



**BESLER**  
Accreditation & Clinical Services  
*Your Reputation Depends On It!*



## **BESLER Accreditation Strategies**

*Practical information for practical application...  
Your Reputation Depends On It!!!*

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**"THE BUCK  
STOPS HERE" -**

*Leadership Responsibility Standards*

Volume 1, Issue 1 - February 2009

**Welcome to:**

### **BESLER Accreditation Strategies**

*The BESLER Consulting Accreditation & Clinical Services team is excited to share our first issue of **BESLER Accreditation Strategies**. Our goal is to offer brief, yet informative content you can use to positively impact your accreditation readiness strategy. We want to provide you practical information for practical application. Your facility's reputation depends on your success and if we can make even a small contribution, we will have met our goal.*

**Enjoy!**

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### **TJC READINESS**

### **NPSG Tips & Tricks**

#### **TIP**

NPSG Goal 03.05.01,<sup>1</sup> seeks to reduce the likelihood of patient harm associated with the use of anticoagulant therapy, and requires the coordination of multiple departments in order for the hospital to be successful in providing individualized care for inpatients receiving anticoagulant therapy. The Joint Commission has announced that full compliance is required for 2009.



Hospitals reviewing their policies regarding anticoagulant therapy need to assure that they include protocols for initiation and maintenance of therapy,



We have been educating staff for years preparing for the unannounced Joint Commission survey. "You must walk the walk and talk the talk." It is never enough to know what to say in relationship to Joint Commission standards; staff must be able to demonstrate this understanding through practice. The time has come with the newly revised 2009 Leadership standards for organizational leadership to follow the same adage. Simply directing staff to adopt a culture of safety is not enough. Leadership must now demonstrate a more active, collaborative role in the process.

Organizational leadership is often comprised of senior management, medical staff, and board members. The series of new Leadership standards explicitly places responsibility and accountability on organizational leaders to place patient safety at the top of the priority list.

A culture of patient safety must be created by the leaders of the organization. Patient safety must be defined and expectations of behavior established. The Joint Commission, in these new standards has gone as far as to standardize the relationships between these leaders. This is a

base line and ongoing laboratory testing, medication dosage and administration, dietary notification, documentation of staff, patient, and family education, as well as evaluation of practices.

### TRICK

Monitoring the status of your hospital's compliance is one way to make the necessary changes before your next survey visit. Use the following link to access an Anticoagulant Therapy Monitoring Form to conduct a focused tracer event to determine where your hospital stands in meeting compliance.

1 The Joint Commission. 2009 Hospital Accreditation Standards. NPSG Goal 03.05.01

[Anticoagulant Focus Tracer Form](#)

## DNV WATCHDOG

**Det Norske Veritas Healthcare, Inc.** or DNV, as it is more commonly known, has recently entered the scene of hospital accreditation by receiving deemed status by CMS. The privately owned Norwegian based company was featured in an article in the October, 2008 issue of Modern Healthcare, and is described by some executives as a "refreshing change to the standard processes now available in the healthcare industry."<sup>1</sup> According to David Harlow's Health Care Law Blog, DNV has developed National Integrated Accreditation for Healthcare Organization (NIAHO) standards that combine Medicare Conditions of Participation (COPs) and ISO 9001, a quality management standard.<sup>2</sup>



The message from DNV is that their accreditation principles give the hospital expected outcomes, but do not dictate the precise method or procedure to achieve the outcome. Depending on the resources of the hospital, this could provide an opportunity for innovation or a major challenge to limited resources to develop goals and standards to achieve the outcomes.

HealthBlawger reports one current potential problem that could arise for hospitals choosing DNV accreditation is state licensure regulations which require a licensure survey by state surveyors unless the hospital is Joint Commission accredited. Each state's requirements are different and need to be checked as the decision to change is considered. Another issue cited by Modern Healthcare would be the need for DNV to find support from insurers.

BESLER Consulting plans to continue monitoring the DNV information as it is communicated and will keep you up to date with the latest news in our next issue.

show stopper...the BUCK does stop here.

LD.1 outlines leadership roles and responsibilities. "Business as usual" will no longer work in these accredited organizations. The governing body is held accountable for its leaders' knowledge and qualifications to lead the organization in its mission. This chapter outlines the responsibilities of the Chief Executive Officer in addition to the accountability of the medical staff. The required knowledge of the leadership group is clearly described within this section. It is evident the importance of each member of the leadership group carrying out his/her responsibilities.

Change brings about challenges. LD.2 discusses conflict and an organization's responsibility to manage potential conflict. Conflict that is not managed effectively can have a detrimental effect on safety. Communication and collaboration are the pillars of building a culture of safety and organizational leadership is responsible for constructing those pillars. ...

*(continued below)*

### Employment Opportunity

BESLER Consulting's Accreditation & Clinical Services team is seeking a Certified Infection Control Practitioner in the

1 DerGurahian, Jean, DNV setting new standard. *Modern Healthcare*, October 27, 2008, pp.2-4.  
2 Harlow, David, DNV Senior Execs Speak With David Harlow About New Hospital Accreditation Authority, *HealthBlawg*, November 06, 2008.

