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Joint Commission competitor DNV has greater focus on Life Safety

How does a three-day Life Safety survey sound to you? That's how long a Life Safety specialist from DNV, the company seeking deeming authority from CMS, spent during a Rhode Island hospital's survey two months ago. Although it will be October before CMS decides whether to recognize Det Norske Veritas as the newest national hospital accrediting organization [IJC 4/14/08], IJC has learned details about DNV's survey process. First off: DNV blends ISO 9001 quality management with Medicare's Conditions of Participation for Hospitals and places more emphasis on the Life Safety survey, says Terry McWilliams, VP of medical affairs at Newport Hospital. "They consistently look for system-related issues and overall process improvement," he says. McWilliams should know. Since 2005, his 120-bed non-teaching community hospital has been surveyed four times by either DNV or its 2007 acquisition, TÜV Healthcare Specialists. What's more, his hospital was surveyed by the Joint Commission, DNV and CMS within the first few months of 2008, giving McWilliams a unique perspective on the similarities and differences of all three survey processes.

Hospital selected to be in DNV's pilot group

TÜV first approached Newport Hospital in 2005, in an effort to develop a caseload for its application to CMS for deeming status, McWilliams recalls. Since TÜV was offering free surveys, McWilliams figured the hospital had nothing to lose, he says. At the time, Newport Hospital was due for its Joint Commission triennial survey. A free TÜV survey would give them an idea of where they could beef up compliance with standards, he recalls. So in June 2005, TÜV performed a 2-day survey that included an ISO preassessment survey, a mock Joint Commission survey and a survey it was developing for its own "National Integrated Accreditation for Healthcare Organizations" program.

Surveyors pointed out areas for improvement

While Newport Hospital fared well on the TÜV survey, its surveyors did pinpoint areas for to improvement, including HR and medication management, McWilliams recalls.

☒ **Performance evaluations overdue:** In Sept. 2007, DNV examined staffing management and noticed that some performance evaluations were overdue. At Newport Hospital, raises are based on merit only and there are no cost of living adjustments, so lagging performance evaluations could translate into lower morale.

As a result: After three years of managers' attention to and talk about insisting on timely performance evaluations, the hospital's charts that track performance over time didn't show much change. At times, the percent of late evaluations zigzagged, reaching a high of 11 percent over a year.

Solution: The hospital now holds managers more accountable. It developed a zero tolerance policy during the survey and hasn't budged since. The manager upped the ante by escalating the consequences. The first miss would get a verbal warning, the second a written one, and the third failure to complete a performance evaluation on time could be grounds for dismissal. Now, the rate of late evaluations is down to zero.

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⊗ **Unsecured crash carts:** When crash carts containing meds were used overnight, they were left in an unsecured area. **As a result:** Several people, including housekeeping, had keys to the central supply area where the crash carts were parked with meds on-board.

Solution: Hospital staff now remove medications from the carts and store them securely in the pharmacy overnight. This crash cart is then open and available for use.

⊗ **Non-specific documentation:** After DNV's March 2008 survey, Newport Hospital's staff adjusted medication management so that medication orders during moderate sedation for endoscopy cases included documentation of individual orders and times, not just cumulative doses given.

⊗ **Slow response to patient complaints:** The hospital also tweaked its patient complaint process to bring it in compliance with CMS guidelines. While Newport Hospital had been responding to complaints within two weeks, it has since modified in-house policies and procedures to respond within seven days as CMS requires.

Three-day survey for Life Safety

Two weeks before DNV's March 2008 survey, Joint Commission surveyors arrived for the hospital's triennial survey. But while the Joint Commission's Life Safety specialist spent just one day at the hospital, DNV's roamed the premises for three days, McWilliams says. Similar to the Joint Commission, the DNV survey included a Life Safety specialist, a physician and an administrative surveyor, he says. All three DNV surveyors performed document reviews. Its clinical surveyor performed tracers the whole time, while the administrative surveyor scrutinized quality management systems, patient safety, medication management, the credentialing process and ancillary unit reviews (tracer-type activities in diagnostic imaging, rehab and dietary units). As a rule, the DNV surveyors were quite thorough about checking the policies and making sure staff were aware of them and carrying them out, says McWilliams. The Joint Commission didn't respond to a request for comment by *JC's* press deadline.

CMS validation survey offered no surprises

As if a Joint Commission and a DNV survey weren't enough, Rhode Island's health department sent 14 people out to Newport Hospital for a 4-day CMS validation survey earlier this year, McWilliams says. But at that point, his hospital was prepared for anything, he says. "Nothing came up in the CMS validation survey that we weren't already aware of and had plans for," he says. Comparing the survey processes of all three organizations, McWilliams says he would be willing to pay for DNV surveys even though his state requires hospitals be accredited by the Joint Commission. The quality of his DNV survey experiences were "clearly never inferior to our experience with any other agency—and at times superior," he says. DNV was good at distinguishing between individual variations and systemic variations, he says, adding, "They really objectively look at your processes and how you might be able to improve them to get to that next level."

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