


MANAGING RISK
DNV

Introduction to DNV Healthcare and NIAHOSM
A New Choice for Hospital Accreditation



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MANAGING RISK
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DNV

- **Established in 1864**
- **Third Party Evaluator in many sectors**
- Independent, self supporting Foundation
- Tax paying entity in every country it operates
- 300 Offices in 100 Countries – 15 offices in the United States
- 9000 Employees
- 50,000 clients worldwide; 85,000 Certificates world-wide
- Largest registrar in the US; third largest in the world
- **Operating in the U.S. since 1898**
- **DNV received CMS deeming authority on September 26, 2008 (5 year exhaustive process)**

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DNV Certification Clients by City



Note: Nearly 900,000 organizations in 170 countries have adopted the ISO 9001 Quality Management System standard - International Organization for Standardization, The ISO Survey of Certifications

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MANAGING RISK
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The DNV Purpose

Safeguarding
life, property and
the environment

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The DNV Vision

Global impact
for a safe and
sustainable future

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MANAGING RISK
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DNV Values

We build trust
and confidence

We never compromise
on quality or integrity

We are committed to
teamwork and innovation

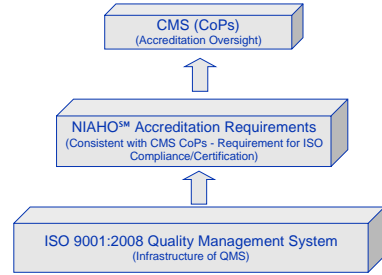
We care for our customers
and each other

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NIAHOSM and ISO 9001 Quality Management System

Hospital Accreditation: Integration of NIAHOSM Standards with ISO 9001 Quality Management System Standards

Infrastructure and Accreditation



Integrated Accreditation Model

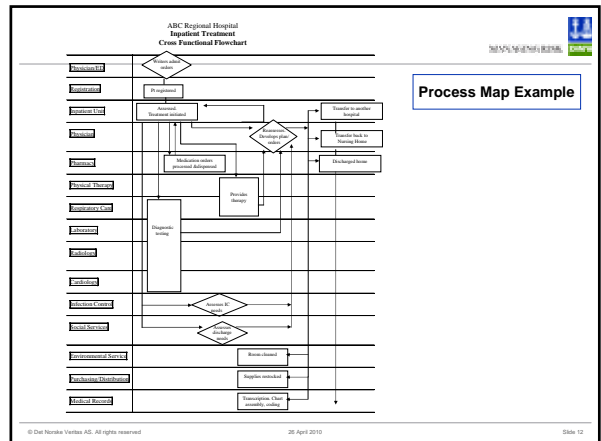
- Integrates ISO 9001 and Medicare CoP compliance
 - ISO 9001 provides the framework for a sustainable CoP implementation
 - ISO 9001 allows hospitals to use its combined knowledge, wisdom, and innovation to improve quality and safety
 - ISO 9001 is the framework within which methodologies such as LEAN and Six Sigma are better understood and utilized
- The DNV Surveyors make the difference
 - Training and competence in ISO 9001 and NIAHOSM
 - Clinical, Generalist, and Physical Environment expertise
- Combined result drives quality transformation into the organization's core processes

Advantages to DNV Healthcare Accreditation

- Meets and exceeds CoP requirements
- Includes ISO 9001 Quality Management System (proven basis for continual improvement)
- Focus on sequence and interactions of processes throughout the hospital
- No additional staff required to implement ISO & NIAHOSM
- Annual visits – added accountability
- Demeanor of the Survey Team
- No survey findings “tipping” point
- Leads to improvement of patient safety and reduction in hospital's internal cost of accreditation
- Accreditation as a strategic business asset

