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The Big Three: *A Side by Side Matrix Comparing Hospital Accrediting Agencies*

By Diane Meldi, Faith Rhoades, and Annette Gippe

Hospitals experienced two significant changes in 2008 related to the Centers for Medicaid and Medicare Services (CMS) deeming authority that should be on the radar of the Medical Services Professional. The first change is in regard to "deeming authority." On July 15, 2008, Congress enacted a new law requiring The Joint Commission (TJC), and any other accrediting body seeking deeming status, to apply for such through CMS. The second change came when CMS granted new deeming authority to Det Norske Veritas Healthcare, Inc. (DNV).

NAMSS Industry and Government Relations Committee, chaired by Diane Meldi, has developed the following matrix comparing the three recognized hospital accrediting agencies:

TJC, DNV, and the Healthcare Facilities Accreditation Program (HFAP). The purpose of the matrix is to provide a broad side-by-side comparison, identifying similarities and differences between these accrediting bodies. Additional information on each organization can be found on the respective agency Web sites, which are included in the matrix.

NAMSS will continue to keep the membership informed with the latest news from each of these organizations. If you have any questions regarding any of these organizations, feel free to contact the organization directly, or contact the Industry and Government Relations Committee at 202/367-1175. ■

| Comparison Element | The Joint Commission | Healthcare Facilities Accreditation Program (HFAP) | Det Norske Veritas Healthcare, Inc. (DNV) |
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| Organization Focus | The Joint Commission has collaborated with healthcare organizations for more than half a century to focus on safe, quality care for the American public through a voluntary independent evaluation process. Healthcare is the sole industry served. | The HFAP is a nationally recognized accreditation organization with deeming authority from CMS. Its mission is to advance high quality patient care and safety through objective application of recognized standards. | DNV's corporate purpose is safeguarding life, property, and the environment. DNV received deeming authority for hospitals from CMS on September 26, 2008. |
| Organization Structure | The Joint Commission is a not-for-profit organization dedicated to providing the highest value service to healthcare organizations. | HFAP is a not-for-profit organization dedicated to helping healthcare organizations maintain the highest standards in patient care and comply with ever-changing government regulations and a constantly evolving healthcare environment. | DNV Healthcare, Inc. is an operating company of Det Norske Veritas. DNVHC corporate offices are in Houston, Texas and Cincinnati, Ohio. DNV has been operating in the United States since 1898. |
| Number of Accredited Hospitals | Nearly 5,000 hospitals and approximately 10,000 other healthcare organizations are accredited or certified by The Joint Commission. | Nearly 200 hospitals and more than 200 other healthcare facilities as well as laboratories are listed on the HFAP Web site. | Since receiving deeming authority from CMS in September 2008, DNV has accredited more than 27 hospitals and will be listed soon on the DNV Web site. |
| History | The Joint Commission was established by healthcare professionals to improve the delivery of patient care and has been conducting accreditation of healthcare organizations for more than 50 years. Unique deeming authority was awarded in 1966. | The HFAP has been accrediting healthcare facilities for more than 60 years and under Medicare/Medicaid since its inception. HFAP is also authorized to survey clinical laboratories under CLIA. | DNV has a worldwide reputation for quality and integrity in certification, standards development, and risk management in a wide range of industries, including extensive international healthcare experience. |

