DNV GL
Hospital Accreditation – Integrates Quality Management Standards, Improves Processes and Breaks Silos

Presentation to HEATT 2014
Orlando, FL  8/22-24/2014

Yehuda Dror, President, DNVGL Healthcare
Presentation Objective

- The DNV Accreditation concept
- The DNV survey process
- Benefits – what do our hospitals say
A few of the Systems that Switched to DNV

<table>
<thead>
<tr>
<th>System</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Hospital Health System</td>
<td>Orlando, FL</td>
</tr>
<tr>
<td>Lee Memorial Health System</td>
<td>Fort Myers, FL</td>
</tr>
<tr>
<td>Advocate Health Care</td>
<td>Downers Grove, IL</td>
</tr>
<tr>
<td>Sentara</td>
<td>Norfolk, VA</td>
</tr>
<tr>
<td>The Methodist Hospital System</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>St. Luke’s Episcopal Health System</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>Harris Health System</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>Hoag Memorial</td>
<td>Newport Beach, CA</td>
</tr>
<tr>
<td>Phoebe Putney Health System</td>
<td>Albany, GA</td>
</tr>
<tr>
<td>Scottsdale Healthcare</td>
<td>Scottsdale, AZ</td>
</tr>
</tbody>
</table>
This year our hospital was recognized by Consumer Reports as the 7th Safest Hospital in the Country

In the last 4 years,
- moved from the "national average" to the top ten in the US
- highest rating for Surgery in NC
- multiple Excellence Awards and recognition (LeapFrog, HealthGrades)

Reporter: “how could a 222 bed, western North Carolina community hospital could be such a standout in a nation with over 4,000 acute care hospitals”?

My answer to the reporter was that this was not a "fluke," but a fundamental change in our approach to Quality and Safety. **we did nothing different** to receive these accolades. We did not apply for them, prepare, lobby, purchase or actively compete for them. **They were the fruit of the solid work we do every day.**

DNV-GL with the use of ISO has freed our organization from the rigid adherence to dogmatic rule-following to pursue compliant by allowing us a novel approaches to improving safety and quality
In 2013, DNV (150 yrs. old) and GL (145 yrs. old) merged

Org. Purpose: “Safeguarding Life Property and the Environment”

16,000 employees, 500 offices in 100 countries

Core Competence: Managing Risk

Active in high-risk sectors (Maritime, Offshore, Power Generation, Aviation/Defence, Food, Transportation, Healthcare)

Involved in Healthcare globally since 1994

DNV Healthcare is a US corporation, wholly-owned by DNV

Deeming Authority by CMS in 2008, renewed (for six-years) in 2012

Currently 420 hospital nationwide switched to DNV: 340 are already accredited, 77 are also ISO Certified (as of 3/31/14)

DNV-GL issued globally over 75,000 certificates to various ISO MS Standards
DNV Accreditation and Certification

- **Deeming Authority from CMS**
  - Hospitals
  - Critical Access Hospitals
  - Ambulatory Day Surgery *
  - Psychiatric Hospitals*
  - VAD certification*

- **Certification Programs**
  - Stroke Center Certification
    - COMPREHENSIVE – accepted for designation e.g. by Texas Dept. of Health
    - PRIMARY
    - **Bariatric, Hip and Joint Replacement, Heart Failure, Palliative Care Centers**

- **Managing Infection Risk (MIR) Program**
  - Providing risk profiles in 18 areas of the hospital

* Pending, in process (Application submitted); ** In development, with stakeholders input
## Feature of DNV’s NIAHO®*

<table>
<thead>
<tr>
<th>Feature of DNV’s NIAHO®*</th>
<th>Benefit to Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable standards, infrequent change</td>
<td>Sustainable system</td>
</tr>
<tr>
<td>Annual Surveys</td>
<td>Constant readiness</td>
</tr>
<tr>
<td>Gradual Introduction of ISO 9001 @ no additional staff</td>
<td>More value, lower $</td>
</tr>
<tr>
<td>Focus on sequence/interactions of all hospital processes</td>
<td>Clear, traceable pathway to improve</td>
</tr>
<tr>
<td>Demeanor of the survey team</td>
<td>Collaboration, sharing of ideas</td>
</tr>
<tr>
<td>No survey findings “tipping” point</td>
<td>Fear becomes confidence</td>
</tr>
</tbody>
</table>

* NIAHO = National Integrated Accreditation for Healthcare Organizations
The DNV Accreditation Concept
Enabling a Sustainable, Effective Accreditation

- BEST PRACTICES
  - Innovation
  - Demonstrated Outcomes

Prescriptive How-To “policies”
Frequently changing

CMS’ CoP

OTHERS
- NIAHO®
- Program
- Useful
- Stable
- Sustainable

Internal
Manager
Take Actions
Accreditation Standards Concept
“NIAHO® on ISO”