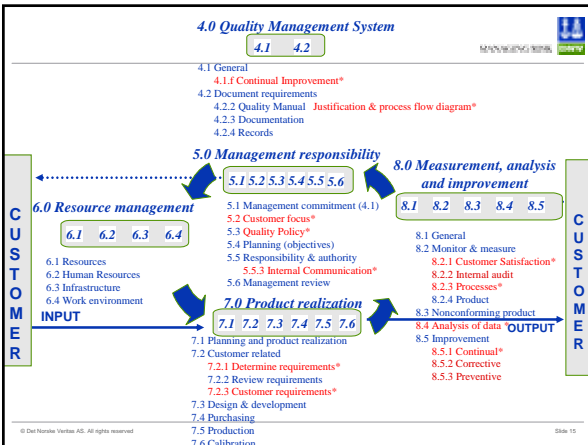
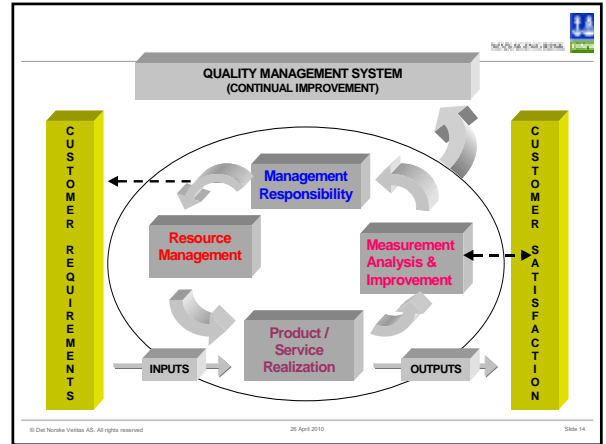
Terminology ...

- Quality Policy** = Mission, Vision
- Quality Objectives** = Organization's Quality Goals & Objectives
- Corrective Action** = CQI/PI Process – RCAs
- Preventive Action** = FMEA Process
- Internal Audit** = Review of departmental & organization processes and outcomes; individual performing cannot come from area being audited
- Document Control** = Sundown provision
- Management Representative** = Quality Director
- Management Review** = Enlarged Quality Council Function



NIAHOSM Standards - Chapters

- Quality Management System
- Governing Body
- Chief Executive Officer
- Medical Staff
- Nursing Services
- Staffing Management
- Rehabilitation Services
- Obstetric Services
- Emergency Department
- Outpatient Services
- Dietary Services
- Patient Rights
- Infection Control
- Medical Records Service
- Medication Management
- Surgical Services
- Anesthesia Services
- Laboratory Services
- Respiratory Care Services
- Medical Imaging
- Nuclear Medicine Services
- Discharge Planning
- Utilization Review
- Physical Environment
- Organ, Eye and Tissue Procurement



ISO 9001 As the Infrastructure for NIAHOSM Accreditation

- The inherent requirements for **process improvement** result in good outcomes specified in the CMS Conditions of Participation
- Hospitals are held **accountable** through the mechanisms required in ISO 9001 for Internal Audits, Management Review and Corrective & Preventive Action
- Requires hospital to use their own innovation to determine **HOW** to assure safe and sustainable **best practices** that outcomes prove effective and efficient

NIAHOSM Surveyors & Survey Activities

Surveyor Competency and Consistency

Clinical, Generalist, & Physical Environment Surveyors must successfully complete the following:

- The DNVHC NIAHOSM Surveyor Training
- The DNV Quality Lead Auditor or an equivalent course accredited by IRCA or RAB-QSA
- Orientation to DNVHC policies, procedures and software requirements
- Mentored surveys
- Additionally, the Physical Environment / Life Safety Specialists must successfully complete a NFPA (National Fire Protection Association) Life Safety Code training for hospitals
- All must attend annual surveyor training & complete 45 hours CEUs every 3 years
- Hospital staff **OPTION** as a contract surveyor