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| Governance & Leadership | The Joint Commission's Board of Commissioners is comprised of physicians, nurses, healthcare leaders and professionals, and public representatives. The Joint Commission leadership helps influence national healthcare policy, funding priorities, performance measurement, and future legislation alongside other key stakeholders and influencers. | The AOA Bureau of Healthcare Facilities Accreditation is a panel of physicians and administrators from family practice, surgery, internal medicine, pathology, obstetrics and gynecology, hospital administration, colleges of osteopathic medicine and the American Academy of Osteopathy. HFAP is represented in all major healthcare and quality improvement forums as a key player in the shaping of healthcare policy. | DNV is managed by a dedicated group of degreed professionals, each with many years of experience in their respective field of healthcare management, clinical services, health law, ISO certification and engineering. The accreditation management team has extensive healthcare operational experience in the United States and understands the dynamics of a complex healthcare organization. |
| Accreditation Requirements | Leading healthcare practice standards and National Patient Safety Goals are developed in concert with healthcare professionals, the public, and other key stakeholders. The standards exceed the Conditions of Participation (CoPs) and are directly relevant to the current delivery of healthcare. | HFAP standards include CMS and other nationally recognized standards, as well as evidence-based best practice and selected patient safety initiatives. Standards are realistic, understandable, measurable, beneficial, and achievable. The standards exceed the Conditions of Participation (CoPs). | DNV standards are directly related to the CMS Conditions of Participation (CoPs) and apply to any size hospital. Standards are less prescriptive and the survey process supports CMS quality initiatives, focus on continual improvement prioritized by the organization, and allows organizational innovation to determine the most effective means for compliance using best practices. |
| Survey Process | With guidance from the healthcare field, The Joint Commission developed the tracer methodology to follow and evaluate the quality of a patient's healthcare experience. This offers a patient-centered and process-focused survey rather than a paper-intensive process. | Comprehensive, non-biased and thorough reviews of patient-centered processes within the facility are conducted in the least disruptive way possible. Educationally focused reviews also offer non-prescriptive recommendations for corrective measures for deficiencies found. | The NIAHOSM and ISO surveys are done together through Tracer Methodology, as well as staff and patient interviews. Tracer Methodology has been a staple of ISO 9001 surveys since ISO's inception in 1987. All areas of the hospital are surveyed, both clinical and non-clinical. Tracer Methodology is a tool to identify and document effective processes. |
| Survey Frequency | The Joint Commission performs on-site surveys of hospitals every three (3) years. An annual self-assessment – Periodic Performance Review – is prepared by the hospital. | The HFAP performs on-site surveys of hospitals once every three (3) years. | DNV performs an annual on site survey. |
| Surveyors | All surveyors are employees of The Joint Commission and have extensive healthcare experience; many are currently employed in hospitals or private practice. Surveyors must pass a certification exam. Training is continuous and collaborative. The Joint Commission is the first and only accrediting body to certify its surveyors. The Joint Commission is the first and only accrediting body to certify its surveyors. Surveyors have a strong educational background and receive continuing education to keep them up to date on advances in quality-related performance evaluation. | HFAP surveyors are not employees of the organization, but are paid volunteers. Frequently recruited from HFAP-accredited facilities, survey teams include physicians, nurses, and administrators with years of experience. They represent leadership in their own facilities and bring a current understanding of the healthcare industry to the survey process. | All DNV surveyors must successfully complete NIAHO Surveyor didactic training and separate ISO 9001 Lead Auditor didactic training. Surveyors include physicians, registered nurses, and the PE Specialists come with a facilities and safety background. All surveyors must complete 45 hours of continuing education in their discipline within every three (3) year period. Surveyors must participate in annual surveyor training, as well as other courses offered throughout the year by DNV and DNVHC staff. |
| Scoring Process | Elements of Performance are evaluated on a three-point scale: satisfactory, partial, or insufficient compliance. Surveyed organizations must resolve all findings of partial and insufficient compliance within a specified timeframe. | Surveyors report discrepancies to the HFAP Office. The facility is then sent a comprehensive report. The facility then submits a Plan of Correction within 30-60 days. | DNV does not aggregate the scoring of the survey. The organization is responsible for developing and implementing corrective action plans to address all nonconformities identified. |
| Accreditation Categories | The Joint Commission has the following categories of accreditation: <ul style="list-style-type: none"> Accredited (Hospital is in compliance with all applicable standards at the time of survey or has successfully addressed all requirements for improvement.) Provisional (Hospital fails to successfully address all requirements for improvement within a specified timeframe.) Conditional (Nature of the Requirements for Improvement requires an onsite follow-up survey) Preliminary Denial (Severity of findings justifies denial of accreditation. Decision is subject to review and appeal.) Denial (Accreditation has been removed or denied and appeals have been exhausted.) | The HFAP has three categories of accreditation. They are: Full Accreditation; Interim Accreditation; and Denial. | DNV has the following categories of accreditation: <ul style="list-style-type: none"> Accredited (Nonconformities resolved pursuant to DNV accepted corrective action plan) Jeopardy Status (Organization fails to meet corrective action plan requirements) Not Accredited |

