

# QUALITY AT UNIVERSITY OF UTAH HEALTH

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Kencee Graves, MD  
Interim Chief Medical Quality Officer  
Associate Professor of Medicine  
October 2024

# AGENDA

- 8:30 – 8:35 Introductions
- 8:35 - 9:00 CV Service Line Update
- 9:00 – 9:15 Questions & Discussions
- 9:15 – 9:45 Quality Workshop Part 1
  - About me
  - What is quality?
  - Chief Quality Office Structure
  - My vision for U Health Quality
- 9:45 – 10:00 Break
- 10:00 – 11:00 Quality Workshop Part 2
  - Patient Safety – how is it related?
  - Ranking Systems
  - Accreditation Bodies
  - Serious Safety Events
- How the Board can Help
- How do we communicate an issue to the subgroup and full group

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  - My vision for U Health Quality

# PRE-WORK

## AHA podcast: Hospital Boards Lay the Foundation for Quality and Safety

Jul 31, 2024 - 05:04 PM



In a new "Safety Speaks" conversation, Jamie Orlikoff, president of Orlikoff & Associates, Inc. and AHA national adviser on governance and leadership, discusses the role hospital boards can play in supporting quality and safety within their health systems, and how board members who aren't clinicians or health care administrators can make a difference in patient safety. [LISTEN NOW](#)



- Hospital boards were assigned responsibility for quality & safety with Medicare in the 1960s
- Initially with the medical staff
- After some lawsuits, hospital boards established to protect the public
- “You don’t have to be a clinician to understand quality.”

# QUICK CLARIFICATION ON STRUCTURE

- AHA podcast said, “the board also bears responsibility for the medical staff (sic).”
- Is this true at the University of Utah?

# DISCUSSION OF QUALITY ISSUES

## FORMAT

- What is the improvement plan?
- Who is responsible?
- What does success look like?
- Timeline for results

# CARDIOVASCULAR SERVICE LINE BOARD QUALITY UPDATE

**CVSL Leadership**



**CONFIDENTIAL**

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MONTH 00, YEAR

# AHA QUALITY & SAFETY FORMAT

## CARDIOVASCULAR SERVICE LINE

- What is the improvement plan?
- Who is responsible?
- What does success look like?
- Timeline for results



# QUALITY WORKSHOP

# U HEALTH MISSION & VISION

Mission: University of Utah Health serves the people of Utah and beyond by continually improving individual and community health and quality of life. This is achieved through excellence in patient care, education, and research; each is vital to our mission and each makes the others stronger.

- We provide compassionate care without compromise.
- We educate scientists and health care professionals for the future.
- We engage in research to advance knowledge and well-being.

Vision: A patient-centered health care organization distinguished by collaboration, excellence, leadership, and respect.

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# WHAT IS QUALITY?

- Institute of Medicine & World Health Organization
- “Quality of care is the degree to which **health services** for individuals and populations **increase the likelihood of desired health outcomes** and are consistent with **evidence-based** professional knowledge. This definition of quality of care spans promotion, prevention, treatment, rehabilitation and palliation, and implies that quality of care can be measured and **continuously improved** through the provision of evidence-based care that takes into consideration the needs and preferences of service users – **patients, families and communities.**”

<https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbox/understand/index.html>

# WHAT IS QUALITY?

- **Safe** by avoiding harm to the people for whom the care is intended;
- **Timely** by reducing waiting times and sometimes harmful delays for both those who receive and those who give care;
- **Effective** by providing evidence-based health care services to those who need them;
- **Equitable** by providing the same quality of care regardless of age, sex, gender, race, ethnicity, geographic location, religion, socio-economic status, linguistic or political affiliation;
- **Efficient** by maximizing the benefit of available resources and avoiding waste.
- **People-centered** by providing care that responds to individual preferences, needs and values, within health services that are organized around the needs of people;
- **STEEP!**
- **Integrated** by providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life course; and

<https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbox/understand/index.html>

