

DNV HEALTHCARE AND NIAHO_
A NEW CHOICE FOR HOSPITAL ACCREDITATION
A NEW STRATEGY FOR THE PHYSICAL ENVIRONMENT

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On September 26, 2009, Det Norske Veritas Healthcare, Inc. (DNVHC) received CMS deeming authority. DNV is an organization that was established in 1864 in Norway and started operating in the USA in 1898. DNV corporate headquarters is located in Houston, Texas and the operational office of DNV Healthcare Inc. is in Cincinnati, Ohio.

DNV Healthcare's Hospital Accreditation Program consists of an integration of NIAHO Standards with ISO 9001 Quality Management System Standards. The NIAHO Accreditation Requirements speak directly to the CMS Conditions of Participation for Hospitals. DNVHC accreditation meets and exceeds CoP requirements and integrates the ISO 9001 Quality Management System as a part of these requirements. DNVHC surveys are conducted annually; focus on sequence and interactions of processes throughout the hospital and do not include a "tipping point" in the process that results in varied levels of accreditation of the surveyed organization. However, for any findings of nonconformity to the requirements the organization is responsible for preparing a corrective action plan to address these findings.

Most attendees for this presentation will have some knowledge of ISO Certification through personal contacts or actual employment in such ISO certified or ISO compliant organizations. An accredited organization is required under the NIAHO accreditation requirements to become ISO compliant or certified within two years of initial accreditation. The organization may demonstrate compliance through NIAHO accreditation or maintain Certification through an accredited registrar and shall maintain this certification or compliance in order to remain eligible for NIAHO accreditation.

Because of the brevity of this presentation, the methods by which hospital organizations comply with ISO 9001 can not be discussed in detail, however, a brief overview will be provided.

There are eight Clauses to the structure of the ISO 9001 Quality Management System Standards including five interactive clauses numbered here by clause number: 4) Quality Management System, 5) Management Responsibility, 6) Resource Management, 7) Service Realization, and 8) Measurement, Analysis, and Improvement. ISO 9001 requires for compliance six documented procedures. These are 1) Control of documents, 2) Control of records, 3) Internal audit, 4) Control of non-conforming product, 5) Corrective action, and 6) Preventative action. The NIAHO Quality Management System (QM) Requirements address these procedures in detail to ensure that hospital organizations comply with the ISO standard.

The length of time it takes a hospital organization to comply with the ISO 9001 standard varies with any organization but most commonly this can be achieved in approximately eight months or less. Experts in the accrediting field agree that a hospital that has been accredited by another accrediting agency is typically 60- 70% ready for ISO compliance. All organizations vary in preparedness and staff abilities but all organizations are required to comply with the ISO Standard in two years. Many organizations accelerate this process because they desire to benefit from the improvements that the Quality Management System delivers as quickly as possible.

An organization that is accredited by DNVHC is invited to send a representative to train in the ISO and NIAHO training administered by DNVHC. This organizational representative

then becomes a part of the DNVHC team. The representative will commit to participate in three to four surveys annually as an actual DNVHC surveyor. They enjoy the same information, emails and input as any DNVHC surveyor. Therefore, participating organizations have access to the same information as the accrediting organization. This transparency of DNVHC surveying strategies eliminates surprises during a survey that are a phenomenon generally not desired by hospital organizations.

What does a survey by DNVHC entail?

DNVHC surveys are annual and unannounced. The NIAHO terminology for items found to be out of compliance with NIAHO or ISO Requirements is referred to as a “nonconformity.” There are three types of nonconformities: 1) Category One (conditional), Category One, and Category Two.

The survey team consists of three types of surveyors: Clinical, Generalist, and Physical Environment/Life Safety Specialist. These surveyors must successfully complete various types of training including observation surveys and completion of 45 hours of CEUs each year.

While these training requirements ensure that each surveyor is competent, DNVHC also strives for each surveyor to attain what is known at DNVHC as the three “C’s”, i.e. Currency, Calibration, and Consistency. Monitoring of the latest industry information allows DNVHC to strive to keep all surveyors current on innovative issues. DNVHC, through top management, communicates to surveyors the desired reaction to this information so that surveyor response is calibrated with the entire survey cadre. Survey Team Leader observation as well as client feedback ensure that surveyors are consistent in applying accreditation standards. Also to attain the goal of surveyor consistency DNVHC assigns the same surveyors to the same hospitals for three years whenever possible.

DNVHC survey activities include observation of services, interviews, tracer methodology, and a comprehensive building tour. The survey team arrives on-site together and all three disciplines, Clinician, Generalist, and Physical Environment Specialist remain for the entire survey. The size and composition of the survey team is determined by several factors including: 1) the size of the surveyed facility including off-site locations, 2) the complexity of the services offered by the surveyed organization, and 3) the type of survey to be conducted. Some facilities are small enough to require just two surveyors. In this case, the team will consist of a Clinician and Physical Environment specialist who can also survey to the Generalist’s discipline.

Considering that this presentation affects primarily facility engineers, the focus narrows to the Physical Environment (PE) section of the survey.

