DNV GL HEALTHCARE

A BETTER, FAIRER WAY TO ACCREDIT HOSPITALS
A Better, Fairer Way to Accredit Hospitals

By Patrick Horine

Life is not fair, even for a big, billion-dollar operation such as a hospital or healthcare system.

In my nearly 30-year career in the healthcare quality and accreditation business, I have seen some great facilities on the precipice of losing their ability to participate in the Medicare and Medicaid programs due to a few findings of non-compliance, while some admittedly more mediocre hospitals sail through its surveys unscathed. The latter has been borne out by some recent national news reports suggesting that some hospitals have been able to skate through their accreditation process, leaving open questions about the safety and efficacy of the care they are providing.

This differential is certainly not fair to the hospitals and their management. It is definitely not fair to the patients whose lives are entrusted by these hospitals.

But the vast majority of hospitals hew to the line every day, no matter how challenging. A great example of this is Alex Wubbels, the University of Utah Hospital nurse detained by local police last July for refusing to allow a blood alcohol test on an unconscious patient. She not only followed hospital protocol to the letter but showed remarkable resolve under tremendous pressure.

Such resolve is required by hospital staff whether they are facing a legal matter such as this one, or the requirement to improve a facet of its healthcare delivery. Alex Wubbels adhered to a specific process that was extensively vetted before it was put into place. And while she acted individually, the hospital staff backed her up as a team.

Yet many hospitals will engage in deflection when it comes to issues that reflect on their institutional competence, such as medical errors. I take offense when that occurs. While I would agree there may have been negligence, carelessness or apathy that led to such errors, the majority occur as a result of processes that are poorly designed, lack consistency or contain significant variation.

Hospitals have a new option in their approach to quality and processes: Working with their accreditation body, specifically if it is DNV GL Healthcare.

My experience in the accreditation field has led me to a mission to forge an entirely new process for accrediting hospitals and keep them focused on improving the quality of care they deliver.

That process is based on the ISO 9001 quality management system, originally created in Europe for the manufacturing sector. As I have learned and experienced, this system is malleable enough to be overlaid onto Medicare’s Conditions for Participation and adopted for the hospital sector. The system is applicable for hospitals to achieve high levels of safety and quality and is also flexible enough to allow hospital managers to devise their own ways to reach those goals. That has replaced the old school version of accreditation compliance, where hospital managers and staff are placed in a proscriptive situation, almost certainly chafing under the changes they are told to make without deviation.

Accreditation should also be based on continuous improvement. Most agencies visit every three years, allowing hospitals to slide back to pre-survey operations between visits. Annual visits have shown this is the best way to ensure that hospitals and their staffs are at their highest level of readiness. This includes one week to conduct the survey, two weeks for the follow-up, 60 days for the hospital to furnish objective evidence of corrective actions being implemented and effective. With this process, the hospital staff will see the surveyor again in about 9 months, not 36. Staff may grumble initially, but most are soon converted.

The ultimate goal is to leave hospital staff confident they have a system in place that will identify variation, formally document corrective and preventive action, and have the added accountability with staff engagement in the internal audits required. Life will continue not to be fair, but this new approach to accreditation makes it fairer to clinicians, hospital employees and the patients who place their lives in their hands.

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