

公益財団法人 日本医療機能評価機構
Japan Council for Quality Health Care

URL: <http://www.jcqhc.or.jp/>



1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

3. Future Plan

1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

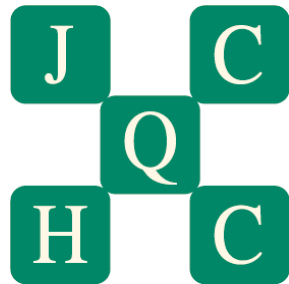
2-6. Why hospitals apply to the program?

3. Future Plan

JCQHC's Mission

- **To contribute to improve Japanese health and welfare as the neutral and scientific third-party organization, JCQHC do the enterprises about improvement of quality and reliability of health care system.**

Establishment of JCQHC



**JCQHC was established
in July, 1995**

**Contribution:
basic fund**

- Ministry of Health, Labor and Welfare
- Japan Medical Association
- Hospital Associations
- Japan Dentist Association
- Japan Nursing Association
- Japan Pharmacist Association
- Japanese Federation of Health Insurance
etc.

Our Enterprises

- **Hospital Accreditation** (<http://www.jcqhc.or.jp> / written in Japanese)
- **Patient Safety Promotion** (<https://www.psp.jcqhc.or.jp/modules/top/> written in Japanese)
- **No-Fault Compensation System on Obstetrical Adverse Events** (<http://www.sanka-hp.jcqhc.or.jp/> written in Japanese)
- **EBM medical information division** (<http://minds.jcqhc.or.jp/> written in Japanese)
- **National Database of Medical Adverse Events**
(<http://www.med-safe.jp/> with English page)
- **Near miss Event in Pharmacy** (<http://www.yakkyoku-hiyari.jcqhc.or.jp/contents/outline/index.html> with English page)

Hospital Accreditation

(evaluation and accreditation fee)

No-fault Compensation System
(management fee included in insurance fee)

Surveyor Recruitment & Training

Research & Development

EBM (Minds)

Adverse Event Prevention

No-fault Compensation System

Project to Collect Pharmaceutical Near-Miss Information

JCQHC's Budget

(as of March 2010)

From Clients

(Hospitals, etc.)

¥ 2,263 Million

≒ \$ 22.6 Million

≒ 66.9%

From Central

Government

(Ministry of Health) ≒ 33.1%

¥ 1,120 Million

≒ \$ 11.2 Million

Total ¥ 3,383 Million

≒ \$ 33.8 Million



1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

3. Future Plan

Hospital Evaluation & Accreditation

~JCQHC's Core Operation~

1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

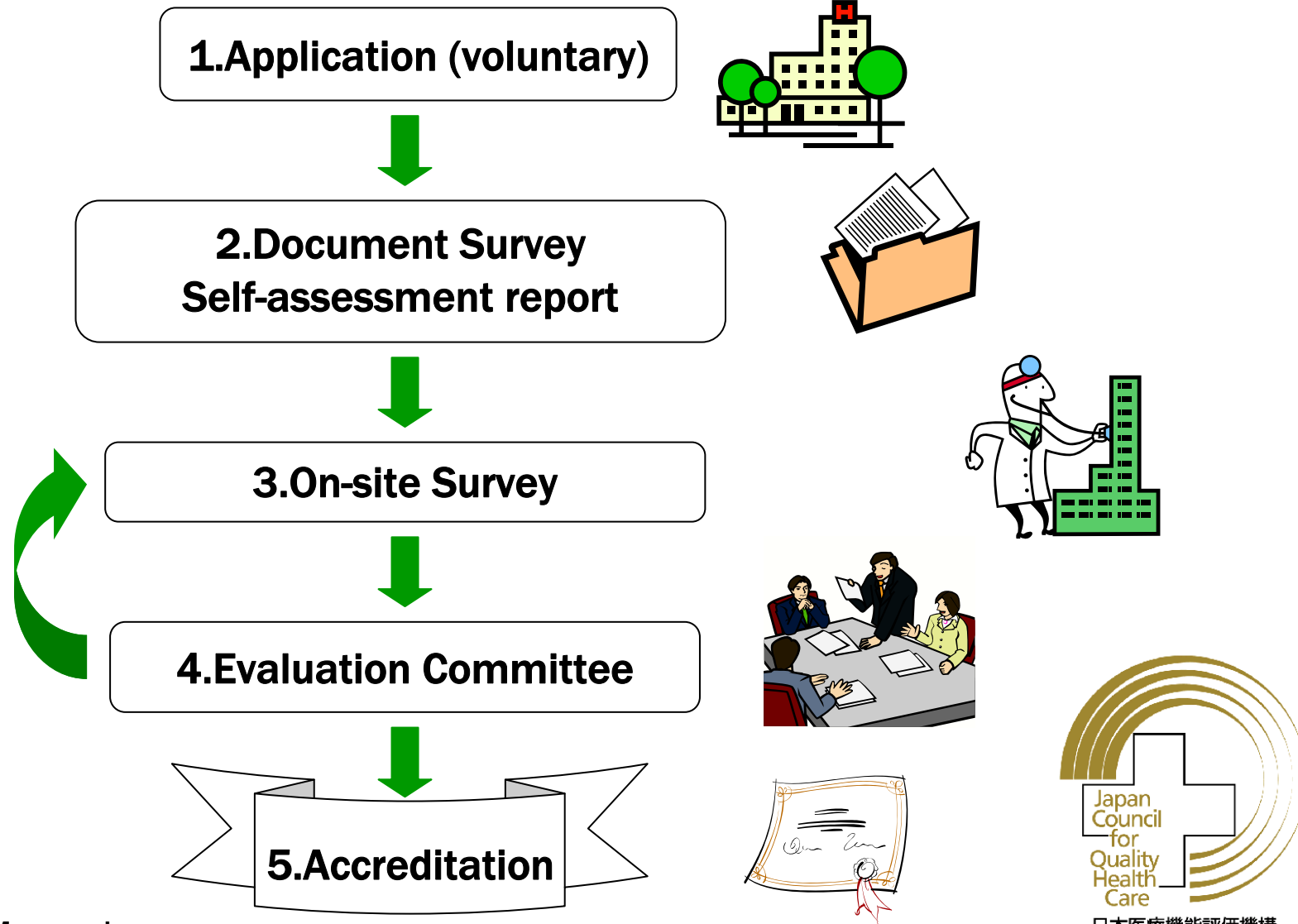
2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

