Changing the Culture of Accreditation

DNV GL- Healthcare
Safeguarding life, property and the environment

1864

16,000

1994

Enter Healthcare

2008

Deeming Authority

2014

400+ Hospitals

Healthcare  Food  Transportation  Maritime

Offshore  Aviation/Defense  Power Generation

75,000 certifications issued globally
The Broader View of DNV GL

- Reducing uncertainty, increasing safety
- Improving efficiency
- Enabling sustainability
- Building trust

SAFER, SMARTER, GREENER
What is the culture of accreditation?

- Creates a lot of fear for the hospital staff
- Punitive thinking
- “Preparing” for the survey – ramp up.
- The Accreditation Exercise
- “Just Fix It” thinking
- Not being able to sustain improvements made

“We are what we repeatedly do; excellence, then, is not an act but a habit.”

- Aristotle
Nationwide momentum: A few of our customers

400+ hospitals
106 ISO certified
What does DNV GL Healthcare do differently to enable change?
# Making accreditation work FOR the hospital

## NIAHO® feature

<table>
<thead>
<tr>
<th>Feature</th>
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<tbody>
<tr>
<td>Stable standards, infrequent change</td>
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<tr>
<td>Annual surveys</td>
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<tr>
<td>Gradual introduction of ISO 9001 (no additional staff)</td>
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<td>Focus on sequence/interactions of all hospital processes</td>
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<tr>
<td>Demeanor of the survey team</td>
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<td>No “tipping” point (survey findings)</td>
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</table>
The Standard...

- Not just the basics but a focus on the fundamentals rather than the extraordinary
- There are different ways of meeting requirements
- Rationale for the standard
- Incorporating this into the day to day
- Changing dynamics of healthcare
Introduction of ISO 9001 Quality Management System

- Understanding what works and what doesn’t – there is a lot hospitals can already demonstrate
- This is YOUR quality management system
- Taking the time to implement this the right way and prioritizing
- We are healthcare people and we need to have an in depth understanding to embrace this approach
- A process approach fits healthcare
Annual Surveys...

- What can we glean from the annual survey?
- Accreditation and the assessment of the organization is a snapshot
- Refocusing resources of the organization
- Corrective and Preventive Actions / Internal Audits facilitating this process
- Continual improvement
- Fostering the habit and more sustainability
Myths Debunked

- ISO 9001 IS applicable to hospitals
- ISO 9001 IS all about quality improvement
- ISO 9001 is NOT about an “ISO Format/Structure”
- ISO 9001 is NOT a bureaucratic nightmare
- ISO 9001 is NOT very costly and time-consuming to put in place
- ISO 9001 ENCOURAGES creativity and innovation
- ISO 9001 SUPPORTS Lean and Baldrige CPE implementation
ISO 9001:2008

4.0 Quality Management System
Quality Manual
Documentation
Records

5.0 Management Responsibility
Management Commitment
Customer Focus
Quality Policy
Planning Objectives
Responsibility & Authority
Management Review

6.0 Resource Management
Resources
Human Resources
Infrastructure
Work Environment

7.0 Product/Service Realization
Customer Related Processes
Purchasing
Service
Calibration

8.0 Measurement
Satisfaction
Internal Audits
Processes
Product NCs
Corrective/Preventive
Focus on sequence and interaction of process all hospital processes...

- Understanding the processes – from paper to reality
- Support processes seem to get lost in the survey process
- How can we help in breaking down the silo effect?
- The basic premise of ISO 9001...
  - **Document what you do** (Policies, Procedures, Protocols, Work Instructions)
  - **Do what you document** (How we carry out these processes?)
  - **Prove it** (How have we demonstrated we follow what we say we will do?)
  - **Improve it** (How do we change, fix, enhance, innovate?)
The Survey Team...

- They are people and we look for certain qualities beyond the credentials (Qualified)
- They are approachable (Demeanor)
- They want to help not hinder (Engage)
- They do care about your staff and your patients
- Being a partner not adversary
No Tipping Point / Status of Accreditation

- Labeling of the accreditation
  - Conditional Accreditation, Preliminary Denial... What is the difference?

- Findings require corrective action plans, no matter the number
  - Findings... optimist or pessimist perspective
  - Prioritizing the importance of attention of the organization is done by category
  - Some actions require some additional time but something has to be done in the interim
  - Follow up

- Reducing the anxiety to increase the openness.
A systematic approach to managing quality
High performing quality management system
Evolved from a set of ‘Compliance’ requirements into an effective ‘Business Management’ process

Connecting everything

CMS
Conditions of Participation
Hospital Bases Services

NIAHO
Accreditation
All Services

ISO
Quality

Hospital’s QMS
Let’s talk about transition...

- Culture
- No dressing up for the party
- Learning with Surveys (Pre-Assessment / Stage 1)
- What is working and what isn’t?
- Work on consistency of processes
Customers embracing the culture...