The NIAHO Requirements for the PE are divided into eight sections; PE.1) Facility, PE.2) Life Safety Management System, PE.3) Safety Management System, PE.4) Security Management System, PE.5) Hazardous Materials (Hazmat) Management System, PE.6) Emergency Management System, PE.7) Medical Equipment Management System, and PE.8) Utilities management System. Within each of these sections of the PE are enumerated Standard

Requirements (SR) and associated Interpretive Guidelines similar in format utilized in the CMS CoPs and Interpretive Guidelines.

An example of a NIAHO Standard Requirement would be: PE.1 Facility, SR.1: The facility shall be constructed, arranged, and maintained to ensure patient safety and to provide areas for diagnosis and treatment and for special organization services appropriate to the needs of the community.

An example of an associated Interpretive Guideline to this Standard Requirement is: The hospital must ensure that the condition of the physical plant and overall hospital environment is developed and maintained in a manner to ensure the safety and well-being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with Federal and State laws, regulations, and guidelines and manufacturer's recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair. The routine and preventive maintenance and testing activities should be incorporated into the hospital's Quality Management System.

For the purpose of this presentation, an example of nonconformity is provided for each of the seven remaining sections of the Physical environment to help explain the NIAHO survey process. Category 1 nonconformities are rare but not unheard of in the Physical Environment.

PE.2 Finding: Fire Extinguishers are not secured to prevent dislodgement. Fire extinguishers in main lobby and other areas of the hospital where children are present are loose within the cabinets that can be opened by children. This finding is a Nonconformity 2 and is out of compliance with PE.2 LIFE SAFETY MANAGEMENT SYSTEM; SR.1: The organization shall meet the applicable provisions of the 2000 edition of the Life Safety Code® of the National Fire Protection Association.

PE.3 Finding: Hospital orientation training does not include Blood borne Pathogen Training or Hazard Communication Training allowing for staff to begin work without this training. This finding is a Nonconformity 2 and is out of compliance with PE.3 SAFETY MANAGEMENT SYSTEM; SR.4: The Safety Management System shall require that the organization maintain an environment free of hazards and manages staff activities to reduce the risk of occupational related illnesses or injuries.

PE.4 Finding: The organization has no comprehensive written Workplace Violence Prevention Program. This finding is a Nonconformity 2 and is out of compliance with PE.4 SECURITY MANAGEMENT SYSTEM; SR.3: The Security Management System shall address issues related to abduction, elopement, visitors, workplace violence, and investigation of property losses.

PE.5 Finding: Environmental Service (Housecleaning Carts) left unattended long enough to allow passersby to access hazardous chemicals stored openly on cart. This finding is a Nonconformity 2 and is out of compliance with PE.5 HAZARDOUS MATERIAL (HAZMAT) MANAGEMENT SYSTEM; SR.2: The HAZMAT Management System shall provide processes

to manage the environment, selection, handling, storing, transporting, using, and disposing of hazardous materials and waste.

PE. 6 Finding: The hospital's Incident Command Center is not on the essential electrical system thus leaving the area with no electricity when building is on generator power exclusively. This finding is a Nonconformity 2 and is out of compliance PE.6 EMERGENCY MANAGEMENT SYSTEM; SR.5: The Emergency Management System processes shall address alternative means to support essential building functions such as electricity, water, ventilation, fuel, medical gas and vacuum systems, and other identified utilities.

PE.7 Finding: The hospital has no procedure for identifying malfunctioning equipment such as uniform tags and associated paper work. This finding is a Nonconformity 2 and is out of compliance PE.7 MEDICAL EQUIPMENT MANAGEMENT SYSTEM; SR.1: The organization shall establish a Medical Equipment Management System that provides processes for the acquisition, safe use, and the appropriate selection of equipment.

PE.8 Finding: The hospital is not monitoring or controlling temperature in the Sterile Processing Department. PE.8 UTILITY MANAGEMENT SYSTEM; SR.7: The Safety Management System shall require proper ventilation, light and temperature controls in operating rooms, sterile supply rooms, special procedures, isolation and protective isolation rooms, pharmaceutical, food preparation, and other appropriate areas.

The above example findings are subject to escalating into the class of Category 1 if corrective actions have not been implemented between annual surveys. These examples are listed with the intention to inform the reader of a few NIAHO requirements. They do not include in their description ISO Standard nonconformities. Each of these nonconformities is also an ISO nonconformity; however, to facilitate the brevity of this presentation ISO standards are not addressed here in detail. These sample findings represent neither the most common nor the most complicated or rare findings. A discussion of all types of findings will accompany this document in an associated oral presentation.

The intention of this presentation is to provide the audience a brief overview of the NIAHO Accreditation and Survey processes. This presentation has highlighted the NIAHO and ISO integration as well as relationship to the CMS CoPs. It has also emphasized aspects of surveyor characteristics and focused on some examples of nonconformities. These aspects of the accreditation process will become more familiar with the healthcare world as more organizations contract DNVHC for accrediting.