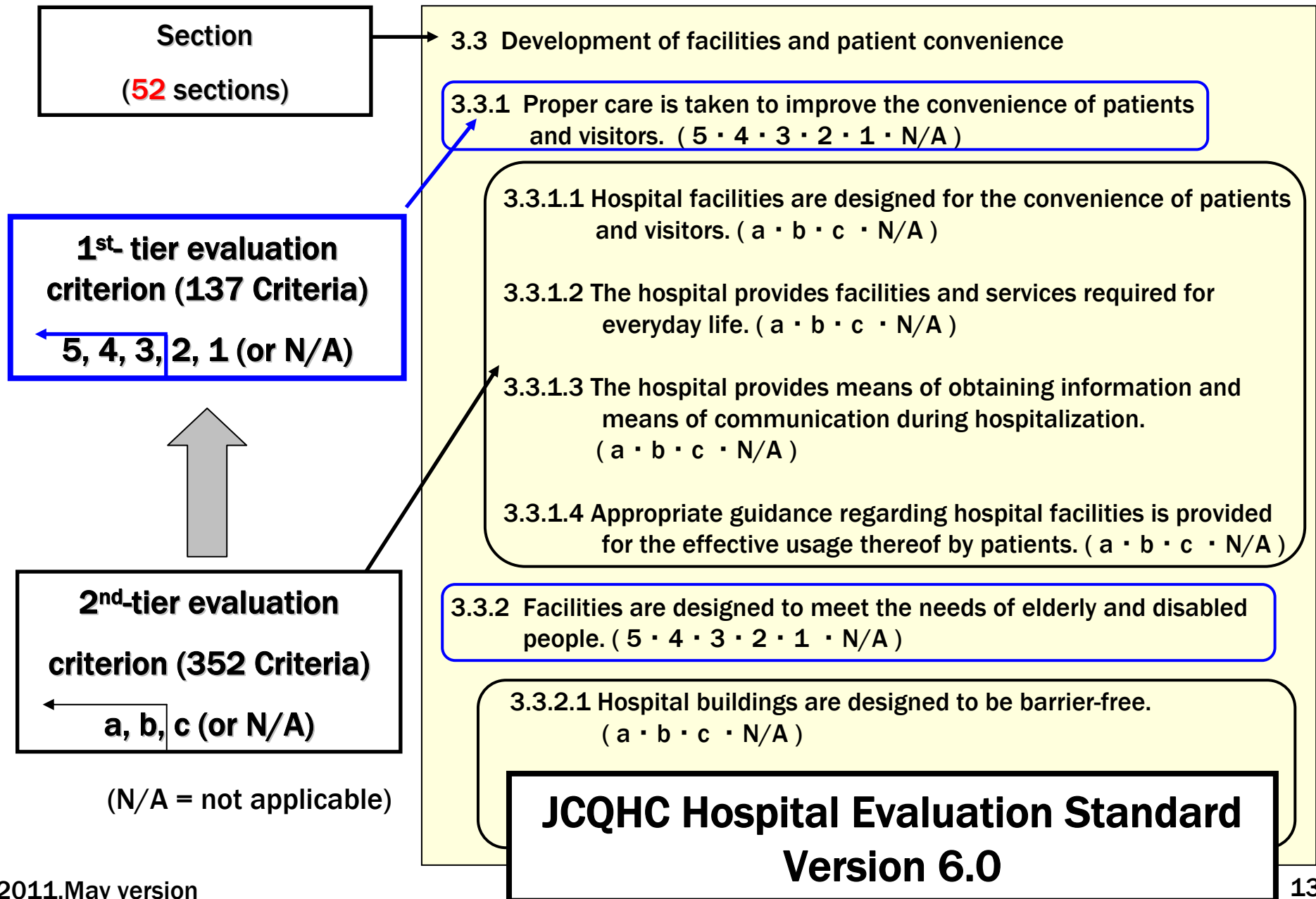
3. Future Plan

Process of Evaluation



On-site Survey Schedule And Accreditation Fee

Acute Care Hospitals	20~99 beds	100~199 beds	200~499 beds	Over 500 beds
Psychiatric or Long-term Care	20~199 beds	100~199 beds	200~499 beds	-
Composition of Surveyors	1 Leader 1 Physician 1 Nurse 1 Administrator	1 Leader 1 Physician 1 Nurse 1 Administrator	1 Leader 2 Physicians 2 Nurses 2 Administrators	1 Leader 2 Physicians 2 Nurses 2 Administrators
Day 1 AM				
PM				
Day 2 AM				
PM				
Day 3 AM				
PM				
Accreditation Fee	¥1.2 million	¥1.5 million	¥2.0 million	¥2.5 million



Members of Evaluation Committee

- Healthcare Professionals
~Physician, Nurse, Pharmacist~
- Lawyers
- Insurer
- Economic organization
- Labor organization
- Healthcare Consumers
~Patients~

etc.

*There is no member from hospital associations.



Survey Result Report

■ The report contains

1. comments of the team
2. score of each middle-level items (5-1)
3. score of each minor-level items (a-c)
4. free-text descriptions of strengths and weaknesses in each areas

1. 総括

「1. 病院組織の運営と地域における役割」

病院の基本理念および運営基本方針の明文化、病院の内外への役割・機能は明確であるが、将来計画は、平成 17 年 4 月以降の全部適用となるため、現在策定作業を継続中である。病院マネジメントは良好である。病院の組織図はさらに実態に即したものである。組織内の確実な情報伝達、必要な情報の活用についても検討され、守るよう継続的に努力されたい。職員の教育・研修は、さらなる研修や研修後の評価を行われたい。医療サービスの改善活動により成果を上げられることを期待したい。地域の保健との連携については、新たに担当部署を設置し努力されていることを期待したい。地域活動への取り組みは熱心で、ボランティアも力ながされている。地域における広報活動は、他の医療施設と比べて望みたい。

4. 20. 4	診療録が適切に記載されている	3	3	2	とくにC病棟は退院時要約の早期作成に努力されたい。
4. 20. 4.1	診療録がもれなく記載され事後の検討に供することができる	b	b	b	随所に記載漏れがみられる。
4. 20. 4.2	同意書・検査結果・手術記録などの必要な記録が作成されている	b	b	b	揃ってはいるが、順番を定めず解じられているため、探すことが多い。
4. 20. 4.3	診療情報が一元的にまとめられ、必要な情報を容易に検索することができる	b	b	b	リハビリテーションの内容が、他の病棟記録に一元化されていないのがみられた。
4. 20. 4.4	退院時要約が遅滞なく作成されている	b	b	c	退院時要約が4種類あり、統一されていない。いつ、誰が、どこでチェックをして、遅滞なく作成されるための体制の再構築が必要である。とくにC病棟は努力されたい。



