BUSINESS ASSURANCE

HOW HOSPITAL ACCREDITATION AND CONTINUOUS IMPROVEMENT RAISE THE BAR ON HEALTHCARE QUALITY

SAFER, SMARTER, GREENER
Even when every contingency has been prepared for by hospital staff, there are unexpected stressors: Auditors sometimes bring up issues that had never been a problem before - such as an elevator too close to a stairwell.

"The building has been this way for 50 years and we've never been cited for it. Why they chose now to have this issue with an elevator and a stairwell, I couldn’t tell you," said one hospital compliance employee.

Or, there can be what veteran hospital auditor John Cooke calls the "gotcha game." That might include an auditor picking up a piece of confidential medical information from a nursing station and presenting it to staff later as proof of lax security. Or, it may be going for the "low hanging fruit" - identifying an issue that the hospital is likely not compliant with, making it easy to present as a finding.

Although far from glamorous, hospital accreditation is crucial. Most hospitals in the U.S. choose to be accredited in order to receive payments from the Centers for Medicare and Medicaid Services (CMS) programs. Most of the commercial health plans also require hospitals to maintain accreditation to be a part of their respective networks. Accreditation is what keeps a hospital’s doors open and holds them accountable for ensuring the safe delivery of critical healthcare services to millions of Americans.

Yet despite its critical importance, preparing for the typical three-year accreditation has traditionally been viewed by hospital management as a chore at best. Such work often follows the familiar pattern of a flurry of preparation activity just before an accreditation audit.

Once work is completed to secure the accreditation, the hospital’s executives and compliance staff usually sigh in relief and resume their other duties. Only until the next accreditation survey three years in the future would they focus again on optimizing the hospital’s overall performance.

That these bursts of vigilance have only a temporary impact on the quality of care is borne out by a recent study published in the Journal of the American Medical Association and authored by researchers from Harvard University, Brigham & Women’s Hospital, Massachusetts General Hospital and the National Bureau of Economic Research. It concluded that for three weeks after a surprise inspection from an accrediting body, mortality rates for patients actually declined nearly 6 percent at major teaching hospitals.

"These results suggest that changes in practice occurring during periods of surveyor observation may meaningfully affect patient mortality," the study concluded. But after three weeks, such improvement disappeared.

This pattern of brief vigilance followed by a return to the routine represents a missed opportunity for hospitals to greatly improve the quality of care delivered to patients. And quality of care is a crucial pathway toward controlling costs. The typical medical error costs an average of $11,366.00, according to a 2011 study in Health Affairs. Even reducing medical errors nominally could save the typical hospital hundreds of thousands - if not millions of dollars per year.
THE ALTERNATIVE: CONTINUOUS QUALITY

Should accreditation remain part of a cycle that only occurs every 1,000 days or so? Or should hospitals and accrediting bodies engage in more continuous improvement efforts?

And, if a hospital’s staff desires an accreditation that includes continuous improvement, how might guidelines be established to ensure that occurs?

Every hospital must abide by the CMS Conditions of Participation (CoPs) - the standards of patient care and clear expectations about what is minimally required to participate in the Medicare program. The CoPs run hundreds of pages and specify standards for virtually every part of a hospital, from its operating room to nutritional guidelines for the food served to patients.

But how hospitals achieve the CoPs standards - and maintain or improve upon them - are often widely open to interpretation. The officials at the Centers for Medicare & Medicaid Services - which oversees the Medicare program - are not concerned with, in most ways, how hospitals abide by CoPs, only that they are in compliance.

That can permit hospitals to pursue continuous quality improvement in many ways, even utilizing processes that were first forged in the manufacturing sector, such as (Lean) Six Sigma and ISO. There is a chapter outlining what is expected for Quality Assurance and Performance Improvement (QAPI) but there is far more that needs to be in place to be effective to continually improve and address actions where needed to maintain compliance.

DNV GL - HEALTHCARE

DNV GL - Healthcare (DNV GL) is one of the major hospital accrediting bodies in the United States. Since it began operations less than a decade ago, it now accredits more than 400 hospitals - about 10 percent of all the accredited hospitals nationwide.

When DNV GL initiates a hospital accreditation, auditors not only appear for the initial inspection, they will regroup with the appropriate staff annually to follow up on items of interest as well as encompass different areas of the hospital. “We found that was more in line with our institutional goals,” said Lorie Gillette, Director of Value Management for the University of Utah Health. That organization switched to DNV GL in 2010 for that particular reason. “We liked that they surveyed annually. We felt that put us in continuous improvement mode.”

Charleston Area Medical Center in West Virginia made the switch in 2013 for similar reasons. According to Barbara Covelli, the hospital’s corporate director of regulatory compliance, its prior accrediting body had become too "prescriptive" in its approach and had overly scrutinized the facility’s medical staff policies related to physician’s privately employed nurses, for example. The contrast with DNV GL has been significant, Covelli added.

