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Achieving Joint Commission International Accreditation in War Times: Challenges Towards Excellence

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ABSTRACT

This article describes the process of achieving Joint Commission International (JCI) accreditation at a 300-bed academic medical center in Beirut, Lebanon, during a period of severe national crisis and namely the 2024 war. The hospital was facing significant staff and resource shortages due to economic instability, and was suffering the destructive aftermath of the 2020 Beirut port explosion, and then came the escalation of armed conflict throughout the year 2024. Despite these adversities, Saint George Hospital University Medical Center pursued and successfully achieved JCI accreditation, driven by a longstanding commitment to quality and patient's safety, serving the community for over 145 years. We describe the strategies employed in an institution with 48 departments, 1600 employees, to overcome resistance, maintain operations, and foster staff engagement under crisis and war conditions, as well as the outcomes and lessons learned through this process towards success.

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Introduction

JCI accreditation is internationally recognized as a high benchmark for quality and patients' safety in healthcare institutions. Achieving and maintaining these standards is challenging under optimal circumstances, and becomes exponentially more complex under sociopolitical instability and conflict [1-4]. Saint George Hospital University Medical Center is an academic institution in Beirut, Lebanon serving a diverse patient population across the Middle East for over 145 years, overcoming numerous hardships including wars, bombings, the massive Beirut 2020 port explosion, and most recently the 2024 intense war on Beirut. This study details the structured approach taken by the team to meet the JCI requirements under these unusual circumstances, from policy update and implementation, to staff training and quality improvement, in order prepare for the survey in parallel to the war emergency plan, highlighting strategies for healthcare facilities to safeguard quality and safety while operating in similarly volatile environments [3-5].

Background

The Saint George Hospital's pursuit of JCI accreditation coincided with multiple disruptive events: the 2020 Beirut explosion, which destroyed large sections of the hospital, caused casualties, and impacted staff physically and psychologically; a severe economic downturn with rapid currency depreciation since 2018; and the 2024 war, which rendered much of the city unsafe and restricted staff access to the facility. The resultant challenges included acute shortages of personnel and resources, heightened staff resistance to change, and the logistical complexity of maintaining core hospital functions while preparing for accreditation [1-4].

Methods

The Hospital's leadership appointed a multidisciplinary task force to coordinate the accreditation process. A comprehensive gap analysis was conducted, aligning ongoing hospital practices with JCI standards, updating policies and creating improvement plans, identifying deficiencies through Root Cause Analysis (RCA) and cycles of the Plan-Do-Study-Act (PDSA) model, as well as training the staff on proper implementation [6-8].

Key Interventions Included

- Formation of a "core nucleus" accreditation team, with departmental champions responsible for implementation of new policies in relevant areas. The "core nucleus team" comprised 14 representatives from the quality department, nursing staff, information technology, facilities, biomedical engineering, infection control, physicians, administrative staff, and others [7].
- Engagement of stakeholders from all 48 clinical and non-clinical departments to ensure subject matter expertise involvement and buy-in, as well as proper follow up [7].
- Collection and analysis of objective data on patients outcomes, safety incidents, and compliance with different processes in order to generate performance measures and create targeted improvement plans [8-9].
- Regular dissemination of findings, assignments, policies and plans via town hall meetings, departmental sessions, email communications, internal channels, and visuals such as dashboards, etc [10].

- Structured training programs and educational workshops to staff members in order to address knowledge gaps and create better familiarity with JCI requirements [11].
- Fostering a no-blame culture to support open communication and staff engagement especially during the bombings of the city and the influx of casualties to the hospital [12].
- Regular audits and rapid-cycle feedback to guide course corrections, along with system and patients tracers to directly observe staff compliance with newly introduced protocols [13].

Results

In the weeks closer to the JCI survey, the war on Beirut became even more damaging reaching even the vicinity of the hospital, yet the staff remained resilient and committed to take the survey as planned. Despite logistical and emotional challenges, the hospital successfully achieved JCI accreditation in November 2024 with a remarkable success loaded with emotions of pride and devotion [4-14].

Discussion

The Joint Commission accreditation preparations involved over 1,600 employees across 48 departments. The initial challenges faced were staff resistance and resource shortages. The strategy consisted of identifying the different types of staff resistance, relying on the "early adopters" for prompt implementation and progressively approaching "the laggers" through training. The focus was on their direct engagement in the JCI preparations through daily tracers, ongoing improvement plans, and education with feedback. Shortage of staff was handled through the restructuring of the manpower, relying on the commitment of motivated and enthusiastic individuals.

As the 2024 war in Lebanon intensified, most of the staff was unable to attend to work, compromising the JCI journey further. The hospital leadership prioritized the reallocation of the resources (human and facility) towards the war disaster plan, accommodating the casualties and serving the vulnerable community around. Manpower schedules were significantly changed especially with employees displaced by the bombings and unable to attend to work. The contingency plan consisted of ensuring a 1-year stock of supplies (critical, medical, consumables, etc), and emergency staffing plans were being updated almost weekly to respond to the volatile situation. While relying on the employees who were able to reach the hospital, we ensured drills were properly conducted to mitigate any emergency in coordination with governmental authorities.

In the meantime, the JCI preparations continued to run in parallel, despite all challenges. Staff were offered moral and emotional support in addition to flexible work hours and accommodations when needed. The JCI team also assumed a mentorship role, fostering commitment and handling the challenges while rewarding the staff for good performance and adopting a no-blame culture otherwise. Investing in the staff development along with policy update and ongoing improvement plans yielded tangible quantitative improvements included (reduced safety incidents, higher patient satisfaction scores, improvement in performance measures) as well as qualitative outcomes (enhanced staff engagement in quality and safety, increased familiarity with JCI standards, and improved cross-departmental collaboration) [8-16].

The experience at Saint George Hospital University Medical Center demonstrates that even under extreme adversity and unpredictability, structured change in management, staff engagement, and adaptive leadership can enable healthcare institutions to meet international accreditation standards [6-16]. The key factor for success was investing in staff members. Committed staff can overcome most hurdles and the toughest circumstances, while even the most advanced facilities with abundance of resources cannot move forward without engaged staff [15]. Our approach focused on staff support, staff reallocation, and staff training.

- Early identification and targeted engagement of both supportive and resistant staff groups [7-15].
- Flexibility in resource allocation and work arrangements [4-10].
- Maintenance of transparent, frequent communication across all organizational levels [10].
- Investment in staff training and recognition, fostering resilience and commitment [11-12].

Limitations of this study include its single-institution focus and the unique contextual factors related to continuous sociopolitical unrest and war in Lebanon, which may affect generalizability. Nonetheless, the strategies employed are applicable to other settings faced with probably less intense systemic disruptions affecting accreditation efforts in crisis environments [2-16].

Conclusion

Securing JCI accreditation during armed conflict required resilience, adaptability, and a coordinated institutional effort. The process at Saint George Hospital University Medical Center underscores the importance of leadership, staff engagement, and robust change management strategies in sustaining quality and safety initiatives during a period of significant instability: war. These findings may guide other healthcare institutions seeking to uphold international standards under challenging conditions. Flexible work arrangements, psychological support, and staff education were introduced to maintain morale and attendance, and eventually success [10-15].

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