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New Hospital Accreditation Program Offers Hospitals More Choices

AT A GLANCE

The Issue:

On September 26, the Centers for Medicare & Medicaid Services approved Det Norske Veritas (DNV) Healthcare Inc.'s accreditation program for hospitals seeking to participate in Medicare or Medicaid. DNV's program, National Integrated Accreditation for Healthcare Organizations (NIAHOSM), integrates the International Organization for Standardization's ISO 9001 quality management system with the Medicare conditions of participation. The approval of DNV's program gives hospitals another accreditation option, in addition to existing accreditation programs by The Joint Commission and the American Osteopathic Association (AOA) or certification by a state survey agency. This advisory provides information on all three accreditation programs.

What You Can Do:

- ✓ Share this advisory with your senior managers, compliance officers, quality improvement team and other key staff, including physician and nurse leaders.
- ✓ Find out more information on each of the accreditation programs by visiting their Web sites:
 - AOA: www.osteopathic.org
 - DNV: www.dnv.com
 - The Joint Commission: www.jointcommission.org

Further Questions:

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BACKGROUND

In 1951, hospitals and physicians together created a voluntary accrediting organization that would help them identify opportunities to improve the quality and safety of the care they provide. Today, that organization is known as The Joint Commission. When Congress created the Medicare and Medicaid programs in 1965, it recognized the importance of ensuring that providers participating in these programs met standards that were considered necessary for the safe and effective provision of care to patients. From the beginning, Congress acknowledged that voluntary accreditation was one way that hospitals could demonstrate adherence to the Medicare conditions of participation (CoPs) and mandated that accreditation by The Joint Commission be deemed to be equivalent to meeting Medicare's CoPs. Further, Congress gave the Secretary of Health and Human Services the authority to identify other accrediting organizations whose surveys were worthy of being deemed to be equal to or better than the CoPs.

Until recently, The Joint Commission and the American Osteopathic Association (AOA) were the only approved voluntary accreditation programs. Hospitals that chose not to participate in a voluntary accreditation program could be certified by a state survey agency as meeting the Medicare CoPs. However, on September 26, the Centers for Medicare & Medicaid Services (CMS) approved Det Norske Veritas (DNV) Healthcare Inc.'s accreditation program, National Integrated Accreditation for Healthcare Organizations (NIAHOSM), as another option for hospitals wishing to seek voluntary accreditation. All three accreditation programs incorporate an assessment of the hospital's compliance with the Medicare CoPs, the minimum standards that hospitals must meet in order to be a Medicare or Medicaid provider. In addition to reviewing for compliance with the CoPs, all three programs incorporate additional performance standards into their reviews to promote continuous quality and safety improvement.

AT ISSUE

CMS' approval of DNV's program gives hospitals an additional choice among certification and accreditation options. To help hospitals understand these options, the AHA outlines below general information about DNV's NIAHOSM program, along with information on the accreditation programs of The Joint Commission and AOA.

DNV's NIAHOSM Program

NIAHOSM integrates the Medicare CoPs and ISO 9001 quality management system requirements within one survey process. ISO 9001 enables hospitals to identify and document the clinical and administrative processes that contribute to desirable outcomes. Hospitals then institute these processes as standard practices across their organizations. ISO 9001 is maintained by the International Organization for Standardization. Although developed for the manufacturing sector, its broad principles of quality management are now applied across a range of industries, including health care.

Under the ISO 9001 system, hospitals establish, document and implement a quality management system and use the system to implement processes that support continuous quality improvement and better patient outcomes. A component of ISO 9001 requires the hospital to monitor and measure its own performance and make improvements when necessary. To date, DNV has issued ISO certificates to more than 1,000 health care facilities around the world.

The NIAHOSM accreditation process will include annual onsite surveys to ensure that quality improvement is a continuous process in a hospital. To keep NIAHOSM accreditation, hospitals must become compliant with or certified to the ISO 9001 requirements within two years of initial accreditation. The length of the hospital's survey and the number of survey team members will be determined by the size and complexity of the hospital organization. The onsite survey will include a discussion with the hospital's leadership, including executive and medical staff leadership and board members, and a review of the hospital's organizational and management documents, such as the bylaws of the governing body and the facility's infection control plan. The NIAHOSM process employs a tracer methodology to select patient records and then follow the patient care processes. This methodology is able to verify that multiple areas within the hospital are correctly implementing the CoPs and ISO 9001 requirements. The surveyors will interview other key staff, such as human resources, patient safety and medical staff and tour the hospital's facilities.

The Joint Commission's Accreditation Program

The Joint Commission's accreditation program consists of hospital standards that address performance in specific areas, as well as quality measures and patient safety goals that assess how well the hospital is performing at certain quality of

care and patient safety activities. The Joint Commission's standards specify requirements to ensure that patient care is provided in a safe manner and in a secure environment. To earn and maintain accreditation, a hospital must undergo an unannounced, onsite survey by a Joint Commission survey team every 18 to 39 months. The survey examines the hospital's care processes by tracing patients throughout the hospital and assessing the care, treatment and services they received. Surveyors also analyze the operational systems and structural components that impact the quality and safety of patient care.

The Joint Commission's ORYX core measures integrate performance measurement data into the accreditation process. Through the core measures process, hospitals collect data on selected quality measures and submit their data to The Joint Commission through a data vendor. Most of the measures for which hospitals collect data are identical to the measures used by the Hospital Quality Alliance and CMS for their hospital quality reporting programs. The Joint Commission displays hospitals' performance on the quality measures on its Quality Check Web site.

The Joint Commission's National Patient Safety Goals (NPSGs) address specific areas of patient safety, such as medication safety and healthcare-associated infections. As a part of the accreditation process, hospitals are surveyed for implementation of the NPSGs and their requirements. The NPSGs are updated each year.

AOA's Healthcare Facilities Accreditation Program

The AOA's program, the Healthcare Facilities Accreditation Program (HFAP), began as a survey program to monitor the quality of care in hospitals providing postdoctoral training for osteopathic physicians. Today, the AOA program has grown beyond its osteopathic origins to accredit hospitals across the country. The AOA's survey process includes a team meeting with hospital personnel, a tour of the facilities and an examination of patient medical records. While some of the AOA's standards are tightly linked to the CoPs, the organization also requires additional standards of quality improvement.

NEXT STEPS

- Learn more about each accreditation program option. Information is available on the Web sites of each accreditation program: AOA: www.osteopathic.org; DNV: www.dnv.com; and The Joint Commission: www.jointcommission.org.
- Discuss the accreditation options with your hospital leadership, including senior managers, compliance officers, quality improvement team and physician and nurse leaders, and your board of trustees, if appropriate.