

**DNV Initial Survey: Who is
DNV and What to Expect**



Indiana SHE Conference-2010

- **Established in 1864**
- Independent, self supporting Foundation
- Tax paying entity (in every country it operates)
- 300 Offices in 100 Countries
- 9000 Employees (locally employed)
- 50,000 clients worldwide
- 85,000 Certificates world-wide
- **Operating in the U.S. since 1898**
 - Corporate Headquarters in Houston, Texas
 - Operational Office in Cincinnati, Ohio
- **DNV received CMS deeming authority on September 26, 2008**

Safeguarding
life, property and
the environment

Global impact
for a safe and
sustainable future

We build trust
and confidence

We never compromise
on quality or integrity

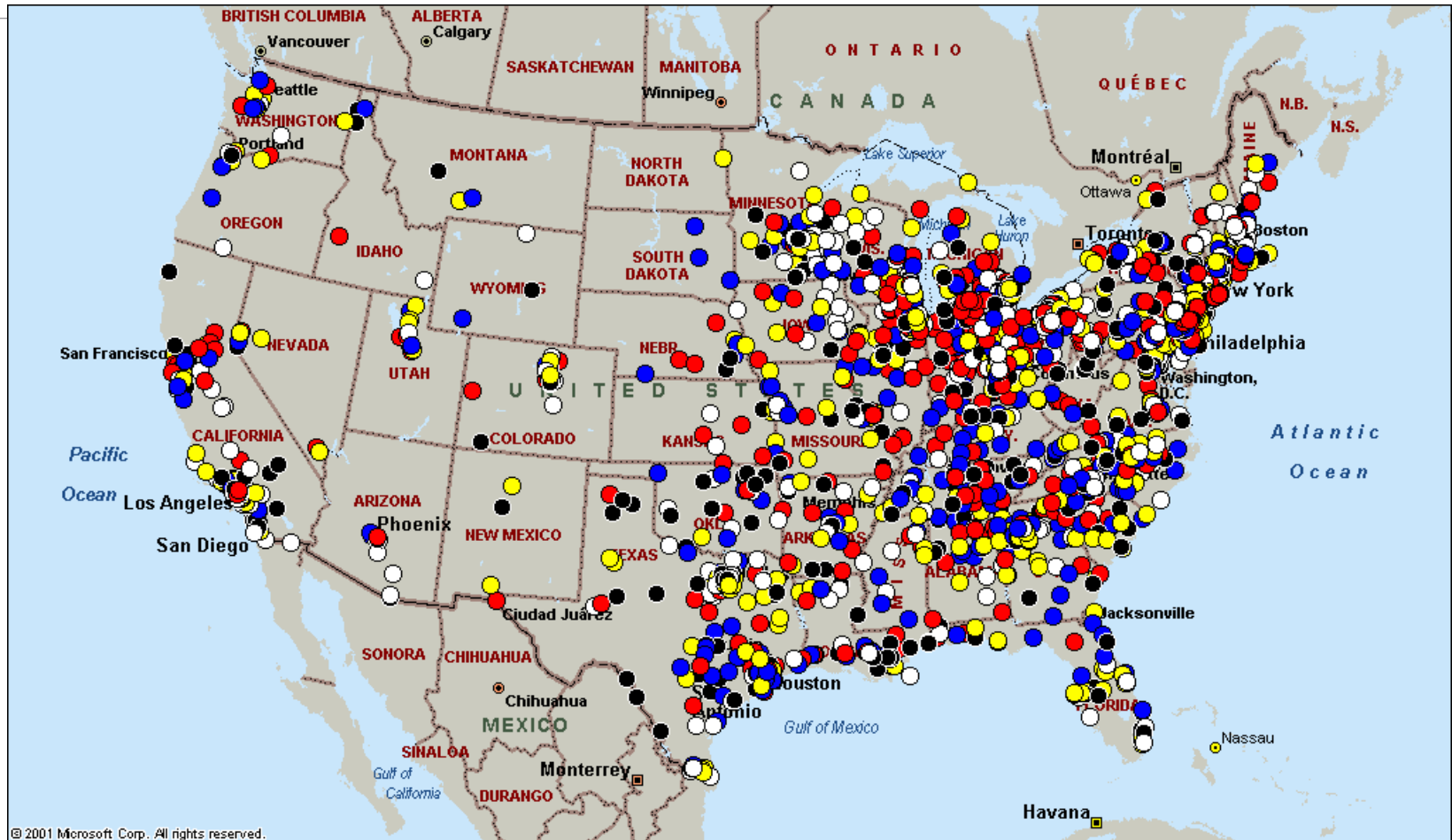
We are committed to
teamwork and innovation

