There’s a new accrediting organization in town, and some hospitals are choosing it as an alternative to the Joint Commission. In 2008, DNV Healthcare, Cincinnati, Ohio, became the first new hospital accrediting body in 30 years granted “deeming authority” by the Centers for Medicare and Medicaid Services (CMS). That gives DNV Healthcare the authority to review hospitals on Medicare’s behalf. Its parent, DNV (Det Norske Veritas), an independent foundation based in Norway, focuses on managing risk and business performance in a variety of industries.

*OR Manager* talked to a DNV Healthcare executive and nurse managers in hospitals that have elected accreditation under DNV Healthcare’s program, called National Integrated Accreditation for Healthcare Organizations (NIAHO).

NIAHO standards are based on the Medicare Conditions for Participation (CoPs) and ISO 9001 quality management standards (sidebar). ISO is a worldwide standard-setting organization (www.iso.org).

Managers say their hospitals made the switch because they thought NIAHO accreditation focused more on outcomes than process, and they perceived its reviews to be “more collaborative” than the Joint Commission’s.

**Similarities and differences**

DNV Healthcare’s vice president for accreditation, Patrick Horine, a former hospital executive and consultant on accreditation preparation, says NIAHO is more focused on outcomes “than achieving only one way of doing things.”

Hays Medical Center in Hays, Kansas, in 2005 became the first US hospital to be NIAHO accredited.

“We liked their message and their survey style. The communication is open,” says Judith Purdy, RN, director of quality management. “You have to meet the CoPs, but you are free to do that in the manner that works best for your organization.”

In contrast, managers say, the Joint Commission requires hospitals to follow specific steps to meet its standards, independent of their outcomes.

Kathy Shaneberger, RN, MS, CNOR, director of surgical services at Holland Hospital in Holland, Michigan, which recently elected NIAHO accreditation, compared the DNV survey to a visit by reviewers from the American Nurses Credentialing Center Magnet program for nursing excellence.

“Their approach is to help and suggest rather than just finding what’s wrong,” she says.

She says she found the initial NIAHO survey to be less in-depth than the
Joint Commission’s but expects that the annual DNV visits and consistency of the survey team will permit them to look deeper over the 3-year accreditation period.

In the initial survey, the physician surveyor met with surgical services leaders in the lounge and reviewed charts and policies. Shaneberger says the surveyor posed a number of questions, such as whether patients are asked about advance directives, how physicians are credentialled for new procedures, and how site marking is performed. He also went into the ORs and observed a time-out for surgical site verification.

**Surveying the time-out**

Another perioperative services director compared how DNV Healthcare and the Joint Commission reviewed surgical site verification.

For DNV, the focus is on the outcomes, notes Paula Prestwood, RN, BS, of South Central Regional Medical Center in Laurel, Mississippi, which had its first DNV survey in December 2008. The Joint Commission’s Universal Protocol defines step-by-step how the time-out is to be conducted.

For DNV, this activity falls under the ISO 9001 Quality Management System (QSM) standard, which requires “an ongoing system for managing quality and patient safety.” This includes measuring, monitoring, and analyzing “all organized services and processes,” including specific ones, such as operative and invasive procedures, including wrong surgery.

“DNV says, ‘If you have a process that works for you, your outcomes are consistent, your processes are safe, and there is evidence of that, then that process works for your organization,’” says Prestwood, who oversees 8 ORs at the 285-bed hospital. She says the hospital had “spun its wheels” with the Universal Protocol, adding, “that energy can now be directed toward quality management.”

The DNV survey in surgical services was similar to the Joint Commission’s process, she says. Surveyors toured the ORs and talked with the staff. They reviewed sterilization records and flash sterilization logs and examined chart documentation, among other things.

**Document control**

Two of the biggest changes with DNV Healthcare review are document control and internal audits, says Mindy Benore, RN, BSN, CNOR, manager of surgery and sterile processing at St Luke’s Hospital, Maumee, Ohio. The hospital, with 300 beds and 14 ORs, has been accredited under NIAHO since 2004 and continues to be Joint Commission accredited as well. Benore notes that ISO standards are familiar in Ohio because of its many manufacturing companies.

Under the ISO 9001 QSM standard, an organization’s documents, such as policies, procedures, and forms, have to be managed so only the current versions are in use.

“It has really made us look at our policies and keep them updated every 3 years,” Benore says. The hospital’s documents are maintained on its intranet, and only the quality manager is authorized to make changes. “It is a tightly controlled repository,” Benore says.