1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

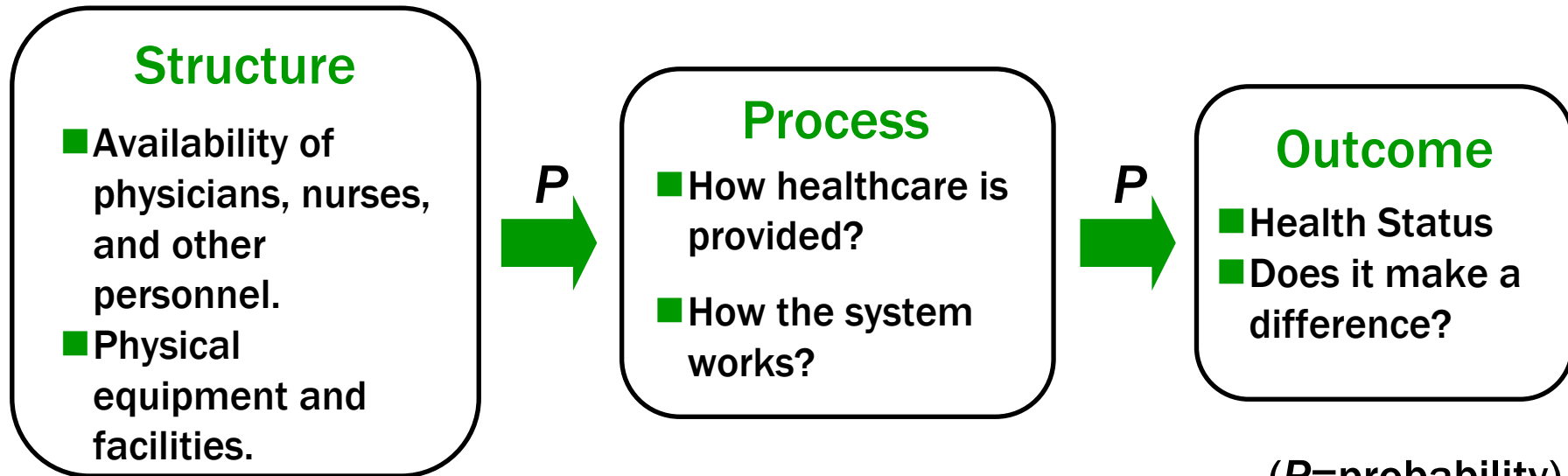
2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

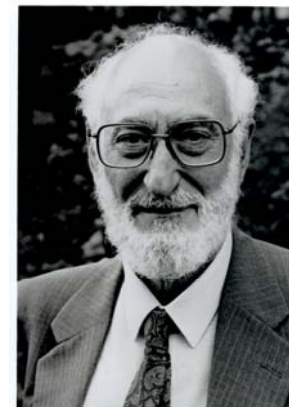
3. Future Plan

Health Care Quality



(*P*=probability)