- “DNVGL takes you from a traditional game of hide and seek to a process of seek and find. Seeking a culture of safety and continual improvement finds decreased medical errors, quality patient outcomes, transparency and celebration. There is no longer a game of hiding things in fear of a punitive accrediting agency. The focus of just meeting standards is replaced with a focus on patients and quality healthcare.”

- “Initially the concept of internal audits was somewhat difficult for us to embrace. The word “audit” threw us off a little. Now, it is something we do as natural as getting new wrinkles every day. We are now using internal audits as a tool to find waste and LEAN out what I call cumbersome processes. It’s not only about following a process but ensuring the process does not create more work, take time away from what is important and ensures you are meeting your mission the best way possible;”
How has DNVGL changed the culture of reaction to accreditation and the accreditation process? A customer perspective...

- “Being proactive instead of reactive. A proactive approach allows hospitals to embrace change, transparency, continual improvement, standardization and risk reduction without fear of a prescriptive/punitive accrediting agency”;
  \(\textbf{(Proactive)}\)

- Annual surveys promotes engagement and partnership with surveyors and decreases the tendency to regress in improvement efforts. The surveyors are able to work with you year after year on improvement opportunities and celebrate with you achieve them”;
  \(\textbf{(Engagement)}\)

- During our last survey, I watched the faces of our surveyors as they celebrated with us on achievements they had been part of – it was just as rewarding for them as it was for us. It was in that moment when I realized we were family, a family instead of just a business partnership. Our teams consist of professionals that have dedicated their lives to improving healthcare and promoting a safe environment for patients, families and staff;
  \(\textbf{(Celebrating)}\)
## Making a difference...

<table>
<thead>
<tr>
<th>Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)</th>
<th>Hospital Percentage: April 2015</th>
<th>Hospital Percentage: Jan. 2012</th>
<th>Change</th>
<th>Trend</th>
<th>State Avg</th>
<th>Nat'l Avg</th>
<th>National Percentile Rank (99 is best)</th>
<th>Summary Star Rating</th>
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</thead>
<tbody>
<tr>
<td><strong>DNV GL Healthcare-Accredited Hospitals</strong></td>
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<tr>
<td>Advocate BroMenn (IL)</td>
<td>77%</td>
<td>73%</td>
<td>4%</td>
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<td>71%</td>
<td>79</td>
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<tr>
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<td>54%</td>
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<td>71%</td>
<td>6</td>
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<td>Faxton St. Luke's Healthcare (NY)</td>
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<td>56%</td>
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<td>71%</td>
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<td>71%</td>
<td>89</td>
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<td>79</td>
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<td>71%</td>
<td>83</td>
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<td>57</td>
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<td>71%</td>
<td>7</td>
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<td><strong>Non-DNV-Accredited Hospitals</strong></td>
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<td>71%</td>
<td>66</td>
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<tr>
<td>North Fulton Regional Hospital (GA)</td>
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<td>63%</td>
<td>1%</td>
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<td>71%</td>
<td>21</td>
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<tr>
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<td>70%</td>
<td>71%</td>
<td>11</td>
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Hospital

The AOs with hospital programs in FY 2014 were AOA/HFAP, CIHQ, DNV GL, and TJC. (See Table 7)

### Table 7
**Hospital 60-Day Validation Survey Results by AO (FYs 2008-2014)**

<table>
<thead>
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<tbody>
<tr>
<td>60-Day Validation Sample</td>
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<td>7</td>
<td>31</td>
<td>20</td>
<td>496</td>
<td>76</td>
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<td>103</td>
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<tr>
<td>SA: Condition - level Deficiencies</td>
<td>19</td>
<td>4</td>
<td>16</td>
<td>3</td>
<td>232</td>
<td>34</td>
<td>267</td>
<td>41</td>
</tr>
<tr>
<td>Missed by AO</td>
<td>19</td>
<td>4</td>
<td>14</td>
<td>3</td>
<td>190</td>
<td>32</td>
<td>223</td>
<td>38</td>
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<tr>
<td>Disparity Rate</td>
<td>66%</td>
<td>57%</td>
<td>45%</td>
<td>15%</td>
<td>38%</td>
<td>42%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Sampling Fraction</td>
<td>.04</td>
<td>.11</td>
<td>.08</td>
<td>.20</td>
<td>.07</td>
<td>.07</td>
<td>.07</td>
<td>.09</td>
</tr>
</tbody>
</table>

*DNV GL hospital accreditation program received initial CMS-approval September 2008. Therefore, there were no DNV GL Hospital validation surveys conducted in FY 2008.
Changing the culture...

- ISO is about Consistency, Customer, (patient) focus & Continual Improvement not PERFECTION

- DNV-GL is looking for compliance to the standards; we’re not coming to play “Gotcha” games

- Survey findings are not necessarily a bad thing
  - Once issues have been identified they can be improved

- The actions you take should impact your patients’ care and experience in a positive way

- Develop your system in a way that works for you, your staff, your medical staff and your patient’s, NOT just to please a survey team.
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