We care for our customers
and each other

DNV Certification Clients by City



MANAGING RISK



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

- The NIAHOSM Accreditation Requirements (Standards and Survey Process) speak directly to the CMS Conditions of Participation
- The current NIAHOSM Accreditation Requirements include the 2008 changes to the CMS Conditions of Participation
- As a part of our deeming application process, CMS conducted an extensive review of the NIAHOSM Accreditation Requirements and Interpretive Guidelines to ensure that these met the CMS Conditions of Participation as well as the State Operations Manual.

- Determination of surveyors and survey team members considers several factors, most notably, this includes, but is not limited to, the following:
 - Size of the facility to be surveyed, based on average daily census and number of employees
 - Complexity of services offered, including outpatient services
 - Type of survey to be conducted
 - Any off-site locations, ambulatory sites, physician's offices, long term care, home care, volume information at the various sites, etc;

- Year 1 – 1st Survey
 - Meet the requirements of CMS – become accredited by DNV – continue reimbursement from CMS - effective last day of 1st survey
- Year 2 - 1 year after 1st Survey
 - Continue accreditation by undergoing an survey to NIAHOSM
 - Get a gap analysis to ISO 9000 with the road map to achieving Compliance/Certification within a maximum of 3 years
- Year 3 (3rd annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Survey for progress in implementing ISO 9001
 - May choose to demonstrate compliance by obtaining a separate ISO 9001 certificate
- Year 4 (4th annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Be in compliance with ISO 9001

Continuing DNV Accreditation

- Year 5 (5th annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Re-Certify or prove continuance with Compliance to ISO
- Year 6 (6th annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Be in compliance with ISO 9001
- Year 7 (7th annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Be in compliance with ISO 9001
- Year 8 (8th annual survey)
 - Continue accreditation by undergoing survey to NIAHOSM
 - Re-Certify or prove continuance with Compliance to ISO
- Years 9,10,11 and beyond – repeat of activities of years 6,7,8

- For **Category 1 Nonconformities**, within sixty (60) days of DNV Healthcare Inc. acceptance, the customer shall submit performance measure(s) data, findings, results of internal reviews (internal audits), or other supporting documentation, including timelines to verify implementation of the corrective action measure(s).

(If a Category 1 Nonconformity results in a Condition Level Finding, a follow-up survey prior to the next annual survey will also be required to determine compliance with the specific Category 1 Nonconformity.)

- For **Category 2 Nonconformities**, if the corrective action plan(s) requirements are met, validation of effective implementation of the agreed corrective action plan will take place at the next annual survey.

■ 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
- Ancillary / Support Services Review (Laboratory, Medical Imaging, Rehab, etc.)

■ Physical Environment / Life Safety Specialist

- Physical Environment aspects and review of management plans
- Physical Environment / Life Safety Tour
- Biomedical Engineering (Equipment)

8 Sections of Physical Environment (PE)

MANAGING RISK



PE 1. Facility Management System

PE 5. Hazardous Materials Management System

PE 2. Life Safety Management System

PE 6. Emergency Management System

PE.3 Safety Management System

PE 7. Medical Equipment Management System

PE.4 Security Management System

PE 8. Utilities Management System

OK , So what looks different ?



MANAGING RISK

- Annual on-site surveys
- All surveyors arrive and leave together
- No surprises - all nonconformities discussed with staff before documented
- Focus on sequence and interactions of processes throughout the hospital
- No survey findings “tipping” point

- 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

Who is the Expert Here?

- Who knows the most about the facility ?
- Who knows the staff best ?
- Who knows the patient and community population best?
- Who knows the local police?
- Who knows the local Fire Marshal including his/her demands and commands?
- Who knows the community support apparatus in an emergency?