CMS (CoPs) (Accreditation Oversight)

NIAHO® Accreditation Requirements
(Consistent with CMS CoPs - Requirement for ISO Compliance/Certification)

Hospital’s Quality Management System
(Compatible and Compliant with ISO 9001:2008)
NIAHO® Chapters – CoP-Structured

- Quality Management System
- Governing Body
- Chief Executive Officer
- Medical Staff
- Nursing Services
- Staffing Management
- Rehabilitation 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
Quality Management Principles - ISO 9001

1. Customer-focused organization
2. Leadership
3. Involvement of people
4. Process approach
5. System approach to management
6. Continual improvement
7. Factual approach to decision making
8. Mutually beneficial supplier relationships
ISO 9001:2008 - Concept

4. QUALITY MANAGEMENT SYSTEM (CONTINUAL IMPROVEMENT)

5. Management Responsibility
6. Resource Management
7. Service Realization
8. Measurement Analysis & Improvement

What your patients see

Source - ISO 9001:2008
Integrated System – “NIAHO® on ISO” Quality Management

- NIAHO, QM.6 SYSTEM REQUIREMENTS

SR.1 Interdisciplinary group to oversee the Quality Management System with representation from/for Administration, Nursing, Pharmacy Services, Ancillary Services, Information Management, Risk/Safety Management, Quality Facilitator/Management Representative, and Medical staff members who must be doctors of medicine or osteopathy. This interdisciplinary group shall conduct Management Reviews regarding the effectiveness of the Quality Management System;

- ISO 9001:2008, QUALITY MANAGEMENT REQUIREMENTS

The organization shall establish, document, implement and maintain a quality management system and continually improve its effectiveness.
ISO 9001:2008
Control of Documents

- 4.2.3 Control of documents
- Documents required by the quality management system shall be controlled. Records are a special type of document and shall be controlled according to the requirements given in 4.2.4.
- A documented procedure shall be established to define the controls needed
  - a) to approve documents for adequacy prior to issue,
  - b) to review and update as necessary and re-approve documents,
  - c) to ensure that changes and the current revision status of documents are identified,
  - d) to ensure that relevant versions of applicable documents are available at points of use,
  - e) to ensure that documents remain legible and readily identifiable,
  - f) to ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the quality management system are identified and their distribution controlled, and
  - g) to prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.
A “Process” can be defined as a “set of interrelated or interacting activities, which transforms inputs into outputs”. These activities require allocation of resources such as people and materials.

**Input**
Requirements Specified (Includes resources)

**Interrelated or interacting activities and control methods**

**Output**
Requirements Satisfied (Result of a process)

**EFFECTIVENESS OF PROCESS** = Ability to achieve desired results

**EFFICIENCY OF PROCESS** = Results achieved vs. resources used
A Holistic Approach – Breaking Silos

All Processes (Management and Support) Must Complement Patient Care

INPUT

Budget       Purchasing     Information Services
       HR       Infection Control   Social Services

OUTPUT

Patient Care

HR       Infection Control   Social Services
## Reality: Hospitals are much closer to ISO - They just don’t know it

<table>
<thead>
<tr>
<th>ISO 9001 Terminology</th>
<th>What hospitals currently use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Policy</td>
<td>Mission, Vision</td>
</tr>
<tr>
<td>Quality Objectives</td>
<td>Organization’s Quality Goals &amp; Objectives</td>
</tr>
<tr>
<td>Corrective Action</td>
<td>CQI/PI Process – RCAs</td>
</tr>
<tr>
<td>Preventive Action</td>
<td>FMEA Process, mitigating drills, safety initiatives,…</td>
</tr>
<tr>
<td>Internal Audit</td>
<td>Surveillance rounding, hand washing activity, tracer methodology, mock surveys…</td>
</tr>
<tr>
<td>Document Control</td>
<td>Policy-on-policies, Forms Committee, ...</td>
</tr>
<tr>
<td>Management Representative</td>
<td>Quality Director</td>
</tr>
<tr>
<td>Management Review</td>
<td>Enlarged Quality Council Function</td>
</tr>
</tbody>
</table>
Management Review

Document Control

Core Process

Improvement

Corrective/Preventive

Measure & Analyze

Internal Audit

Courtesy of Florida Hospital System
Performance Based Approach

- Sustainable and Continual improvement
- Regulatory requirements and YOUR quality program

Performance

DVN Accreditation

NIAHO®

process

ISO
## ISO 9001 and Lean are Aligned

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

- ISO 9001
- Leadership
- Customer focus
- Continual Improvement
- Involvement of People
- Mutually Beneficial Supplier Relationships
- Process Approach
- Factual Approach to Decision Making
- Systems Approach

- BALDRIGE CPE
- Visionary Leadership
- Customer-Driven
- Organizational & Personal Learning
- Valuing Employees and Partners
- Agility
- Focus on Future
- Managing for Innovation
- Management by Fact
- Societal Responsibility
- Focus on Results
- Systems Perspective
The DNV Accreditation Process

Annual Survey

Life Threatening findings

Jeopardy/Condition Level

May require extraordinary survey

Noteworthy efforts

Opportunities for Improvement

Non Conformities

Certificate Issued For 3 years

Accreditation Committee

Robust Action Plan

Proof of Corrective Actions

Cat 2

Cat 1

Y

N

Y

N

Y

N
DNV HEALTHCARE INC.