"As the cycles go, you have your survey, you put your corrective actions into place, and before you know it, the year is up, and you understand whether or not the processes you put in place were effective," she said. "It certainly keeps us continuously accreditation ready."

Barbara Covelli
Charleston Area Medical Center
CONTINUOUS QUALITY IMPROVEMENT WITHIN THE CONTEXT OF NIAHO® AND ISO 9001

DNV GL’s National Integrated Accreditation for Healthcare (NIAHO)® accreditation requirements hew to the Medicare CoPs. But where DNV GL breaks ranks from other accrediting bodies is the use of guidelines promulgated by the Swiss International Organization for Standards (ISO) to help its client hospitals pursue continuous quality improvement. All hospitals that work with DNV GL must comply with (or formally obtain certification) ISO 9001 within three years of receiving its first accreditation from that body.

ISO has been in operation since 1947. Although its initial focus was on manufacturing, over the decades it became clear to its management that it could be used to improve other highly complex processes such as the delivery of healthcare services.

THE ISO 5 STEP PROCESS

The current standards, ISO 9001, are used by more than one million organizations worldwide to optimize their overall performance. While initially focused more on the manufacturing and other related industries, the standard has evolved such that there is focus on processes to achieve desired outcomes, be more consistent with the processes and ultimately impact the customer. Because of this focus, the evolution of the standard has made ISO 9001 very befitting for hospitals. It melds with practices currently in place to create a very effective quality management system that encompasses the entire organization.

ISO 9001 is still a relatively new approach for hospitals, but it provides them with a unique advantage. How the hospital managers and clinicians implement ISO 9001 standards is entirely up to them. It is an approach that not only permits flexibility and creativity, but allows for problem-solving to occur within the cultural context of each organization.

University of Utah Health became ISO certified in 2016. “When you go on your journey with ISO, you don’t have all the answers,” Gillette said. “ISO principles are the structure behind your quality program and prompt staff to ask, ‘How do we do it better?’ You have to look at your processes in depth and get to the root causes. It’s the only way to make a major change last.”

As Bozeman Health Deaconess Health, the first hospital in Montana to be certified by DNV GL, recently noted in a statement: “ISO 9001 is a process standard ideally suited to complex, people powered businesses. The more variables and interdependencies in your organization, the more relevant ISO becomes. It provides the structure for staff to focus on common goals like patient care and safety. ISO puts everyone on the same page, turning individuals into teams and into high performance enterprises. ISO helps you create a clear path to sustainable excellence.”

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Lori Gillette
University of Utah Health
One area where Charleston Area focused on improving patient quality is stroke care. This is a critical issue for its patients, as West Virginia has one of the highest risks for stroke in the United States. According to data from the American Heart Association, nearly 29 percent of the state’s residents smoke, more than a third higher than the U.S. average. Nearly 70 percent of the state’s residents are overweight or obese. The rates of residents who have already experienced a stroke are about one-third higher than the nationwide average.

As part of its collaboration with DNV GL, Charleston Area decided to expand its team of neurologists and created a telestroke program that allowed doctors to diagnose and treat patients even if they had to do so from a remote location.

Another focus of Charleston Area was improving the delivery to its patients of a tissue plasminogen activator (tPA), a specialized drug that can break up blood clots that occur as the result of an ischemic stroke, the obstruction of blood flow to the brain.

The delivery of such drugs within three hours of the onset of a stroke has the potential to reverse the worst symptoms of a stroke nearly immediately.

According to Covelli, the input from DNV GL Healthcare prompted the hospital to quadruple the number of patients who received a tPA between 2015 and this year. That effort is borne out in recent Medicare quality data. According to the data, Charleston Area administered clot-busting medications to 95 percent of patients within three hours of their symptoms starting. That’s compared to the nationwide average of 87 percent and the statewide West Virginia average of 83 percent.

“We’re a big supporter of DNV GL,” Covelli said. “There’s no better way to maintain accreditation and quality.”

**CONCLUSION**

Accreditation of a hospital is serious business, and it should not have to be taken seriously only every three years. Focusing on continuous quality improvement and embracing ISO 9001 in order to do so is a pathway to ensure that hospital patients receive improved quality of care.
DNV GL

DNV GL is a world-leading certification body. We help businesses assure the performance of their organizations, products, people, facilities and supply chains through certification, verification, assessment and training services.

Within healthcare, we help our customers achieve excellence by improving quality and patient safety through hospital accreditation, managing infection risk, management system certification and training.

The DNV GL Group operates in more than 100 countries. Our 13,500 professionals are dedicated to helping our customers make the world safer, smarter and greener.

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