Structure, Process, & Outcome



Avedis Donabedian

Hospital Evaluation Standard Ver.6.0

**1. Administration and Roles
in the Medical Organization**

**2. Patient Rights, Patient Safety
and Quality of Health Care**

**3. Living Arrangement and
Patient Services**

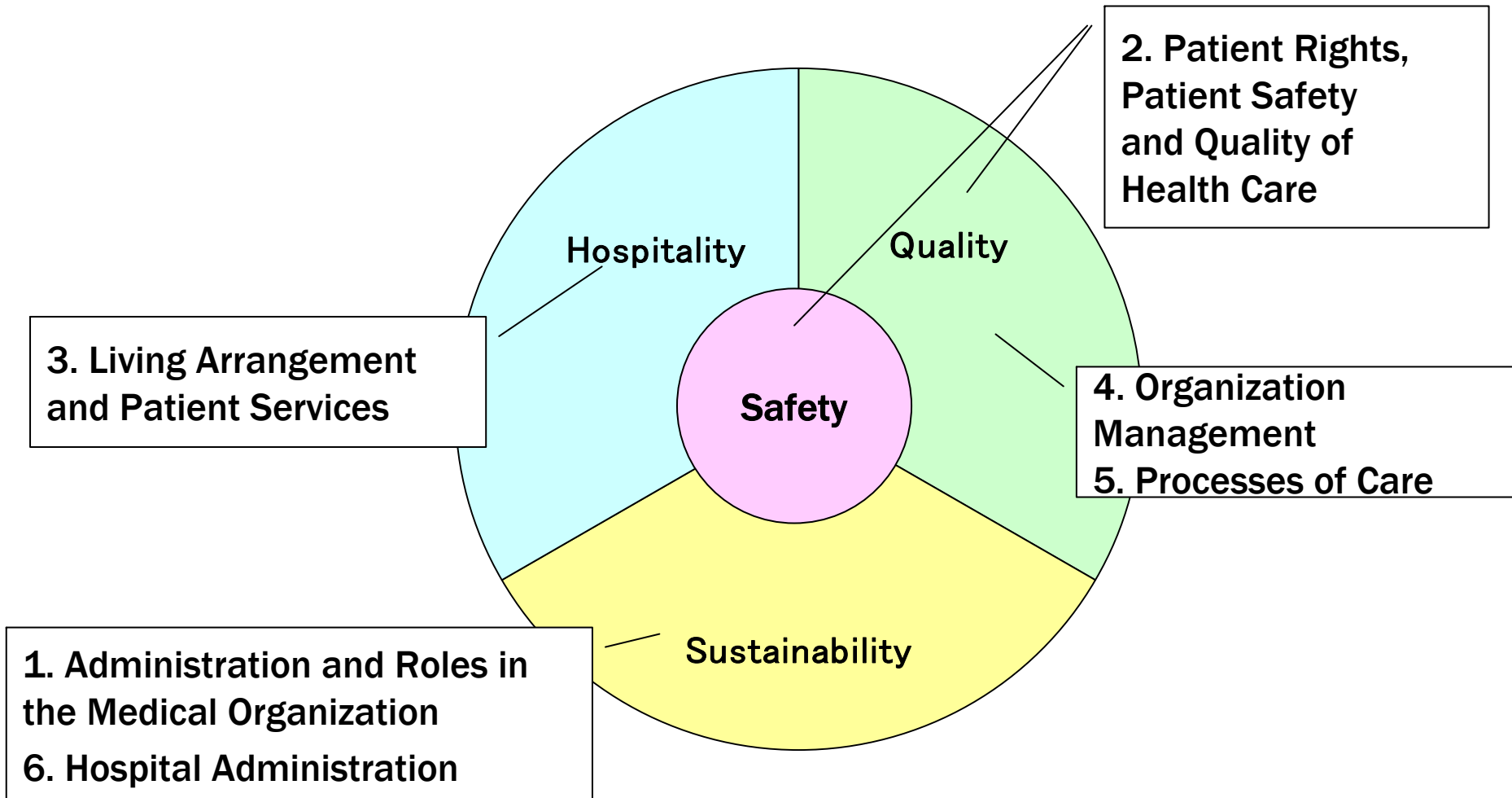
4. Organization Management

**5. Processes of Care
for Quality and Safety**

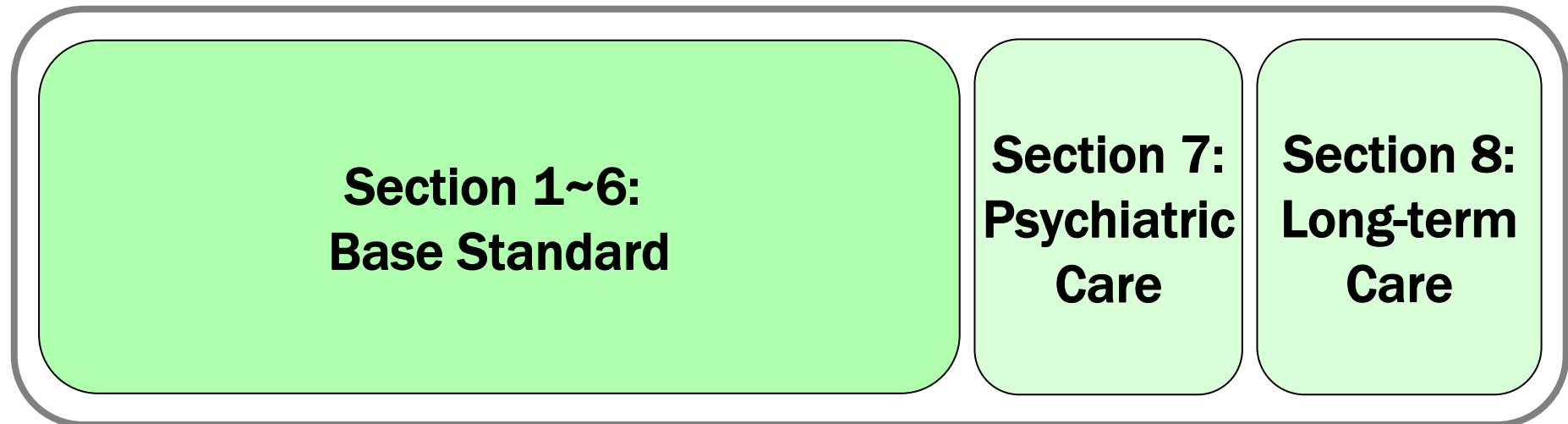
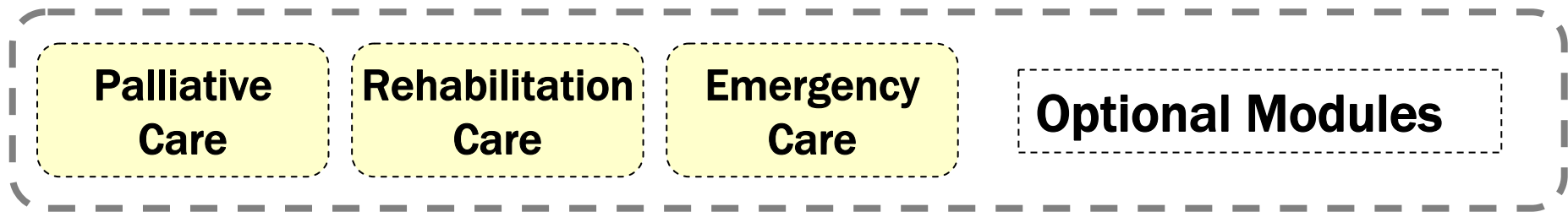
Processes

6. Hospital Administration

Relationship between Hospital Function Model and JCQHC Standard



Hospital Evaluation Standard (Ver.6) Optional Module Standards (Ver.2)



What's the difference between governmental review and our evaluation?

Governmental	JCQHC
<ul style="list-style-type: none"> ■ Mandatory (legal obligation) ■ Minimal requirement for medical care ■ With punitive clause ■ Annual 	<ul style="list-style-type: none"> ■ Voluntary ■ Requirements for quality medical care ■ No-penalty ■ Every 5-year

1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

3. Future Plan

Surveyor Recruitment & Training

1. Surveyor qualification

○Physician
 director of hospital ≥ 5 -year experience



○Nurse
 director of nursing dept. ≥ 5 -year experience



○Administrator
 director of administration dept. ≥ 5 -year experience



Surveyor Recruitment & Training

2. Initial Training (Surveyor boot camp)

- 5-day intensive training including simulation survey

3. On site training

- First survey: On the Job Training with expert-surveyors
- Second survey~: Considered full-fledged surveyor

4. Off site training

- Leader skill training
- Referee reading training
- Seminar for new version standard (evaluation criteria)
- etc....

Surveyor Recruitment & Training

5. Tool

- Handbook
- Support Site (Web)
- Bulletin



6. Feed back

- Surveyor performance review
peer review / comment from hospitals



Surveyor Recruitment & Training

7. Number of Surveyors as of 1, Apr. 2011

○Physicians	326
○Nurses	245
○Administrators	286
<hr/>	
total	857



- All surveyors are part-time employee and paid by the survey.
- Some of surveyors are retired, and others still work at their own hospitals.

1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

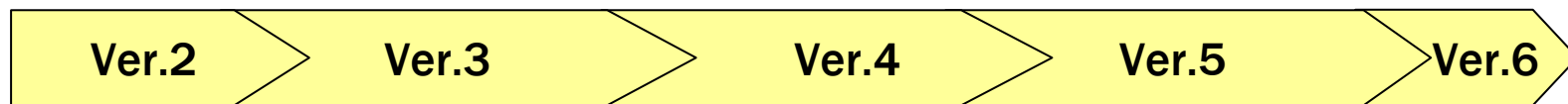
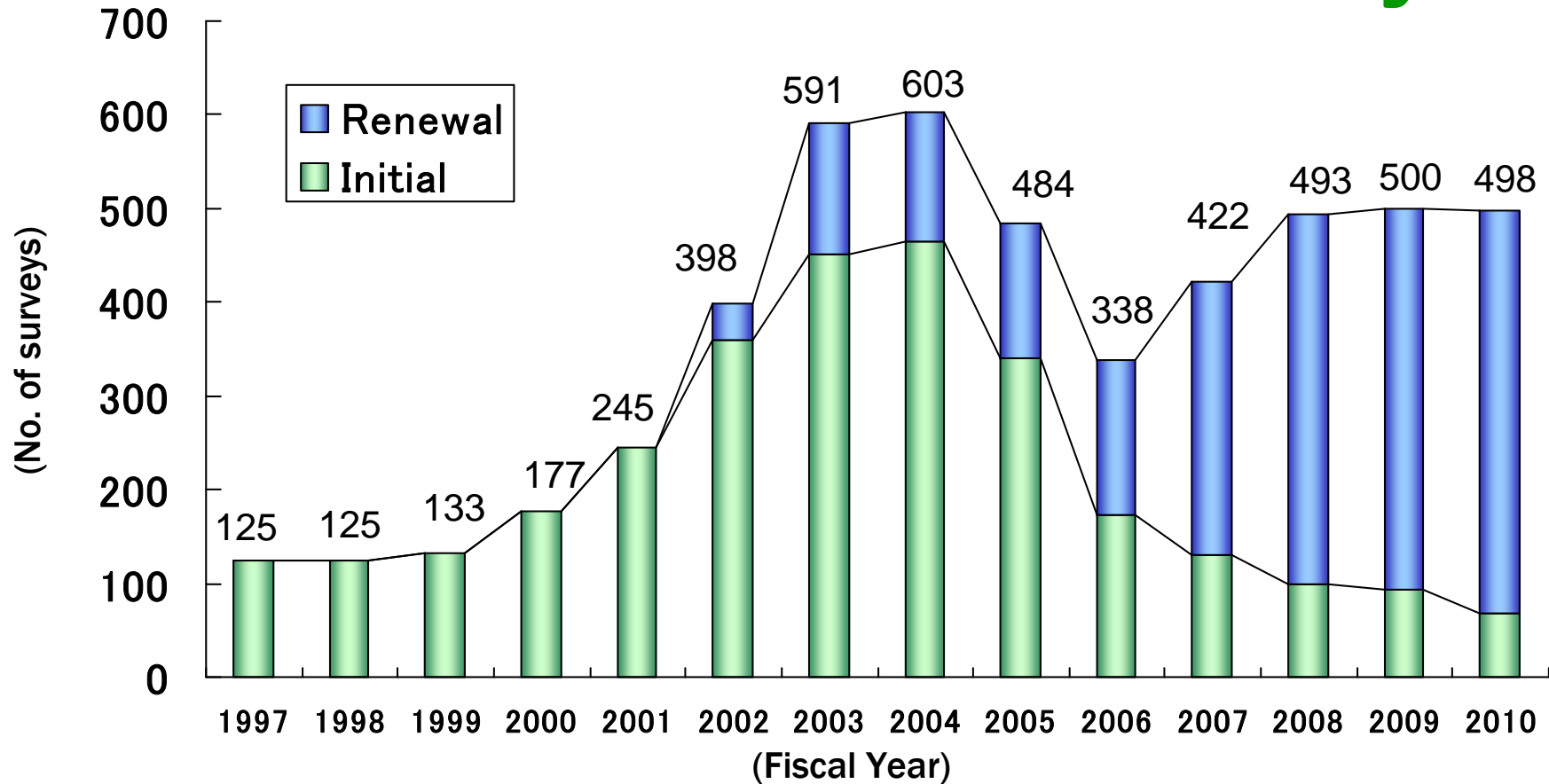
2-6. Why hospitals apply to the program?