Continued on page 14

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| Cost of Accreditation | The average cost for The Joint Commission services is \$33,000 for three (3) years; a survey is required once every three years. However, individual hospital costs vary by size and complexity. | The average cost for HFAP services averages \$25,000 for three years. Individual facility costs vary by size and complexity. | DNV does not charge for the NIAHOSM Standards, Interpretive Guidelines or Accreditation Process for non-commercial use. The cost of the survey is based on the number of surveyors and the length of the survey. Size of the facility, average daily census, number of FTEs, complexity of services offered, type of survey to be conducted and whether special care units or off-site clinics or locations will factor into the cost of the survey. A "Quick Quote" can be submitted to the DNB via the Web site. The average annual cost for DNV services is \$23,100. These fees include all travel expenses. |
| Accreditation Decision Process | Final authority for the accreditation decision process rests with the Accreditation Committee, a committee of The Joint Commission's Board of Commissioners. Adverse accreditation decisions are primarily based on non-compliance with requirements that have a direct impact on patient safety and quality of care. | Final accreditation authority lies with the AOA Bureau of Healthcare Facilities Accreditation. | Final accreditation authority lies with the Accreditation Committee. If approved, the organization will receive a one (1) year DNV NIAHOSM Accreditation. If appropriate, the organization may receive a three (3) year certification for meeting the ISO 9001 Quality Management System requirements. If a hospital is dissatisfied with an accreditation decision, it may appeal to the "Standards and Appeals Board" (SAB). The SAB is an independent body chartered by the DNV Board of Directors to hear accreditation appeals. The decision of the SAB is final. |
| Accreditation Support | Accreditation support includes, but is not limited to, dedicated account representatives, standards interpretation assistance, periodic performance reviews with flexible options, patient safety information and advisories, strategic surveillance system (S3), and electronic manuals. | The HFAP provides standards interpretation for its clients. In addition, HFAP accreditation manuals reflect the latest standards and include a comprehensive cross-reference system to CMS standards, as well as scoring guidelines that assist facilities to prepare for surveys. | DNV provides NIAHOSM Standards, Interpretive Guidelines for Accreditation Process at no charge for non-commercial use. |
| Public Health Care Advocacy | The Joint Commission has been the American healthcare quality advocate for more than half a century with ongoing initiatives such as "Speak Up," National Patient Safety Goals, Office of Quality Monitoring, Quality Check, Public Advisory Group, Business Advisory Group, Board representation, and public policy initiatives to help consumers and providers of healthcare. | While HFAP participates in a variety of federal, state, and local support initiatives to advance patient quality and safety, its primary focus is delivering a high quality, educationally focused survey experience. | |
| Patient Safety | The Joint Commission has a proven record of helping thousands of organizations address their patient safety problems, including the review of sentinel events. Collective learning from their experience has been shared with the broader healthcare community of organizations, such as through the publication of <i>Sentinel Event Alerts</i> . | HFAP incorporates safety standards from a variety of sources to reflect the broad national spectrum. Using the Medicare CoPs as a base and adapting such things as the NQF 30 safe practices and endorsing the Institute for Healthcare Improvement's "5 Million Lives Campaign" HFAP accreditation standards include current patient safety initiatives throughout. | DNV supports the initiatives that hospitals have developed and implemented to guide safe patient care practices. DNV also supports and fosters innovations through development of hospital best practices but clearly understand that some practices do not suit all organizations. DNV believes that there are different avenues for achieving positive patient safety outcomes and the hospitals know their patient populations and resources best. |
| Goals of Organization | The goal is to help hospitals become "high reliability" organizations for delivering safe, effective care. The Joint Commission helps hospitals help patients to achieve continual progress toward quality healthcare. | The HFAP goal is to continue to help healthcare facilities deliver high quality patient care through the application of its consistent standards while continuing to streamline and improve its survey processes. | DNV has two major goals: to access compliance and educate hospitals in best practices. Hospitals can use innovation to develop new methods for producing positive results. DNV holds hospitals accountable to ensure that processes are planned, managed, measured, documented, and continually improved. |
| Continuous Improvement | The heart of The Joint Commission's "Gold Seal of Approval"™ centers on continuous improvement with employee involvement, enablement, and empowerment. For 50 years, The Joint Commission has been working together with healthcare providers on innovative solutions and new processes, such as the Standards Improvement Initiative and the Health Care-Associated Infection Compendium. | For more than 60 years, the HFAP has provided healthcare facilities with a reliable system of measurement for improving their processes enabling them to provide their communities with high quality patient care. They continue to evaluate their program to support the ever evolving healthcare environment. | DNV utilizes integrated standards from the internationally recognized ISO 9001 quality management system requirements. |
| Web site Address | www.jointcommission.org | www.hfap.org | www.dnv.com/industry/healthcare |