Developing and Implementing and Efficient and Effective Internal Mock Survey Program

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Kaleida Health



Presenter: Kristen E Bies, HACP-CMS, CHOP-B Senior Director Accreditation Services

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Kaleida Health / Accreditation Department Scope Historical Content of Accreditation Readiness at Kaleida Health Planning and Execution Future Plans Current Accreditation (Infection Prevention specific) Hot Topics

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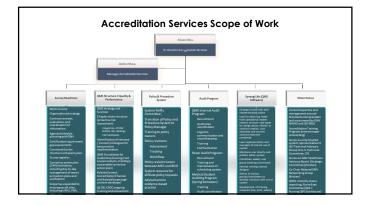
Kaleida Health / Accreditation Department

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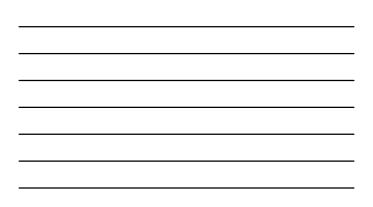












DNV Group

- 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: <u>ISO 9001 and 14001</u>, Stroke, Sterile Processing, Infection Control, Spine, Heart Failure, Palliative, etc.

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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

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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

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DNV Healthcare NIAHO Standards

- Alignment with the CMS Conditions of Participation (CoPs)
- Standards directly relate to the CMS Conditions of Participation (CoPs) Less prescriptive then 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

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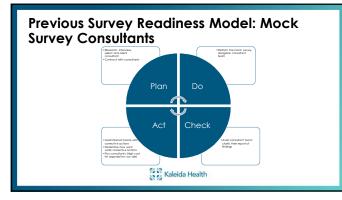
DNV – Healthcare Survey Process

- 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

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Strategic Decision→ Create Internal Audit Team

- Decision was made to put expenses toward training a group of highperforming leaders to become Quality Management System (QMS) internal auditors (2015)
- \bullet 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

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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

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Accreditation Rounding

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

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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

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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)

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Previous Mock Survey Model

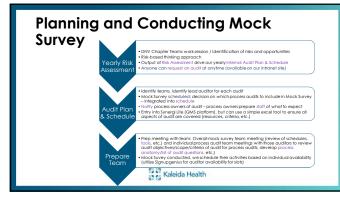
- Costly
- Just as much effort/staff
 resource
- Consultant bias
- Band-aid fixes
- No opportunity growth for internal teams Didn't allow subject matter expertise to flourish

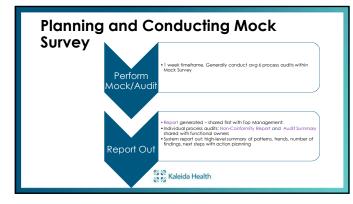
Current Mock Survey Model

- 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

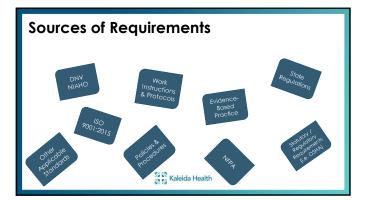
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Mock Survey Preparation ABC Hospital ABC H Department Materials Management / Storeroom ICU gement / Storercom Generalist Team Clinical Team Conduct special sessions with groups, just as DNV/TLC does during survey (Medication Management, Medical Staff, 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 a scribe log – collect after survey



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.

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Future Plans

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

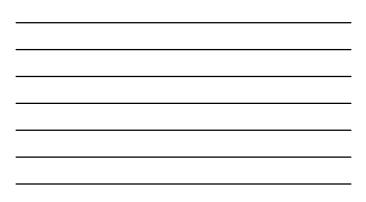
Accreditation / Infection Prevention Hot Topics

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IC&P Hot Topics

- Infection control and prevention practices
 - HAIs
 - High-level disinfection and sterile processing
 IUSS
 Following manufacturer's instructions for use
 - Following manufacturer's instructions to
 Sanitary environment
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- Facilities:
 - Water Management Plan
 - Air exchanges, appropriate pressure relationships, temp/humidity

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"(Kaleida Health's) Internal Audits are a strength of the organization."

2021 ISO Management Summary Report, DNV Healthcare