3. Future Plan

Year of Beginning Accreditation Operations

1951	USA (JCAHO)	1997	Czech Republic, Japan
1958	Canada	1998	Australia (AGPAL), Brazil, JC International, Poland, Switzerland
1974	Australia (ACHS)		
1979	USA (AAAHC)		
1986	Taiwan	1999	France, Malaysia, Netherlands, Thailand, Zambia
1987	Australia (QIC)		
1989	New Zealand		
1990	UK (HAP)	2000	Portugal, UK (CSBS), Philippines
1991	UK (HQS), US (NCQA)		
1994	South Africa	2001	Bulgaria, Germany, Italy (Marche)
1995	Finland, Korea, Indonesia		
1996	Argentina, Spain	2002	Ireland

The Number of Surveys



Version of Standard (criteria)



1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

2-4. When did the accreditation program start?

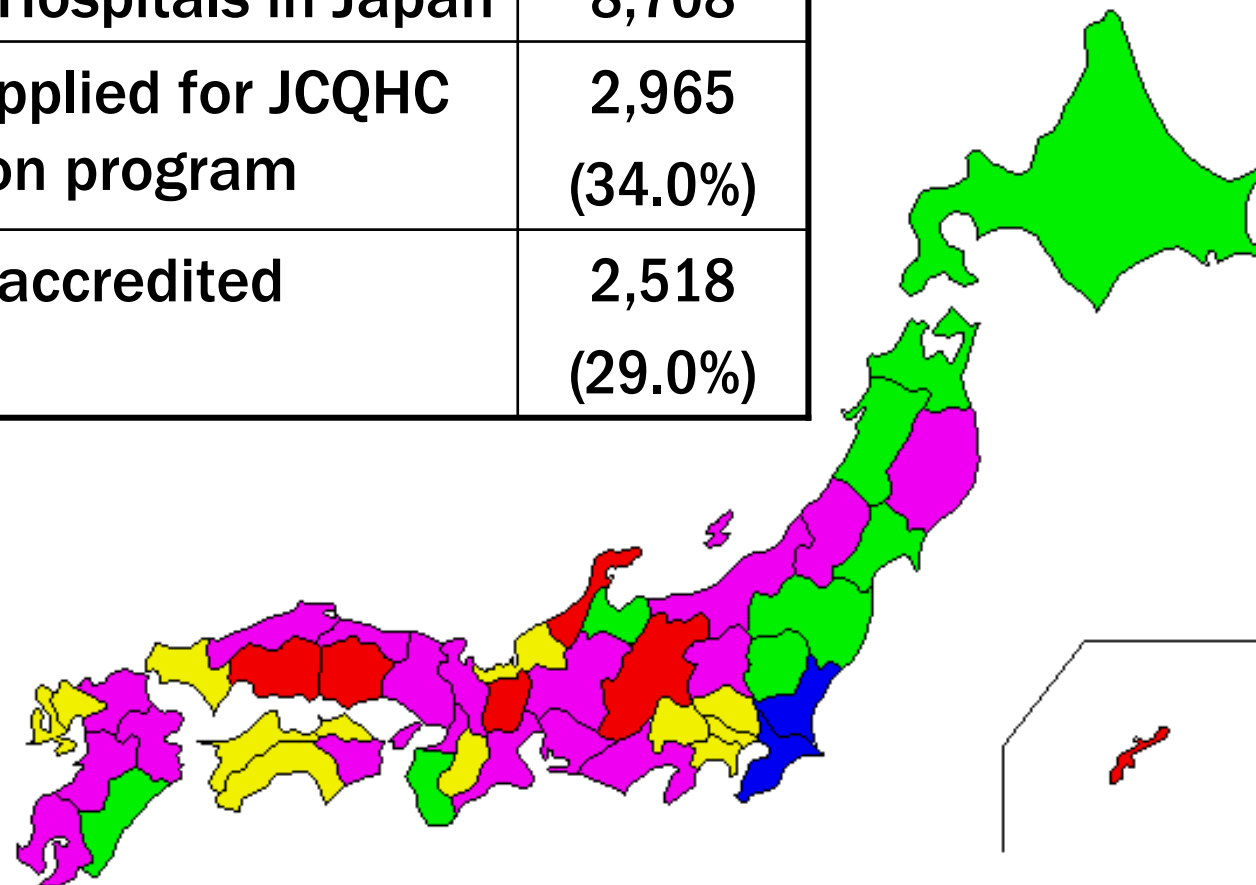
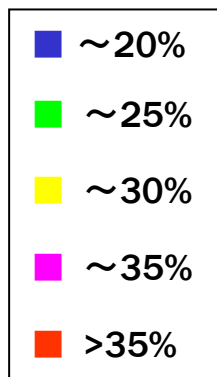
2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

3. Future Plan

The Number of Accredited Hospitals JCQHC Hospital Evaluation Program

Number of Hospitals in Japan	8,708
Hospitals applied for JCQHC accreditation program	2,965 (34.0%)
Number of accredited Hospitals	2,518 (29.0%)