## CMS UPDATE

CMS has revised the requirements of meeting their standard §482.22(c)(5) effective October 17, 2008. Before the revision the standard required a physical examination and medical history be performed "by a physician legally authorized to practice within the state where the hospital is located and providing services within their authorized scope of practice, not more than 7 days before or 48 hours after an admission."<sup>1</sup> The new requirement extends the timeframe to no more than 30 days before or 24 hours after admission or registration, with a caveat that in order to be compliant the H&P must be completed prior to surgery or any procedure where anesthesia will be administered. If the H&P is completed within the 24 hours after admission, but after surgery is performed, the standard is not met. The standard applies to inpatient and outpatient procedures.



Further, when the H&P is conducted within the 30 days prior to admission, an update must be completed and documented by a licensed practitioner credentialed and privileged to the medical staff to perform H&Ps. This change brings CMS into agreement with The Joint Commission standard for History and Physicals<sup>2</sup> and simplifies coordination between both agencies for this standard.

1 CMS Manual System. Pub. 100-07 State Operations Provider Certification. October 17, 2008.  
2 The Joint Commission. 2009 Hospital Accreditation Standards. PC.01.02.03

## BEST PRACTICE SPOTLIGHT

**BESLER Accreditation Strategies** wants not only to share information with you, but also to share your creativity with others. As we are in the field, we find many unique and valuable approaches our clients have created to achieve their goals. In this section, the **Best Practice Spotlight**, we want to share your creativity.



In future editions of the **Best Practice Spotlight**, BESLER will communicate your accomplishments and creative ideas to our distribution. For consideration and full recognition for your work, please submit your best practice or creative ideas for inclusion in a future **BESLER Accreditation Strategies**. You can follow the 'Contact Us' link above or

NJ/NY area. Per Diem or subcontractor arrangements are under consideration. If you or someone you know are interested, please contact us for more information.

send us an email at [bastrategies@beslerconsulting.com](mailto:bastrategies@beslerconsulting.com).

We are excited about this portion of **BESLER Accreditation Strategies** and hope you will share our enthusiasm. So, contact us now!

### ***THE BUCK STOPS HERE*** (continued)

Adversarial relationships shake the core of an organization. It is expected leaders define acceptable and unacceptable behavior within its organization and establish a clear process for violations. The organization may elect to identify an individual with conflict management skills to facilitate the process. Education can also be provided to all members of leadership in resolving conflict. It is important to note that conflict must not always be "resolved" but managed. It is acceptable to agree to disagree.

Disruptive behavior addressed in Sentinel Event Alert - July, 2009 suggests many manifestations e.g., yelling and screaming and carrying on by staff members; however, disruptive behavior can also be manifested by simply refusing to participate or cooperate. Leaders are required (LD.3) to establish a supportive, productive environment that fosters teamwork, communication, and mutual respect. Processes must be in place to manage disruptive behavior at all levels of the organization.

The development and implementation of a patient safety program is addressed in LD.4. Leadership is charged with appropriating resources both fiscal and human to meet these requirements. Policies and procedures should be developed to facilitate practice. Developing complex, cumbersome policies often leads to "work around" by staff. Standards must be met, but not in the most complicated way. Leaders must consider their current processes for patient care and then enhance processes to meet the standards. Providing complex, technical policies with Joint Commission language may meet the intent of the standard, but staff will not be able to comply with the policy. Leadership must work consistently at simplifying processes for the best results.

The Joint Commission has not stumbled upon something new. For years, the intent of the leadership standards has implicitly implied the responsibility and accountability of leaders. The new standards now have substance and meat. The Joint Commission is sending a clear message; "you (leadership) are clearly responsible and accountable." There are now succinct requirements to meet these standards.

Creating effective leaders that collaborate and communicate sounds like a panacea. The Joint Commission standards for leadership could have come directly out of a chapter on organizational culture and development. Complex healthcare organizations are not different than Fortune 500 companies; each aspires for this type of culture. Organizations must assess,

evaluate and plan for these changes to enable them to survive in the ever changing world of healthcare. Leaders, "walk the walk and talk the talk" for your continued journey to an organization of culture and safety, every day.

By:

Cyndy Kowalski, RN, MPA  
Manager  
BESLER Consulting

***Thank you for reading...***

***This being our first issue of BESLER Accreditation Strategies, we are eager to receive your feedback, recommendations or your personal submissions for future issues. Please contact us with any of your comments.***

***We would also like to share a special 'thank you' to Barbara Draper, of BESLER Consulting, for her support and contributions to this first issue of BESLER Accreditation Strategies. Thank you Barbara!***

***We look forward to hearing from you and hope you will keep BESLER Consulting in mind for any of your accreditation, licensure or education needs.***

***Kindest Personal Regards,  
BESLER Consulting***



## **BESLER Accreditation Strategies**

*BESLER Accreditation Strategies is a bi-monthly e-publication offering practical accreditation, licensure and CMS information for healthcare leadership. We welcome your contribution of best practices, recommendations and suggestions at [bastrategies@beslerconsulting.com](mailto:bastrategies@beslerconsulting.com)*

**Save  
10%**

***If you schedule a Joint Commission Mock Survey before the end of the month that is scheduled before the end of June, BESLER Consulting will extend a 10% discount for your initial engagement. Ask for details. Void where prohibited.***

**Offer Expires: February 28, 2009**

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