The answer is YOU!

Who is counting?



MANAGING RISK

- The number of Nonconformities (NC) do not affect accreditation
- There is no complicated numbering system
- The level of NC can be upgraded with the number of deficiencies in one area

- Document Review is the initial focus of the Survey.
- Safety Meeting Minutes tell the truth...who is listening?
- Measuring and monitoring are part of every Management Plan.
- Fire drill records help everyone... if they are organized.
- Documentation throughout the facility.... latest and greatest?
- Interviews: You get 80%, DNV gets 20%

- SR.1 The organization shall meet the applicable provisions of the 2000 edition of the Life Safety Code® of the National Fire Protection Association.
- SR.4 The organization must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.
 - **The fire control plan shall provide for the following (NFPA 101-2000, 18.7.2.2 & 19.7.2.2):**
 - **SR.4a. Use of alarms**
 - **SR.4b. Transmission of alarm to fire department**
 - **SR.4c. Response to alarms**
 - **SR.4d. Isolation of fire**
 - **SR.4e. Evacuation of immediate area**
 - **SR.4f. Evacuation of smoke compartment**
 - **SR.4g. Preparation of floors and building for evacuation**
 - **SR.4h. Extinguishment of fire**
- SR.5 The organization shall maintain written evidence of regular inspection and approval by State or local fire control agencies.
- SR.10 The Life Safety Management System shall require that a tobacco-free policy be developed and enforced campus-wide. Substantial progress toward complete conformity shall be demonstrated over time.

- Unsafe staff =unsafe patients
- OSHA focuses on staff safety, not patients
- Orientation – no second chance to make first impression
 - Blood borne Pathogens
 - Hazard Communication
 - PPE
 - Fire extinguisher training
 - EOP status

- Workplace violence Prevention Program
 - Address the Hazard
 - OSHA 3148 and NIOSH
 - Local police
- Drill Code Red with Code Pink (Amber, Adam, Abduction)
- Delayed egress – think shooter
- Two Daddies at the door
- Pharmacy in the wee hours
- Nuclear Med delivery
- Give-away programs

- DNV requires compliance with
 - Chapter 12, NFPA 99, 2005
 - NFPA 1600
 - NIMS
 - NIAHO PE. 6 Requirements
 - ISO 9001,2008
- EOP is visited at every survey, every year
- DNV PE Specialists are all trained in Emergency Management
- DNV prefers interviews to “table top” drills

- Can everyone get to the MSDS ?
- Who responds to spills? - What's the number?
- Written Hazcom Program provides this info – is it available ?
- Waste Stream vigilance

- Whose buying?
- Rental equipment on local inventory
- Documented OJT for proof of competency
- Calibration Records
- Timely tracking of UTL equipment
- Controlling equipment in the EOP and off-campus
- Say Hello to Mr. ISO

- Controlling
 - Earth
 - Wind
 - Fire
 - Contractors
 - Staff (PPE)
 - Tools and equipment

- Generator staff redundancy

- Staff training on Zone valve shut off

What's new for 2010



MANAGING RISK

- Penetration programs with written permits for barrier compromising
- Increased involvement for Infection Control
 - Safety Rounding together-Facility and Infection Control Staff
 - IC is first cousin to the PE
 - Ownership of pertinent areas
- Safety officer in the OR
- Securing all H-Tanks
- Eliminate variation
- Documenting policies, procedures, and work instructions
- Continued effort to achieve tobacco free campuses
- Continued innovations in workplace violence prevention

First time DNV...What we find.