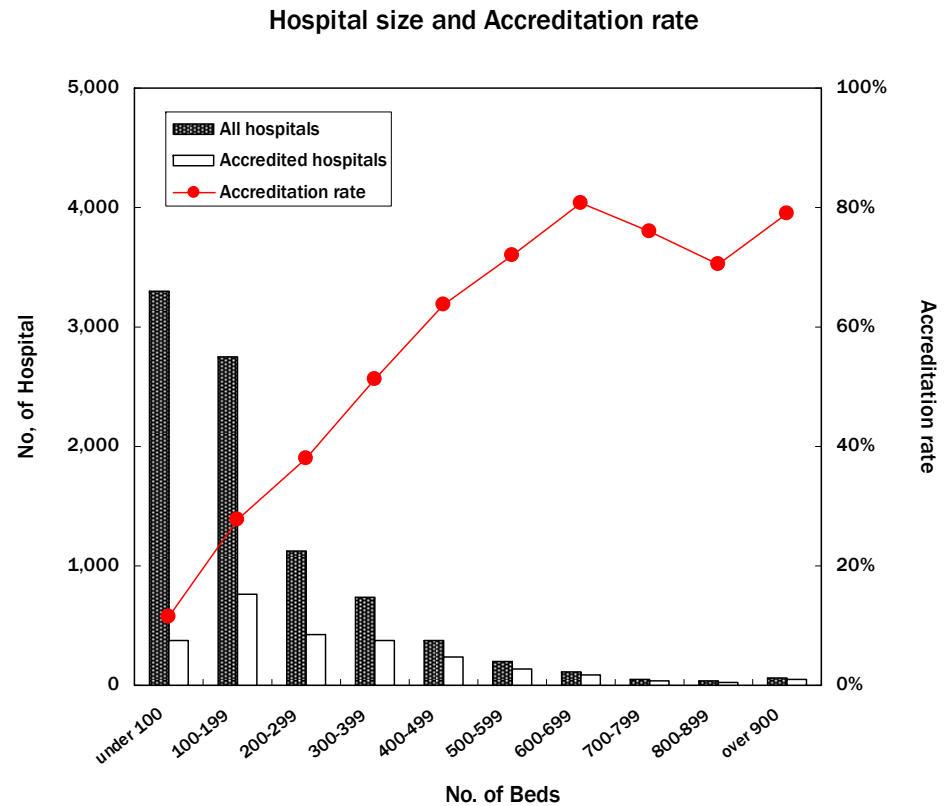


(Mar. 2011)

Hospital Size (No. of beds) and Accreditation Rate

Number of beds	Number of Hospitals		
	All Hospitals	Accredited Hospitals	Accreditation Rate
under 100	3,296	375	11.4%
100 ~ 199	2,751	760	37.9%
200 ~ 299	1,124	426	37.9%
300 ~ 399	736	377	51.2%
400 ~ 499	370	236	63.8%
500 ~ 599	197	142	72.1%
600 ~ 699	115	93	80.9%
700 ~ 799	54	41	75.9%
800 ~ 899	34	24	70.6%
over 900	62	49	79.0%
Total	8,739	2,523	28.9%

(28. Feb. 2011)



1. What is JCQHC?

2. Hospital Accreditation

2-1.How does evaluation go?

2-2.What are the standards?

2-3.Who are the surveyors?

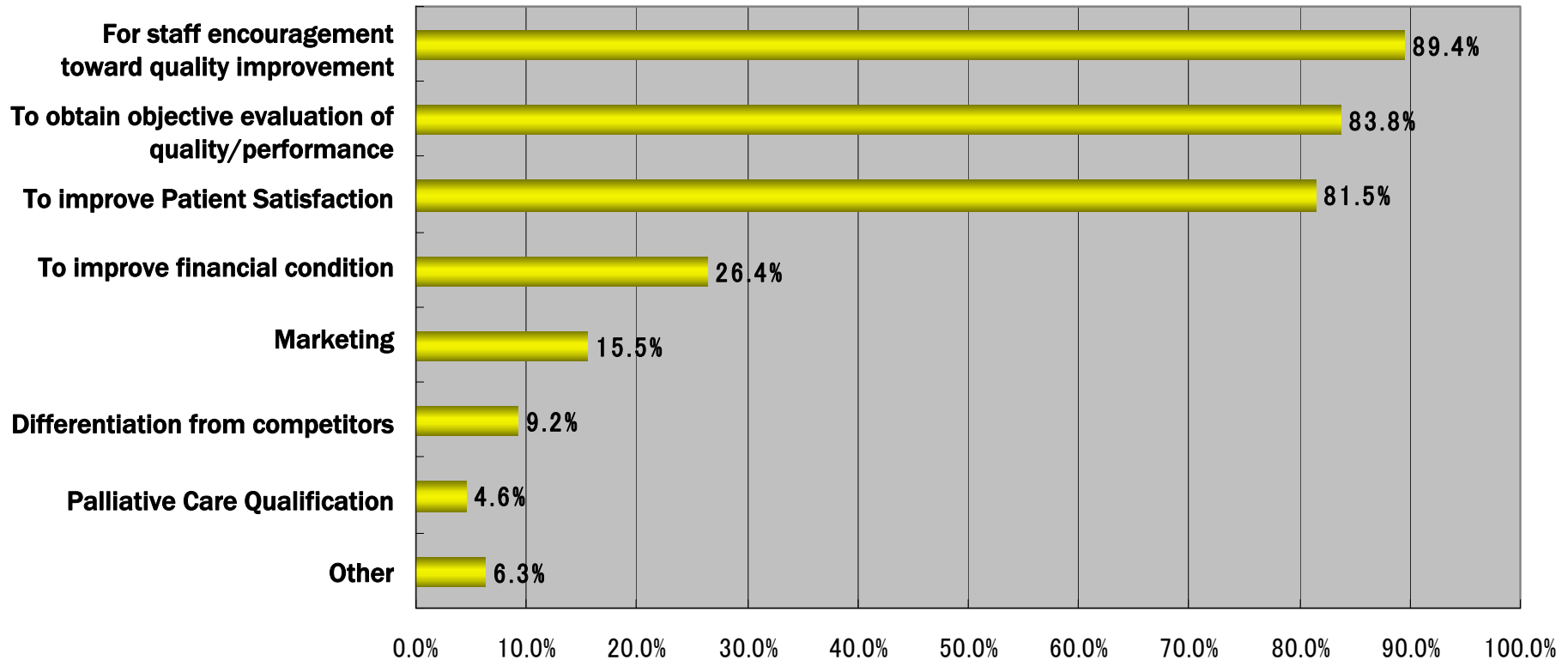
2-4.When did the accreditation program start?

2-5.How many hospitals and what kind of hospitals are accredited?

2-6.Why hospitals apply to the program?

3. Future Plan

What do hospitals expect for JCQHC accreditation?