Survey Team



- **Clinical Surveyor**
 - Patient Care Unit Visits (Clinical Settings)
 - Med-Surg, ICU, CCU, Obstetrics, Emergency Department
 - High acuity units
- **Generalist Surveyor**
 - Quality Management Review
 - Medication Management
 - Medical Staff and Human Resources Review
 - Utilization Review Interview
 - Patient Grievance Interview
 - Med-Surg & Ancillary / Support Services Review (Lab, Medical Imaging, Rehab, etc.)
- **Physical Environment / Life Safety Specialist**
 - All Physical Environment aspects and Management Plans
 - Physical Environment / Comprehensive Building Tour
 - Biomedical Engineering & Calibration of Equipment

Conducting Survey Activities



Survey activities are carried out as follows:

- A comprehensive review includes observation of care/services provided to the patient in all patient care areas, both in and out, patient and/or family interview(s), staff interview(s), and medical record review.
- Using Tracer methodology, department/patient unit visits to include staff interviews and open medical record review as appropriate (both clinical and support departments)
 - identify performance issues
 - handoff between steps
 - Tracer methodology
- Visits to non-clinical support areas
- Comprehensive Building Tour (days, not hours)

Compliance and Corrective Action



- **Category 1 Nonconformities**
 - Submit Corrective Action Plan within 10 days from receipt of Final Report
 - The organization shall submit performance measure(s) data, findings, results of internal audits, or other supporting documentation, including timelines, to verify implementation of the corrective action measure(s).
- **Category 2 Nonconformities**
 - Submit Corrective Action Plan within 10 days from receipt of Final Report
 - Validation of effective implementation of the agreed Corrective Action Plan will take place at the next annual survey.
- **Category One Condition Level Finding – requires re-survey to clear – egregious findings**

Survey Team Day One		
Generalist	Clinical	Physical Environment / Life Safety
9:30 - 9:00a Opening Meeting with Organization Leadership - Review Schedule and Plan for Survey Activities Participants: Director of Quality (Management Representative) and Other Administrative Staff (at organization's discretion)		
9:00a - 11:00a Quality Management System Review - Quality Objectives - Proposed review - Monitoring and Measurement (Data Analysis and Reporting) - Corrective and Preventive Action	9:00a - 12:00p Operational Activities Review – Key Processes (Tracer Methodology – Inpatient Care Processes) - Patient Care Unit Visits	9:00a - 12:00p Physical Environment (Document / Plan Review) Begin Physical Environment / Life Safety Tour
11:00a - 12:00p Patient Grievance Process		
12:00p - 12:30p – Lunch (Cafeteria)		
12:30p - 1:00p – Surveyor Planning Session		
1:00p - 1:30p Organ, Tissue and Eye Procurement	1:00p - 2:30p Operational Activities Review – Key Processes (Tracer Methodology – Inpatient Care Processes) - Patient Care Unit Visits	1:00p - 2:30p Physical Environment (Continue)
1:30p - 2:30p Care Management (Simulation Review / Discharge Planning Process)	Include visit to Senior Care	Physical Environment / Life Safety Tour
2:30p - 4:00p – Document Review Session (See Document Request List)		
4:00p - 4:30p – Surveyor Meeting with Quality Management Representatives (and other staff members, if requested)		

Survey Team Day Two		
Generalist	Clinical	Physical Environment / Life Safety
8:30a - 9:00a Planning Session (Session with Organization – Review Schedule and Plan for Audit Activities) Participants: Director of Quality (Management Representative) and Other Administrative Staff (at organization's discretion)		
9:00a - 10:30a Ancillary / Support Services Review (Tracer Process Review) (This will include such areas as Laboratory, Medical Imaging, PFT, Hemodialysis, Dietary Services and any other areas not reviewed as part of the Operational Activities Review)	9:00a - 11:00a Medical Records (Record Review) - Clinical Medical Records - Include review of med/surg, restraint use, CP surgical patients, moderate sedation	9:00a - 12:30p Physical Environment (Continue) Physical Environment / Life Safety Tour
10:30a - 11:30a Purchasing	11:00a - 12:30p Operational Activities Review – Key Processes (Tracer Methodology – Inpatient Care Process) - Patient Care Unit Visits	
11:30a - 12:30p Finance/Patient Accounting	- Interview Infection Control	
12:30p - 1:30p – Lunch (Cafeteria)		
1:30p - 2:30p Human Resources (Competency Assessment and Training Evaluation)	1:30p - 4:30p Operational Activities Review – Key Processes (Tracer Methodology – Surgical Care and Outpatient Care Process – Areas using Moderate Conscious Sedation) - Areas to be selected during lunch	1:30p - 4:30p Physical Environment (Continue) Physical Environment / Life Safety Tour
2:30p - 3:30p Medication Management Review (Pharmacy)	- Include visit to SC Recovery	Biomedical Engineering Review
4:00p - 4:30p – Audit Meeting with Administration, Quality Management Representatives (and other staff members, if requested)		

