1; PFR.9.EC.2) (Standard PFR.30, Sub-standard-PFR. 30.1; PFR.30.2; Evidence of Compliance PFR.30.EC.1) (Standard PFR.31; Evidence of Compliance PFR.31.EC.1; PFR.31.EC.2)
2.	The patient is truthfully informed when his/her needs exceed the hospital's capability for care.	--	(PFR.4, PFR.4.EC.1)
3.	The hospital offers equal treatment to patients and the patient knows the estimated cost of treatment in advance.	--	(PFR.5, PFR.5.EC.1, PFR.5.EC.2)
4.	Reduce physical, language, cultural, and other barriers to access and delivery of services	(Standard PFR 1.1, Intent, ME-1, ME-2, and ME-3)	--
5.	The hospital provides care that is respectful of the	(Standard PFR 1.2, Intent, ME-1, ME-2 and ME-3)	(Standard PFR.9, Sub-standard- PFR.9.1; PFR.9.2; PFR.9.3; PFR.9.4;

Sl. No.	Critical comparison parameters (PFR)	JCI Accreditation Standards, Intent statement, Measurable Elements (ME) of PFR	CBAHI Standards, Sub-standards, and Evidence of compliance of PFR
	patient's personal values and beliefs and responds to requests related to spiritual and religious beliefs.		PFR.9.5; PFR.9.6; PFR.9.7; PFR.9.8; PFR.9.9; PFR.9.10; PFR.9.11; Evidence of Compliance PFR.9.EC.1; PFR.9.EC.2)
6.	The patient's rights to privacy and confidentiality of care and information are respected	(Standard PFR1.3, Intent, ME-1, ME-2, ME-3 and ME-4)	(Standard PFR.9, Sub-standard-PFR.9.1; PFR.9.2; PFR.9.3; PFR.9.4; PFR.9.5; PFR.9.6; PFR.9.7; PFR.9.8; PFR.9.9; PFR.9.10; PFR.9.11; Evidence of Compliance PFR.9.EC.1; PFR.9.EC.2) (Standard PFR-14, Evidence of Compliance PFR.14.EC.1) (Standard PFR.15, Evidence of Compliance PFR.15.EC.1)
7.	The hospital takes measures to protect patients' possessions from theft or loss.	(Standard PFR 1.4, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.18, Sub-standards-PFR.18.1; PFR.18.2; PFR.18.3; Evidence of Compliance PFR.18.EC.1; PFR.18.EC.2)
8.	Patients are protected from physical assault, and populations at risk are identified and protected from additional Vulnerabilities.	(Standard PFR 1.5, Intent, ME-1, ME-2, ME-3, ME-4 and ME-5)	(Standard PFR.7, Sub-standard-PFR.7.1, PFR.7.2 PFR.7.3 PFR.7.4 PFR.7.5 and PFR.7.6, Evidence of Compliance PFR.7.EC.1; PFR.7.EC.2; PFR.7.EC.3; PFR.7.EC.4) (Standard PFR.8, Evidence of compliance PFR.8.EC.1)
9.	The hospital supports patients' and families' rights to participate in the care process	(Standard PFR 2, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.6, Sub-standard-PFR.6.1, Evidence of Compliance PFR.6.EC.1)
10.	Patients are informed about all aspects of their medical care and treatment.	(Standard PFR 2.1, Intent, ME-1, ME-2, ME-3, ME-4, ME-5 and ME-6)	(Standard PFR 20; Sub-standard-PFR.20.1; PFR.20.2; PFR.20.3; PFR.20.4; PFR.20.5 PFR.20.6; PFR.20.7:Evidence of Compliance PFR.25.EC.1) (Standard PFR 25; Evidence of Compliance PFR.25.EC.1)
11.	A professional code of conduct for all employees	--	(Standard PFR. 26; Sub-standard-PFR.26.1 and Evidence of Compliance PFR.26.EC.1)
12.	The hospital informs patients and families about their rights and responsibilities to refuse or discontinue Treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments	(Standard PFR 2.2, Intent, ME-1, ME-2, ME-3, ME-4. ME-5 and ME-6)	(Standard PFR.21; Sub-standard-PFR.21.1; PFR.21.2; PFR.21.3; PFR.21.4; PFR.21.5; and PFR.21.6; Evidence of Compliance PFR.21.EC.1; PFR.21.EC.2) (Standard PFR.22; Evidence of Compliance PFR.22.EC.1)
13.	The hospital supports the patient's right to assessment and management of pain and respectful compassionate Care at the end of life.	(Standard PFR 2.3, Intent, ME-1, ME-2, ME-3 and ME-4)	(Standard PFR 23, Sub-standard-PFR.23.1; PFR. 23.2; PFR. 23.3; PFR. 23.4; PFR. 23.5; PFR. 23.6; and PFR. 23.7; Evidence of Compliance PFR. 23. EC.1; PFR. 23. EC.2)
14.	An ethical standard in dealing with patients and their supporters and sponsors	---	(Standard PFR 23, Sub-standard-PFR.23.1; PFR. 23.2; PFR. 23.3; PFR. 23.4; PFR. 23.5; PFR. 23.6; and PFR. 23.7; Evidence of Compliance PFR. 23. EC.1; PFR. 23.EC.2)
15.	The hospital informs		(Standard PFR 16, Sub-standard-