MANAGING RISK



- LOTO not cross trained
- Unattended EVS carts
- Unsecured fire extinguishers
- Low attendance at Safety Meetings
- Employee orientation deficiencies
- Lack of Code Red/Code Pink drilling
- Lack of OJT documentation
- PIT training and deficient PIT battery charging areas
- Inconsistency on zone valve training
- Provisions for staff family in the EOP
- Clean in dirty/dirty in clean
- CoF
- No Lab Safety Officer
- Lack of tagging system for recognition of defective medical equipment
- Refrigerator temperatures not monitored in off-campus buildings
- Mechanical scales not on Medical equipment PM inventory
- Unsecured Helium H-tank in the gift shop

QM.1 QUALITY MANAGEMENT SYSTEM



MANAGING RISK

- The governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring that the organization implements and maintains an effective quality management system. **This quality management system shall ensure that corrective and preventive actions taken by the organization are implemented, measured and monitored.**
- The Quality Management System will be documented in a Quality Manual, Performance Improvement Plan or similar document as identified by the organization. Included or referenced as a part of the Quality Management System will include the Quality Policy, Quality Objectives, and how processes and services are monitored and measured.
- SR.3 The organization will assure that **adequate resources are allocated** for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients.

QM.6 SYSTEM REQUIREMENTS

- In establishing the Quality Management System, the organization shall be required to have the following as a part of this system:
- SR.1 Interdisciplinary group to oversee the Quality Management System that includes at least the **CEO, COO, Nurse Executive, Pharmacy, Risk Management, Safety Management, Privacy Officer, Quality Facilitator/Management Representative**, and two members of the medical staff who must be doctors of medicine or osteopathy. **This interdisciplinary group shall conduct Management Reviews.**

QM.7 MEASUREMENT, MONITORING, ANALYSIS

- The organization shall evaluate all organized services and processes, both direct and supportive, including services provided by any contracted service. The monitoring shall include the use of internal reviews (audits) of each department or service at scheduled intervals, not to exceed one year and data related to these processes. Individual(s) not assigned to that department or service shall conduct the internal review (audit). Measurement, monitoring and analysis of processes throughout the organization require established measures that have the ability to detect variation, identify problem processes, identify both positive and negative outcomes, and effectiveness of actions taken to improve performance and/or reduce risks. The organization must define the frequency and detail of the measurement. Those functions to be measured at a minimum must include the following:

Functions to be measured



- **SR.1 Threats to patient safety;**
- **SR.2 Medication therapy/medication use; to include medication reconciliation and the use of dangerous abbreviations;**
- **SR.3 Operative and invasive procedures; to include wrong site/wrong patient/wrong procedure surgery**
- **SR.4 Anesthesia/moderate sedation;**
- **SR.5 Blood and blood components**
- **SR.6 Restraint use/seclusion;**
- **SR.7 Effectiveness of pain management system;**
- **SR.8 Infection control system, including nosocomial infections;**
- **SR.9 Utilization Management System;**
- **SR.10 Patient flow issues, to include reporting of patients held in the Emergency Department or the PACU in excess of eight hours.**
- **SR.11 Customer satisfaction, both clinical and support areas;**
- **SR.12 Discrepant pathology reports;**
- **SR.13 Unanticipated deaths, non-sentinel event;**
- **SR.14 Sentinel event/near miss;**
- **SR.15 Other adverse events;**
- **SR.16 Critical and/or pertinent processes, both clinical and supportive;**
- **SR.17 Medical record delinquency; and,**
- **SR.18 Physical Environment Management Systems**



MANAGING RISK

DNV HEALTHCARE INC.

CERTIFICATE OF ACCREDITATION

Certificate No. 12345-AHC-USA-NIAHO

This is to certify that

ABC Medical Center

at

1234 Hospital Avenue, Cincinnati, OH 45255

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:
December 1, 2008

Patrick Horine
Executive Vice President, Accreditation



for the Accreditation Body:

DET NORSKE VERITAS
HEALTHCARE, INC.
HOUSTON, TEXAS

Yehuda Dror
President

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

DET NORSKE VERITAS HEALTHCARE, INC., 16340 PARK TEN PLACE, HOUSTON, TX 77084, TEL: 281-721-6600 - WWW.DNVACCREDITATION.COM



www.dnv.com

Randall Snelling, CPEO
400 Techne Center Drive
Suite 350
Milford, Ohio 45150
Office: (513) 947-8343
Direct : (513)-388-4869
(513) 947-1250 Fax
Randall.Snelling@DNV.com
www.dnvaccreditation.com



Question & Answer Session

Safeguarding life, property and the environment

www.dnv.com



MANAGING RISK

DNV