Data Source: 2007 JCQHC Client Survey, N=303

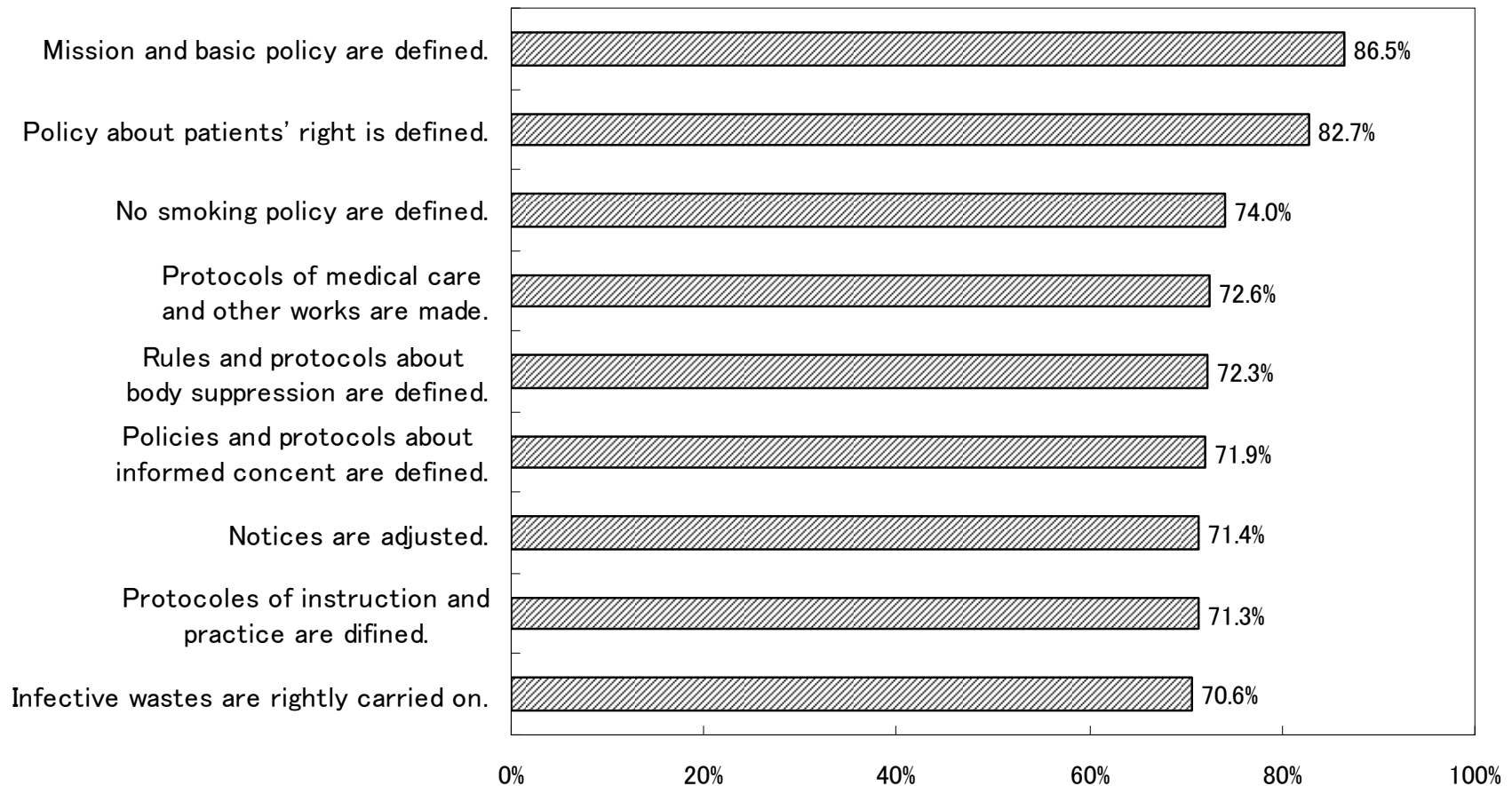
Governmental support for Evaluation and Accreditation

- Accreditation is required for palliative care qualification.
- Accredited hospitals can advertise about that.
- Accredited hospitals can have the director who is not a medical doctor.

Internal Incentives of Evaluation and Accreditation

- Hospital can evaluate the weak points of itself and improve those points.
- Hospital can unite as a team.
- Hospitals may be able to decrease errors.

What is the effect of JCQHC accreditation?



1. What is JCQHC?

2. Hospital Accreditation

2-1. How does evaluation go?

2-2. What are the standards?

2-3. Who are the surveyors?

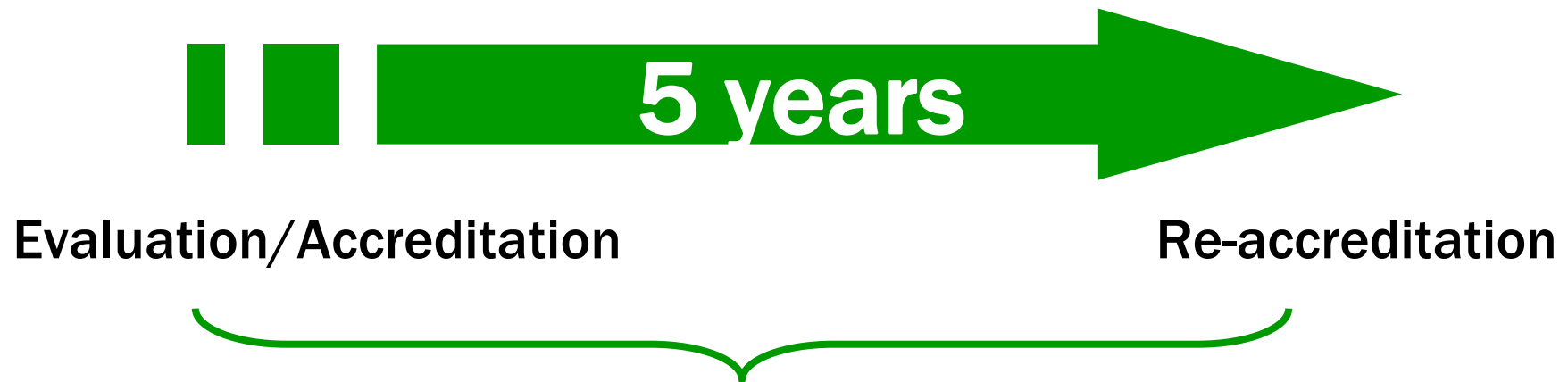
2-4. When did the accreditation program start?

2-5. How many hospitals and what kind of hospitals are accredited?

2-6. Why hospitals apply to the program?

3. Future Plan

Is QUALITY really maintained throughout 5 - year accreditation period?



- **Accountability: Quality Assurance**
- **Follow Up Service:**
Continuous Quality Improvement

Continuous Quality Improvement (CQI) & Quality Assurance (QA)

■ Shortening of Accreditation Period

e.g. 5 years (Current) → 3 years?