Sl. No.	Critical comparison parameters (PFR)	JCI Accreditation Standards, Intent statement, Measurable Elements (ME) of PFR	CBAHI Standards, Sub-standards, and Evidence of compliance of PFR
	patients and families about its process to receive and to act on complaints, conflicts, and Differences of opinion about patient care and the patient's right to participate in these processes.	(Standard PFR 3, Intent, ME-1, ME-2, ME-3 and ME-4)	PFR.16.1; PFR.16.2; PFR.16.3; PFR.16.4; PFR.16.5; PFR.16.6; PFR.16.7; PFR.16.8; PFR.16.9;PFR.16.10; FR.16.11; PFR.16.12;PFR.16.13; PFR. 16.14; PFR.16.15; PFR.16.16, Evidence of Compliance PFR.16.EC.1; PFR.16.EC.2; PFR.16.EC.3; PFR.16.EC.4)
16.	The hospital has a system, including policy, forms, and process to conduct ongoing patient satisfaction surveys and makes improvements based on the trended survey results.	---	(Standard PFR.17, Evidence of Compliance PFR.17.EC.1; PFR.17.EC.2)
17.	All patients are informed about their rights and responsibilities in a manner and language they can understand.	(Standard PFR 4, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.9, Sub-standard-PFR.9.1; PFR.9.2; PFR.9.3; PFR.9.4; PFR.9.5; PFR.9.6; PFR.9.7; PFR.9.8; PFR.9.9; PFR.9.10; PFR.9.11; Evidence of Compliance PFR.9.EC.1; PFR.9.EC.2) (Standard PFR.30, Sub-standard-PFR.30.1; PFR.30.2; Evidence of Compliance PFR.30.EC.1)
18.	General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first Time as an outpatient, is clear in its scope and limits.	(Standard PFR 5, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.10, Evidence of Compliance PFR.10.EC.1)
19.	Patient informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient can understand.	(Standard PFR 5.1, Intent, ME-1, ME-2, ME-3, ME-4 and ME-5)	(Standard PFR.12, Sub-standard-PFR.12.1; PFR.12.2 Evidence of Compliance PFR.12.EC.1) (Standard PFR.13, Sub-standard-PFR.13.1Evidence of Compliance PFR.13.EC.1) (Standard PFR.20; Sub-standard-PFR.20.1; PFR.20.2; PFR.20.3; PFR.20.4; PFR.20.5; PFR.20.6; PFR.20.7; Evidence of Compliance PFR.20.EC.1)
20.	Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, And other high-risk treatments and procedures	(Standard PFR 5.2, Intent, ME-1, ME-2, ME-3, ME-4, ME-5 and ME-6)	(Standard PFR.11, Sub-standard-PFR.11.1; PFR.11.2; PFR.11.3; PFR.11.4; PFR.11.5; PFR.11.6; PFR.11.7; PFR.11.8; PFR.11.9;PFR.11.10; FR.11.11; PFR.11.12;PFR.11.13;Evidence of Compliance PFR.11.EC.1)
21.	Patients and families receive adequate information about the illness, proposed treatment(s), and health care Practitioners so that they can make care decisions.	(Standard PFR 5.3, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.20; Sub-standard-PFR.20.1; PFR.20.2; PFR.20.3; PFR.20.4; PFR.20.5; PFR.20.6; PFR.20.7; Evidence of Compliance PFR.20.EC.1)
22.	The hospital establishes a process, within the context	(Standard PFR 5.4, Intent, ME-1, ME-2, and ME-3)	(Standard PFR.19; Evidence of Compliance PFR.19.EC.1)

