


Developing and Implementing an Efficient and Effective Internal Mock Survey Program

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AGENDA

Kaleida Health / Accreditation Department Scope
Historical Content of Accreditation Readiness at Kaleida Health
Planning and Execution
Future Plans
Current Accreditation (Infection Prevention specific) Hot Topics

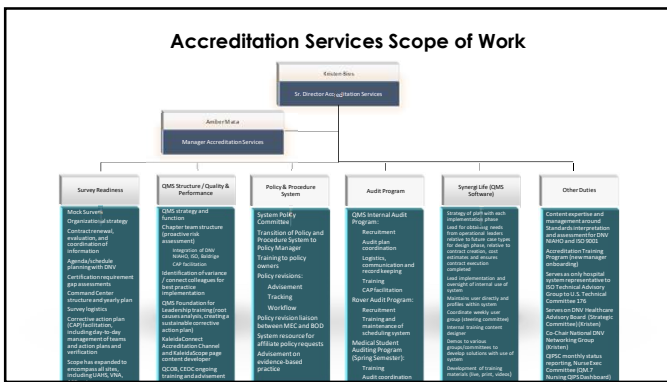


Kaleida Health / Accreditation Department









Health System Accreditation / Certification



US Centers for Medicare & Medicaid Services
ACCREDITED
Hospital
Quality & Patient Safety



QUALITY SYSTEM CERTIFICATION
DNV
ISO 9001



DNV Group

- Global companies with heritage in shipping and the offshore market
- Sharing ambition for quality and innovation
- Main industries include: Maritime, Healthcare, IT/Telecom, Finance, Automotive, Food & Beverage, Transportation, Energy
- Purpose: Safeguard life, property and the environment
- Vision: Global impact for a safe and sustainable future
- Values: Build trust and confidence, never compromise on quality or integrity, committed to teamwork and innovation, care for their customers and are have a collegial approach
- Accreditation: acute care, critical access, psychiatric hospitals
- Certification: **ISO 9001 and 14001**, Stroke, Sterile Processing, Infection Control, Spine, Heart Failure, Palliative, etc.



DNV Healthcare History

- CMS opened up the market to additional accrediting organizations (other than Joint Commission) to evaluate hospital compliance of the CMS Conditions of Participation
 - Det Norske Veritas (DNV) received CMS Deeming Authority in 2008
 - 2010 Kaleida Health ended agreement with Joint Commission
 - 2014 obtained ISO 9001:2008 certification, obtained ISO 9001:2015 in 2017 (recertification every 3 years)
- DNV has gained recognition by healthcare organizations for accreditation
 - Average 1-2 hospitals/systems per week transitioning to DNV



DNV Healthcare - NIAHO Accreditation

- Annual Surveys – an essential concept integrated with ISO auditing
 - Triannual cycle
- NIAHO: National Integrated Accreditation for Healthcare Organizations, based on CMS Conditions of Participation (CoPs) (42 CFR 482)
 - Includes ISO 9001:2015 Quality Management System Standards
- Up to 3 years to become ISO 9001 compliant/certified



DNV Healthcare NIAHO Standards

- Alignment with the CMS Conditions of Participation (CoPs)
- Standards directly relate to the CMS Conditions of Participation (CoPs)
 - Less prescriptive than Joint Commission
 - ISO 9001 standards layered into standards
- 25 chapters in the NIAHO manual
 - Most coincide with many of the section names in the CMS CoPs / departments or functions within hospital
 - Focus on outcomes
 - Standards arranged in format similar to CoPs:
 - Standard Requirement
 - Interpretive Guidelines
 - Surveyor Guidance



DNV – Healthcare Survey Process

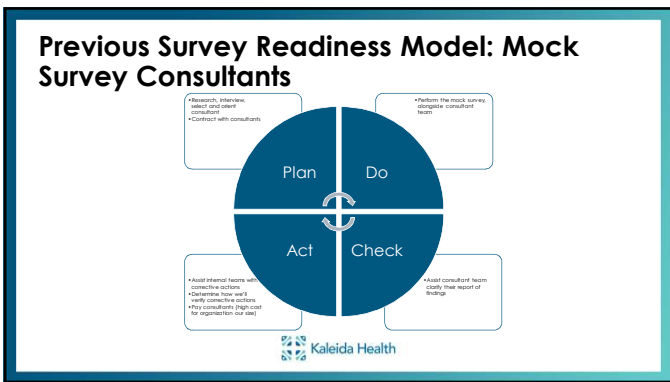
- NIAHO surveys are conducted through tracer methodology
- Staff and patient interviews
- Review of medical records
- Surveyors also ensure hospital is compliance with ISO 9001:2015 throughout all clinical and non-clinical areas
- Survey team:
 - Clinical
 - Generalist
 - Physical Environment