# WHAT IS QUALITY?

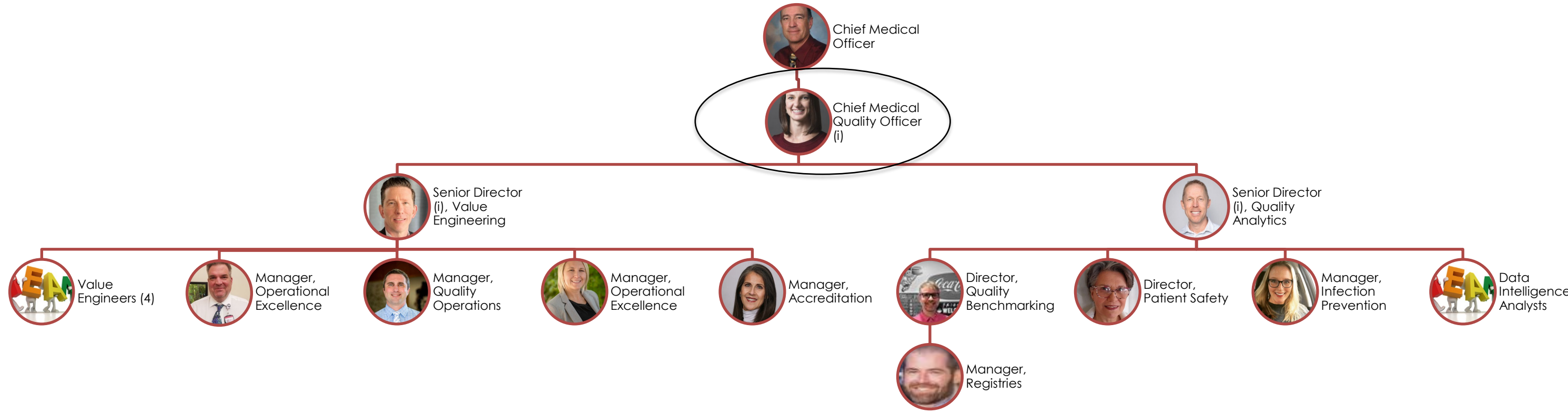
- **In healthcare:**
- **Health services to increase the likelihood of desired health outcomes that are evidence-based and continuously improved, that take into consideration the needs and preferences of patients, families and communities.”**

# ROLE OF CHIEF QUALITY OFFICE



*By anticipating opportunities, we empower our teams to make informed decisions and innovate quickly, enhancing our resilience as we deliver excellent healthcare to the Mountain West.*

# CURRENT QUALITY STRUCTURE







January 2018  
Volume 22 | No. 1

**PUBLIC POLICY**  
p7 Hospitalists as effective advocates

**IN THE LITERATURE**  
p12 Empathy and patient anxiety

**KEY CLINICAL QUESTION**  
p19 Proper treatment of syncope

# THE Hospitalist

Dr. Kencee K. Graves and Dr. Devin J. Horton

## Charting a new course in sepsis management

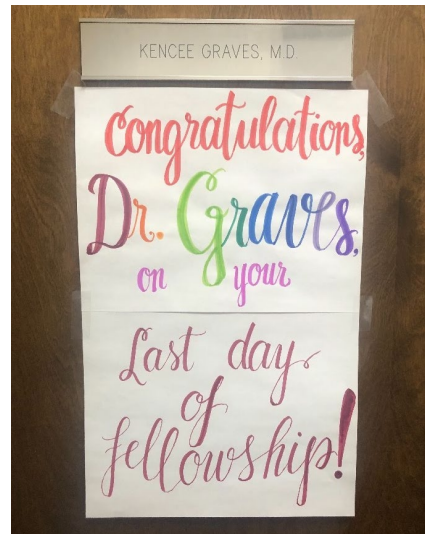
'Motivated and multidisciplinary' team critical to improving sepsis care

By Bryn Nelson, PhD

with rapidly deteriorating and deadly consequences. A range of quality improvement (QI) projects, however, are demonstrating how earlier identification and treatment may help to set a new course for addressing a condition that has remained stubbornly difficult to manage. Every year, more than 1.5 million Americans develop sepsis—arising from the body's overwhelming and self-destructive response to infection—and roughly 250,000 die from it. According to the Centers for Disease Control and Prevention, about one in three hospital sepsis can fool hospitalists and other providers, often