■ Interim Survey

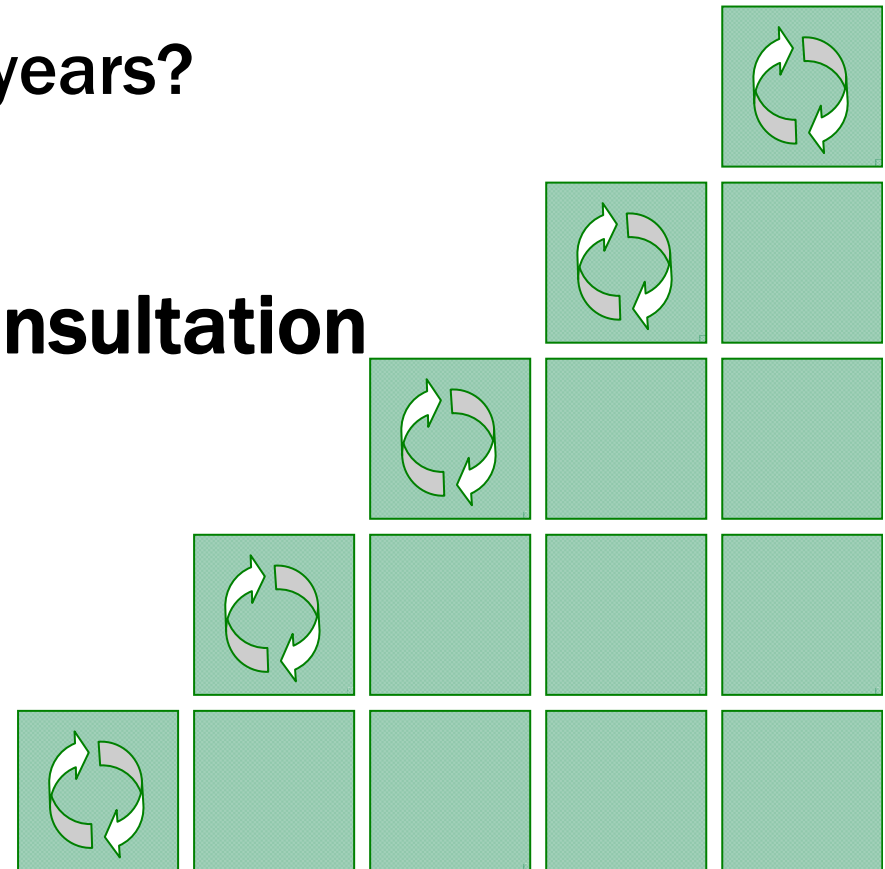
■ Quality Improvement Consultation

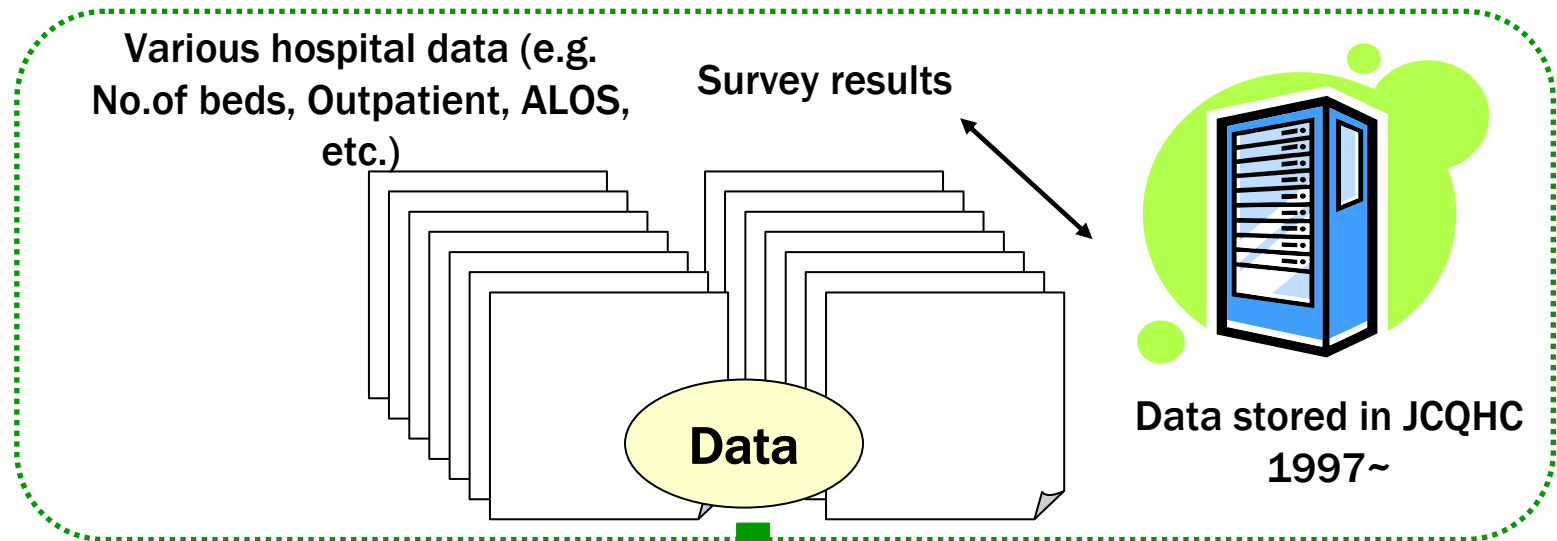
■ Unannounced Survey

■ Quality Monitoring

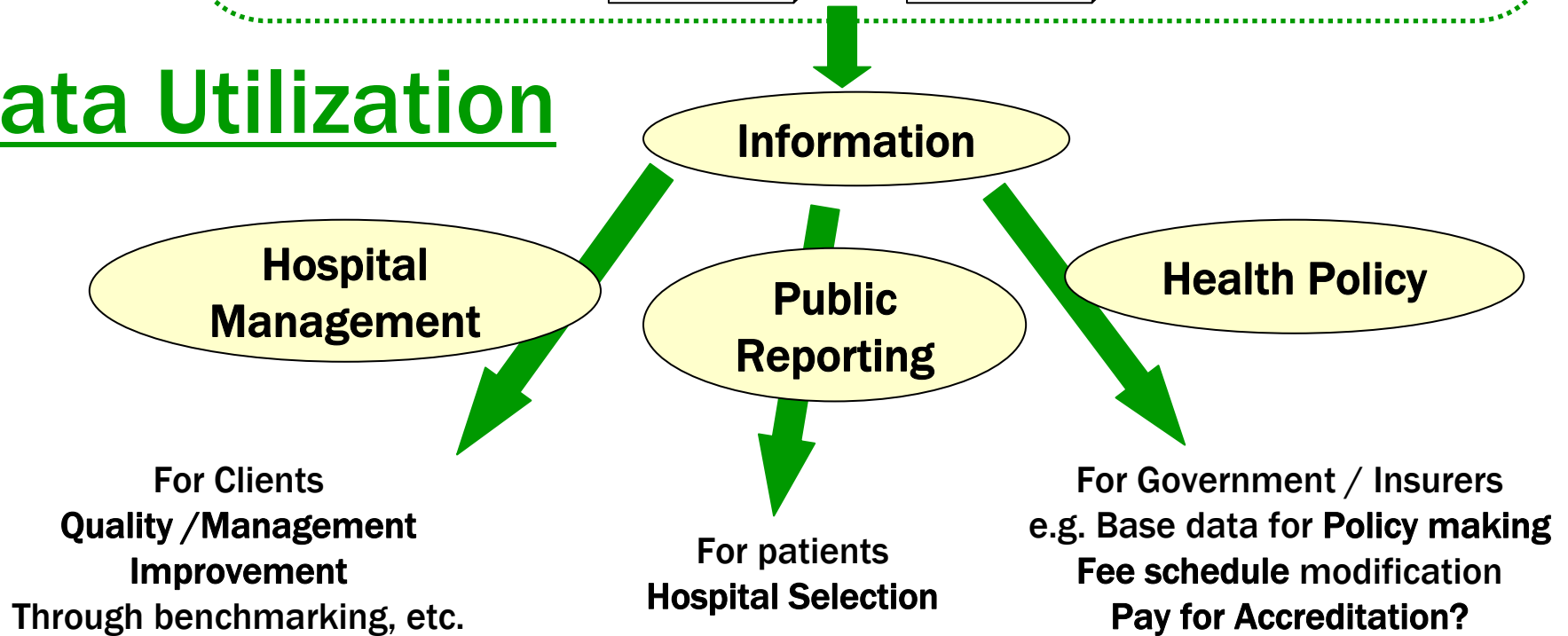
e.g. Internal Auditors

Performance measurement





Data Utilization



Thank you.