Historical Context of Accreditation Readiness





Strategic Decision → Create Internal Audit Team

- Decision was made to put expenses toward training a group of high-performing leaders to become Quality Management System (QMS) internal auditors (2015)
- Developed internal QMS training program and continually recruit new auditors throughout the year
- Recruiting efforts and engagement throughout the year has yielded a 93% retention rate with our internal audit team
- In addition, in 2018 created a separate Rover Audit Team, from corporate offices ("back office") to support accreditation readiness at the hospital sites (ongoing spot check audits)



DNV/Accreditation – DNV Chapter Team Structure

- Structure
- Function
- Purpose
- Acute Care
- Risk Assessment – inputs to QMS Internal Audit Program



Quality Management System – Audit Teams

- Corporate Compliance Internal Audit vs. QMS Internal Audit
- Audits conducted by QMS Audit Team
- Inputs:
 - Audit request form (intranet site)
 - DNV Chapter Team risk assessment
- Proactive vs. reactive



Accreditation Rounding

- Rover Program - history
- Accreditation rounding with standardized tool
- Data collection and reporting
- Site QI Coordinators across system – monthly meeting



Accreditation Training Program

- History
- Purpose
- Target: New leaders
- Train-the-trainer model with site QI coordinators focusing on existing leaders as a refresher
- Continuous training throughout year



Internal Auditor Training

- Throughout the remainder of the presentation, I will indicate in purple text any corresponding tools/templates available (please email me if interested)
- Auditor recruitment / requirements:
 - Important for an Infection Preventionist to be part of audit team!
- Training Program
 - Training curriculum and materials
 - Post-test / evaluation
- Continuing training for existing auditors (yearly)



Previous Mock Survey Model

- Costly
- Just as much effort/staff resource
- Consultant bias
- Band-aid fixes
- No opportunity growth for internal teams
- Didn't allow subject matter expertise to flourish

Current Mock Survey Model

- Time, effort and energy spent helps us internally identify risks, maintains readiness mind set
- Opportunity to dig deeper, look at root cause
- Grow our own subject matter expertise
- Ability to celebrate the identification of non-conformance
- Prove value of program and ROI to Executive Team



Planning & Execution



Planning and Conducting Mock Survey

Yearly Risk Assessment


- DNV Chapter Teams work session / identification of risks and opportunities
- Risk-based thinking approach
- Output of Risk Assessment drive our yearly Internal Audit Plan & Schedule
- Anyone can request an audit at anytime (available on our intranet site)

Audit Plan & Schedule

- Identify teams, identify lead auditor for each audit
- Mock Survey scheduled; decision on which process audits to include in Mock Survey – integrated into schedule
- Notify process owners of audit – process owners prepare staff of what to expect
- Entry into Synergis Life (QMS platform), but can use a simple excel tool to ensure all aspects of audit are covered (resources, criteria, etc.)

Prepare Team

- Prep meeting with team: Overall mock survey team meeting (review of schedules, tools, etc.) and individual process audit team meetings with those auditors to review audit objectives/scope/criteria of audit for process audits, develop process questionnaire of audit questions, etc.)
- Mock Survey conducted, we schedule their activities based on individual availability (utilize Signupgenius for auditor availability for slots)




Planning and Conducting Mock Survey

Perform Mock/Audit

- 1 week timeframe. Generally conduct avg 6 process audits within Mock Survey

Report Out

- Report generated – shared first with Top Management:
- Individual process audits: Non-Conformity Report and Audit Summary shared with functional owners
- System report out: High-level summary of patterns, trends, number of findings; next steps with action planning



Mock Survey Preparation

- Integrate all areas of the QMS seamlessly, accomplished by compiling list of departments, by site, and break down into audit teams; for example:

ABC Hospital	
Department	Team
Materials Management / Storeroom	Generalist Team
ICU	Clinical Team
Boiler Room	Physical Environment Team

- Conduct special sessions with groups, just as DNV/TJC does during survey (Medication Management, Medical Staff, Purchasing, etc.)
- Separate closed chart review process and metrics/indicators chosen and assigned to clinical auditors
- Consistent auditor tools, assign escorts and scribes to take notes using [scribe log](#) – collect after survey



Sources of Requirements



Post-Mock Survey

- Review audit team findings (any needed follow up or further investigation)
- Compile written report
- Mirrors accreditation organization report
 - Cite requirements (external and internal)
- Report first sent to C-site (system and site), followed by management team
- System management team report out (high-level findings/patterns/trends) and corrective action planning next steps
- Convene chapter teams for root cause analysis and corrective action plan
- Verification audits



External Surveys - Utilizing Resources

- Command Center structure for external surveys
- [Escort scribe log](#)
- [Session scribe log](#)
- Tracking forms – employee's interviewed, medical staff interviewed, charts reviewed, open items, etc.



Future Plans



Future Plans

- Expand to other sites within our organization, such as, LTC, ASCs, etc:
 - Accreditation Audit Team (AKA Rovers)
 - QMS Internal Audits
 - Accreditation Audit Training Program



“(Kaleida Health’s) Internal Audits are a strength of the organization.”

2021 ISO Management Summary Report,
DNV Healthcare



QUESTIONS:

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THANK YOU!