Sl. No.	Critical comparison parameters (PFR)	JCI Accreditation Standards, Intent statement, Measurable Elements (ME) of PFR	CBAHI Standards, Sub-standards, and Evidence of compliance of PFR
	of existing law and culture, for when others can grant Consent.		
23.	The hospital informs patients and families about how to choose to donate organs and other tissues.	(Standard PFR 6, Intent, ME-1, ME-2, ME-3 and ME-4)	(Standard PFR.27; Sub-standard-PFR.27.1; PFR.27.2; PFR.27.3; Evidence of Compliance PFR.27.EC.1; PFR.27.EC.2; PFR.27.EC.3)
24.	The hospital provides oversight for the process of organ and tissue procurement.	(Standard PFR 6, Intent, ME-1, ME-2, ME-3, and ME-4)	(Standard PFR.27; Sub-standard-PFR.27.1; PFR.27.2; PFR.27.3; Evidence of Compliance PFR.27.EC.1; PFR.27.EC.2; PFR.27.EC.3) (Standard PFR.28; Sub-standard-PFR.28.1; PFR.28.2; PFR.28.3; PFR.28.4; PFR.28.5; PFR.28.6; and PFR.28.7; Evidence of Compliance PFR.28.EC.1)
25.	Research Committee	--	(Standard PFR.29; Sub-standard-PFR.29.1; PFR.29.2; PFR.29.3; PFR.29.4; Evidence of Compliance PFR.28.EC.1; PFR.28.EC.2; PFR.28.EC.3)

Common Standards (*Standards, intent, Su-standards, Measurable Elements and Evidence of compliance*):

1. The hospital provides care that is respectful of the patient's personal values and beliefs and responds to requests related to spiritual and religious beliefs.
2. Patients are protected from physical assault, and populations at risk are identified and protected from additional Vulnerabilities.
3. The hospital supports patients' and families' rights to participate in the care process
4. Patients are informed about all aspects of their medical care and treatment.
5. The hospital informs patients and families about their rights and responsibilities to refuse or discontinue Treatment, withhold resuscitative services, and forgo or withdraw life-sustaining treatments.
6. All patients are informed about their rights and responsibilities in a manner and language they can understand.
7. General consent for treatment, if obtained when a patient is admitted as an inpatient or is registered for the first Time as an outpatient, is clear in its scope and limits.
8. Patient informed consent is obtained through a process defined by the hospital and carried out by trained staff in a manner and language the patient can understand.
9. The hospital establishes a process, within the context of existing law and culture, for when others can grant Consent.
10. The hospital informs patients and families about how to choose to donate organs and other tissues.
11. The hospital provides oversight for the process of organ and tissue procurement.

Clearly Mentioned in JCI Accreditation:

1. Reduce physical, language, cultural, and other barriers to access and delivery of services
2. The hospital supports the patient's right to assessment and management of pain and respectful compassionate Care at the end of life.

Clearly Mentioned in CBAHI Standards:

1. The patient is truthfully informed when his/her needs exceed the hospital's capability for care.
2. The hospital offers equal treatment to patients and the patient knows the estimated cost of treatment in advance.
3. The patient's rights to privacy and confidentiality of care and information are respected
4. The hospital takes measures to protect patients' possessions from theft or loss.
5. A professional code of conduct for all employees
6. An ethical standard in dealing with patients and their supporters and sponsors
7. The hospital informs patients and families about its process to receive and to act on complaints, conflicts, and Differences of opinion about patient care and the patient's right to participate in these processes.
8. The hospital has a system, including policy, forms, and process to conduct ongoing patient satisfaction surveys and makes improvements based on the trended survey results.
9. Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, And other high-risk treatments and procedures

10. Patients and families receive adequate information about the illness, proposed treatment(s), and health care Practitioners so that they can make care decisions.
11. Research Committee

Partially Mentioned in JCI Accreditation:

1. Patient and family rights and their hospital’s responsibilities
2. The patient’s rights to privacy and confidentiality of care and information are respected
3. The hospital takes measures to protect patients’ possessions from theft or loss.
4. The hospital informs patients and families about its process to receive and to act on complaints, conflicts, and Differences of opinion about patient care and the patient’s right to participate in these processes.
5. Informed consent is obtained before surgery, anesthesia, procedural sedation, use of blood and blood products, And other high-risk treatments and procedures
6. Patients and families receive adequate information about the illness, proposed treatment(s), and health care Practitioners so that they can make care decisions.

Partially Mentioned in CBAHI Standards:

1. The hospital supports the patient’s right to assessment and management of pain and respectful compassionate Care at the end of life.