CERTIFICATE OF ACCREDITATION

Certificate No. 57442-2009-AHC-USA-NIAHO

This is to certify that

St. Luke’s Episcopal Hospital
6720 Bertner Avenue, Houston, Texas 77030

Complies with the requirements of the:

NIAHOSM Hospital Accreditation Program

Pursuant to the authority granted to Det Norske Veritas Healthcare, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482). This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

Effective Date of Accreditation:
June 11, 2009

for the Accreditation Body:

Det Norske Veritas Healthcare, Inc.
Houston, Texas

Patrick Horine
Executive Vice President, Accreditation

Yehuda Dror
President

Lack of continual fulfillment of the conditions set out in the Certificate/Accreditation Agreement may render this Certificate invalid.

Det Norske Veritas Healthcare, Inc., 1400 Bavelo Drive, Katy, TX 77449, Tel.: 281-366-1000 – www.dnvnacostitation.com
From NIAHO® to ISO

Available Training

- Leadership Workshops
- Foundation course

“Roadmap”

Phase 1 – Planning

Do nothing different

Sign contract with DNV

NIAHO Accreditation

Year 1

NIAHO Accreditation + ISO 9001 Pre-assessment

Year 2

NIAHO Accreditation + ISO 9001 Initial Visit (Stage I)

Year 3

NIAHO re-Accreditation + ISO 9001 Certification (Stage II)

Year 4

Phase 2 – System Development

Phase 3 – Implementation

Phase 4 – Conformance

Phase 5 – Certification

- Base line audits
- Internal Auditor courses
- Improvement course
- Lead Auditor course
- Sustainability Focus Areas

Do nothing different
Why DNV?
According to TMH and SLEH Presentation in ACHE

- **The Survey Experience**
  - Collaborative relations with surveyors
  - Tremendous engagement with Leadership
  - Surveyors were transparent – no surprises
  - Success based on unique organizational needs
  - Opportunities for improvement
  - Noteworthy efforts

- **Post Survey Experience**
  - Energy and excitement from staff and management team
  - Involvement of broader cross-section of hospital departments in action plans
  - Continued contact with actual survey team leaders
  - Process mapping is now the normal approach to problem solving
  - Emphasis on Continual Improvement
  - Annual Survey = Continual Readiness
Why NIAHO® - Hospital’s Testimonial
(See www.dnvaccreditation.com)

- Currently **420 hospitals** already switched to DNV accreditation.

- **What do they say?**
  - Enhances our continuous improvement
  - Embraces our ability to utilize our competence to innovate
  - Drives us to adopt best practices
  - Demands we discard ineffective practices
  - Improved communication between hospital and medical staff
  - Reduces the costly need for implementation and preparation for the program
  - Improves understanding of all hospital processes
  - Performed in a collaborative manner
  - “It is a [transformational culture change](#)”
News from Upstate

March 31, 2011
Doretta Royer 315 464-4833

Upstate University Hospital earns national certification

SYRACUSE, N.Y. — Upstate University Hospital is the first hospital in New York state to achieve certification as a DNV Primary Stroke Center (PSC) Hospital. In addition, the hospital has received accreditation by DNV’s National Integrated Accreditation for Healthcare Organization (NIAHO) program.

“We are proud to have successfully met the high level of standards that DNV expects hospitals to achieve for its accreditation and certification,” said Paul Seale, chief operating officer for Upstate University Hospital. “These distinctions demonstrate to our patients and their family members the importance that Upstate University Hospital places in offering safe, high quality patient care services.”
Contact Information

- **Patrick Horine, CEO**
  - patrick.horine@dnvgl.com
  - 513-388-4888

- **Yehuda Dror, President**
  - yehuda.dror@dnvgl.com
  - 281-685-9996

- **John (JD) Webster, Regional Account Specialist**
  - John.webster@dnvgl.com
  - 513-388-4867

- **Crystal Green, Western Regional Business Development**
  - crystal.green@dnvgl.com
  - 626-297-0431

- **Website**: [www.dnvhealthcare.com](http://www.dnvhealthcare.com)
Questions?