Work instructions must also be controlled so only the latest instructions are readily available to the staff.

Endoscope reprocessing is an example. AORN adopted a new recommendation in 2009 saying flexible endoscopes unused for more than 5 days should be reprocessed again before use.
To track the reprocessing dates, St Luke’s developed an Excel spreadsheet that lists all of its scopes. When an endoscope is reprocessed, the date is entered in the spreadsheet, enabling the staff to check the status of each scope before use.

The spreadsheet has worked better than using labels or tags, Benore says, noting that the NIAHO surveyor “was very impressed” with the tracking system.

**Internal audits**

As part of the ISO 9001 quality standard, a hospital must conduct internal audits to ensure its processes “have been implemented and verified to be effective.” The audits help ensure the hospital stays in compliance.

At St Luke’s, the audit team consists of nurses and quality management professionals, who conduct regular reviews. They do not audit their own departments. Prestwood is one of 15 auditors for South Central Regional’s internal review team.

“It is about learning from each other and breaking down silos,” she says. “We think this will enhance our interdepartmental working relationships. We see a lot of good things coming out of it.”

*Learn more about DNV Healthcare at www.dnv.com/focus/hospital_accreditation/*

**References**


**Getting to know DNV Healthcare**

**What is DNV Healthcare?**

DNV Healthcare is a unit of DNV (Det Norsk Veritas), an independent foundation based in Norway that provides certification, standards development, and risk management in a variety of industries.

DNV Healthcare received “deeming authority” from the Centers for Medicare and Medicaid Services in 2008, authorizing it to review hospitals on behalf of Medicare. DNV Healthcare’s hospital accreditation program is known by the acronym NIAHO, for National Integrated Accreditation for Healthcare Organizations. All hospital accreditation decisions are made in the US.

**What are the standards?**

NIAHO standards have 2 major components:

- the Medicare Conditions of Participation (CoPs) with modifications
- ISO 9001 Quality Management System (QMS) requirements.

A hospital’s initial NIAHO survey reviews CoP compliance. Within 2 years, a hospital is expected to comply with the ISO 9001 QMS requirements.

The QMS standard addresses how an organization measures and man-
ages its key processes to ensure they are effective and continuously improved. The standard “creates a quality management infrastructure for the organization: How do you govern and manage all of your processes?” explains Patrick Horine, DNV Healthcare’s executive vice president for accreditation.

**Key functions**
Surveyors look for evidence that the hospital is measuring and improving on its key functions. Examples are:
- threats to patient safety
- medication therapy and use
- operative and invasive procedures, including wrong surgery
- blood and blood components
- effectiveness of pain management
- infection control
- patient flow, including patients held in the emergency department or postanesthesia care unit for over 8 hours
- sentinel events, near misses, and other medical errors.

**Surgical services standards**
The surgical services standards, which follow the CoPs, specify compliance with professional standards, such as those from AORN, the Centers for Disease Control and Prevention, the Association for Professionals in Infection Control and Epidemiology, and the American Society of Anesthesiologists.

Unlike the Joint Commission, NIAHO does not have National Patient Safety Goals nor a Universal Protocol for surgical site verification. Instead, as part of the QMS standard, hospitals are expected to have a patient safety system for detecting and addressing threats to safety.

**What’s a survey like?**
The NIAHO survey process is not much different from what hospitals are used to, Horine says.
One major difference is that DNV conducts an on-site survey every year. Surveys are unannounced and include 2 to 5 surveyors, depending on the size of the hospital, including at least a physician or nurse and a physical environment specialist.
Like the Joint Commission, NIAHO uses a tracer methodology. Surveyors select a chart and follow the patient’s care through the process, interviewing patients and staff to check compliance with standards.
Surgical services can expect a clinical surveyor to visit during each survey, Horine says.

**What does the ISO 9001 quality standard require?**
The key test for meeting the ISO 9001 QMS standard, says Horine, is:
“Are you documenting what you do? Are you doing what you document? And are you proving it and improving it?”
Two features of the standard are:
- document control
- internal audits.

**Document control**
Document control entails ensuring only the most current versions of
policies, procedures, and forms are in use throughout the organization. Surveyors will pull policies and procedures to check for current versions.

**Internal audit**

Hospitals are expected to use an internal audit process to ensure continuing compliance. An internal audit team is expected to evaluate all services and processes by monitoring, measuring, and analyzing them.

Measures must be able to detect variation, identify problem processes, identify positive and negative outcomes, and evaluate the effectiveness of actions to improve performance and/or reduce risks.