Not Mentioned in JCI Accreditation:

1. The patient is truthfully informed when his/her needs exceed the hospital’s capability for care.
2. The hospital offers equal treatment to patients and the patient knows the estimated cost of treatment in advance.
3. A professional code of conduct for all employees
4. An ethical standard in dealing with patients and their Supporters and sponsors
5. The hospital has a system, including policy, forms, and process to conduct ongoing patient satisfaction surveys and makes improvements based on the trended survey results.
6. Research Committee

Not Mentioned in CBAHI Standards:

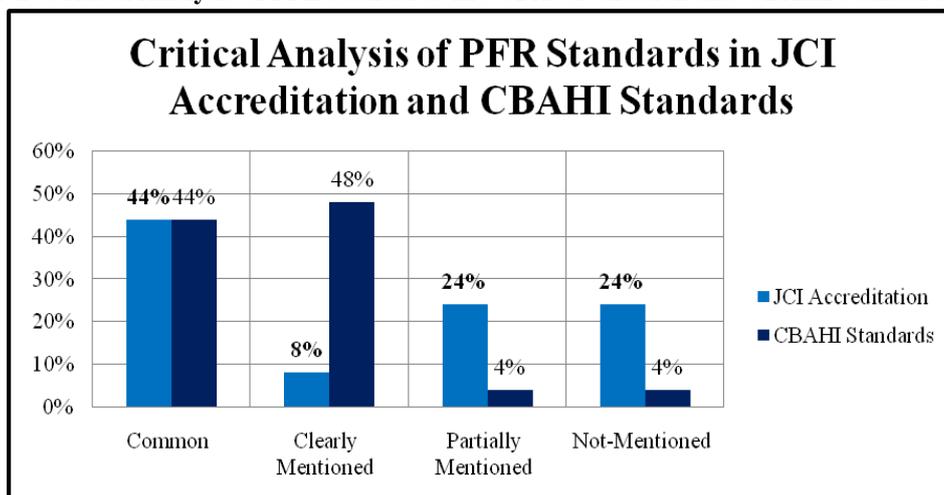
1. Reduce physical, language, cultural, and other barriers to access and delivery of services.

Table No.2- Critical Analysis of IPSG Standards in JCI Accreditation and CBAHI Standards:

Sl. No.	IPSG Standards	Common Standards	Clearly Mentioned	Partially Mentioned	Not Mentioned	Total Parameters of comparison
1.	JCI Accreditation	11 (44%)	2 (8%)	6 (24%)	6 (24%)	25 (100%)
2.	CBAHI Standards	11 (44%)	12 (48%)	1 (4%)	1 (4%)	25 (100%)

The Table Number-2 depicts that PFR Chapter in JCI Accreditation and CBAHI Standards has 11 (44%) common standards (standards, intents, measurable elements, sub-standards and evidence of compliance). In CBAHI Standards, 12 (48%) of the standards are clearly mentioned as compared to 2 (8%) in JCI Accreditation. In JCI Accreditation 6 (24%) of the standards are partially mentioned as compared to the 1 (4%) in CBAHI Standards. In CBAHI Standards, 1 (4%) if the standards are not mentioned as compared to the 6 (24%) in JCI Accreditation.

Graph Number-1- Critical Analysis of PFE Standards in JCI Accreditation and CBAHI Standards



The Graph Number-1 depicts that in JCI Accreditation and CBAHI Standards of PFR Chapter, 44% are the common identified critical parameters (standards, intents, sub-standards and evidence of compliances). The number of Clearly Mentioned critical parameters in CBAHI Standards is 48% as compared to 8% in JCI Accreditation. The number of Partially Mentioned critical parameters in CBAHI Standards is 4% as compared to 24 % in JCI Accreditation. The number of Not-Mentioned critical parameters in CBAHI Standards is 4% as compared to 24% in JCI Accreditation.

IV. CONCLUSION

This critical analysis of Patient and Family Rights (PFR) Standards in JCI Accreditation and CBAHI Standards for hospitals clearly show that the PFR Standards in CBAHI Standards are very comprehensive than the JCI Accreditation standards.

DISCLAIMER

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REFERENCES

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- [1] ¹ Joint Commission International Accreditation Standards for Hospital, Fifth Edition, September 2013.
 - [2] ² Central Board for Accreditation of Healthcare Institutions Standards for hospitals, Second Edition, 2011.
 - [3] ³ Patient and Family Rights, Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards for hospitals, Second Edition, 2011.
 - [4] ⁴ Good medical practice, A.D. Cumming • S.I.R. Noble, Davidson's Principles and Practice of Medicine, 21st Edition, 2010.