Survey Team Day Three – January 13, 2009		
Paul Bailey	Mike Miller, MD	Handy Swilling / Troy McCann (Physical Environment / Life Safety)
9:30a - 9:45a Audit Meeting with Quality Management Representatives (and other staff members, if requested)		
9:45a - 10:00a Ancillary / Support Services Review (Tracer Process Review)	9:45a - 10:00a Medical Staff (Credentialing and Privileging) Review	9:45a - 10:30a Physical Environment (Continue) (Continue of Physical Environment / Life Safety Tour if necessary)
10:00a - 11:30a Surveyor Planning Session (Surveyors Only)		
11:30a - 12:00p Lunch		
12:00p - 12:30p Meeting with Management Representatives		
12:30p - 1:30p Closing Meeting with Administration, Quality Management and Other Administrative/Management Staff (at organization's discretion)		

ISO 9001 and Lean



ISO Clause	ISO 9001:2008	Relationship to Lean
5.2	Customer Focus	Lean and ISO require a Customer focus
5.4.1 8.1 8.4	Quality Objectives Measurement, analysis and improvement Data Analysis	Lean metrics provide a means to measure Customer Satisfaction as part of the ISO Management System
7.5.2	Validation of processes for production and service provision	This reduces waste in the form of rejects from incapable processes or processes that are unstable
8.2.3	Monitoring and measurement of processes	Lean eliminates waste from processes as procedures are developed or reviewed.
8.5.1	Continual Improvement	Lean Principles can be the focal point of the Continual Improvement process
7.5.1	Control of production and service provision	Standard work, a Lean Concept, can provide the framework for developing standard work instructions.

ISO 9001 and Lean



- Leverage the ISO 9001 quality management system to implement Lean because Lean works best when it is built on the solid framework of stability, standardization and simplification
- ISO 9001 provides a containment mechanism from which corrective and preventive action can take place and is an excellent means for standardizing work
- ISO 9001 provides management a project management tool (audit, corrective action, effectiveness check)

ISO 9001 and Lean



- An ISO 9001 management system is ideally suited to effectively implement Lean programs. It provides for the success of such programs with provisions for:

- Management vision, direction, authorization and involvement
- Resource evaluation and application, inclusive of personnel qualification and training, processes, etc.
- Planning functions
- Qualification and control of designs, technologies, processes, materials, and services
- Review and analysis of results, application of decision-making processes and initiation of needed changes

ISO 9001 and Lean



- ISO 9001 and LEAN links
 - <http://www.asgwindsor.ca/calendarFiles/2009Jan15AppendixB.pdf> - this is a valuable appendix
 - <http://learnsigma.com/can-lean-and-iso-9001-be-integrated/>
 - <http://www.euroquest.net/qualitytools.shtml>

Accreditation/Certification Cycles



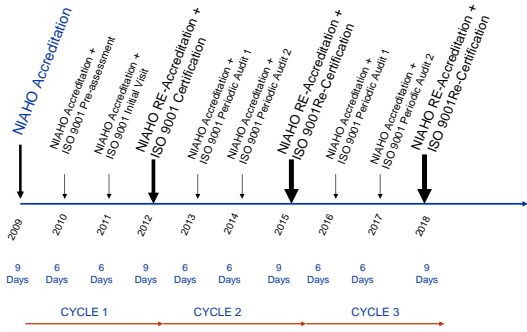
- Initial Agreement/Contract
 - Year 1 - NIAHO Accreditation ONLY (ISO general education (informal) also will take place during this first survey)
 - Year 2 - NIAHO Accreditation and ISO Pre-Assessment
 - Year 3 - NIAHO Accreditation and ISO Stage One (basically where you are with ISO and what is left to be done to prove ISO Compliance/Certification)
- Second Agreement/Contract
 - Year 4 - NIAHO Accreditation and ISO Stage Two (ISO Compliance/Certification)
 - Year 5 - NIAHO Accreditation and ISO Periodic
 - Year 6 - NIAHO Accreditation and ISO Periodic

Accreditation/Certification Cycles cont.



- Third Agreement/Contract
 - Year 7 - NIAHO Accreditation and ISO Re-Certification/ Compliance
 - Year 8 - NIAHO Accreditation and ISO Periodic
 - Year 9 - NIAHO Accreditation and ISO Periodic
- All Subsequent Agreements/Contracts: same as Third Agreement/Contract

Accreditation/Certification Cycles



ACGME, Managed Care, and Bonds

Approvals

■ ACGME

- ACGME has approved DNV Healthcare in regard to accreditation under the Institutional Requirements

■ Managed Care Organizations and Other Third Party Payors

- To our knowledge no barriers have been encountered regarding contractual revisions to recognize DNV Healthcare as an approved accreditation organization since we are approved by CMS as an accreditation organization with deeming authority for hospitals in accordance with Section 1865 of the Social Security Act.

■ Bond Covenants

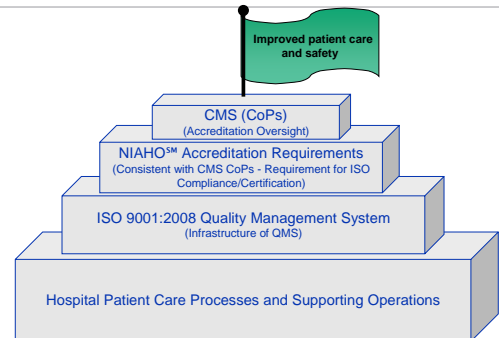
- To our knowledge no barriers have been encountered regarding bond covenants as a result of hospitals changing accreditation organizations.

Accreditation and Beyond

Innovative Approach

- Annual on-site surveys
- Collaborative
- Less prescriptive
- Allows organization innovation
 - More than one way to accomplish a goal
 - Encourages best practices
 - ISO Tenets
 - Document what you do
 - Do what you document
 - Prove it
 - Improve it

Infrastructure and Accreditation






DNV HEALTHCARE INC.
CERTIFICATE OF ACCREDITATION

Certificate No. 12345-ABC-USA-NEAB00
 This is a certificate for
ABC Medical Center
 at
 1234 Hospital Avenue, Cincinnati, OH 45221
 Complies with the requirements of the
NIAHO™ Hospital Accreditation Program

Pursuant to the authority granted to DNV Norske Veritas HealthCare, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this recognition is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. 484.2). This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

DNV Accreditation Body:
 DNV NORSE VERITAS
 HEALTHCARE, INC.
 STAVANGER, NORWAY


Effective Date of Accreditation:
 December 1, 2008






Lack of continued fulfillment of the conditions set out in the Certification Accreditation Agreement may render the Certificate invalid.

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For Citizens,
 Higher Standards Mean
 Leaving Some
 Things
 Behind




Citizens Medical Center now recognizes DNV Healthcare Inc. as its accrediting agency of choice. DNV Healthcare bases its program on the integration of ISO 9001 Quality Management System with standards set by the Centers for Medicare and Medicaid. This innovative approach to an aging accrediting model emphasizes organization-wide improvements. In turn, it increases the quality of patient care. An intimidating task for some, however, Citizens is up to the challenge.

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Question & Answer Session

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