Continued on page 16

shm  
the-hospitalist.org



# “INSPIRING ALL TO BE THEIR BEST”

## *Distinctive Personality*

Intelligent

Hardworking

Compassionate

Resilient

Energetic

## *Promised Benefits*

Integrity

Respect

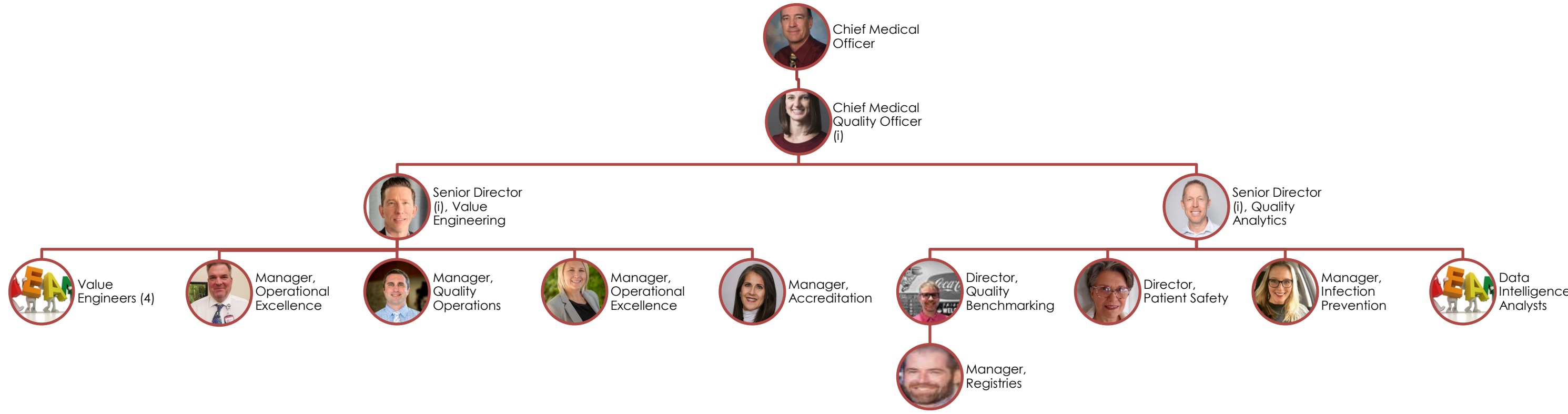
Balance

Responsibility

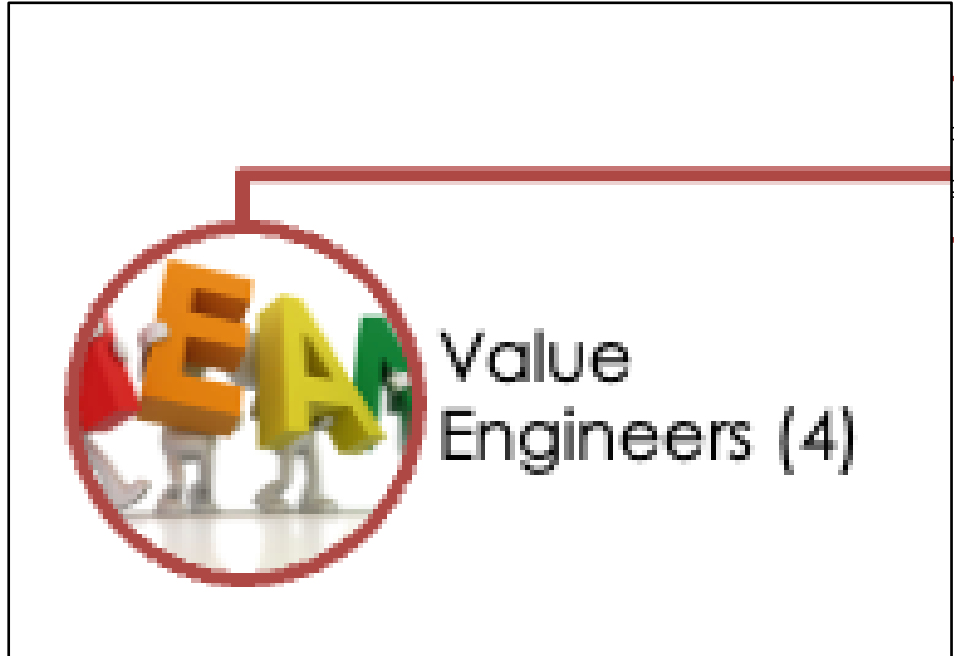
# SOME OF MY WORK

- Modified Early Warning Score (MEWS)
- Hip Fracture Process Development & Implementation
- Inpatient Hospice
- Clinical Documentation Integrity
- COVID-19
- High-risk/non-adherent behavior team
- Shared professionalism events
- Tobacco Free Campus

# CURRENT QUALITY STRUCTURE



# CURRENT QUALITY STRUCTURE



### Scope:

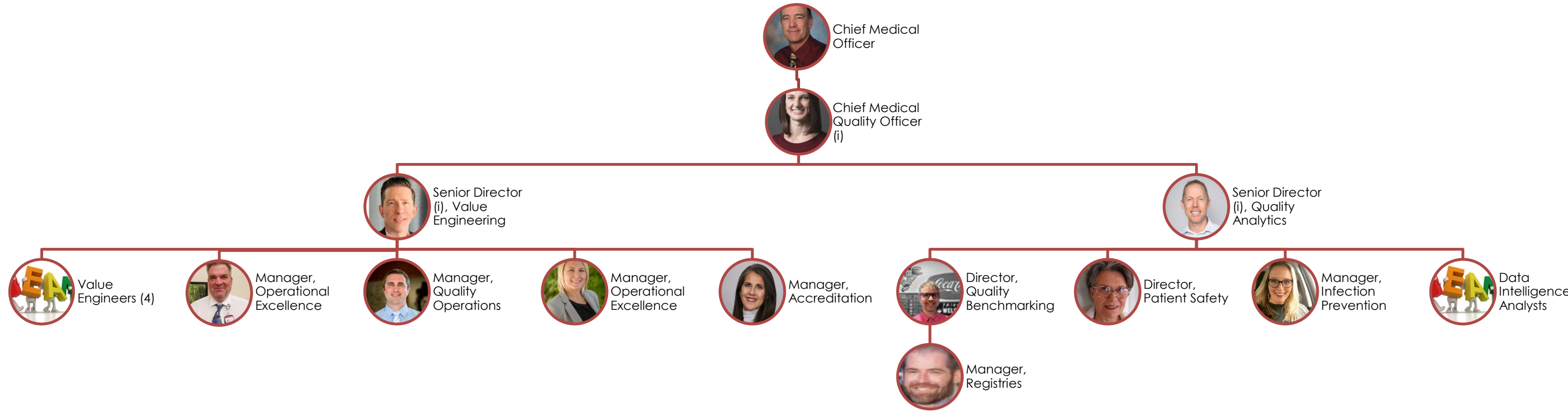
- Cadre of process experts facilitating value improvement work at with an emphasis on the clinical delivery mission
- Approach to value improvement is built upon the world-wide best practices of lean and six sigma.
- Building a value culture by the twin pillars of continuous improvement and systemic respect.

### Bright spots:

- Radiology flow
- Staff efficiency
- Clinic 2K scheduling



# CURRENT QUALITY STRUCTURE



# CURRENT QUALITY STRUCTURE



Manager,  
Operational  
Excellence

Scope: Quality, safety/emergency management, and accreditation/licensing responsibilities for our entities.

Bright spots: Our team has been successful at streamlining processes within entities while fostering meaningful relationships.

These entities worked extensively with the recent state survey.



Engineering



Value  
Engine



Manager,  
Operational  
Excellence



Director  
y

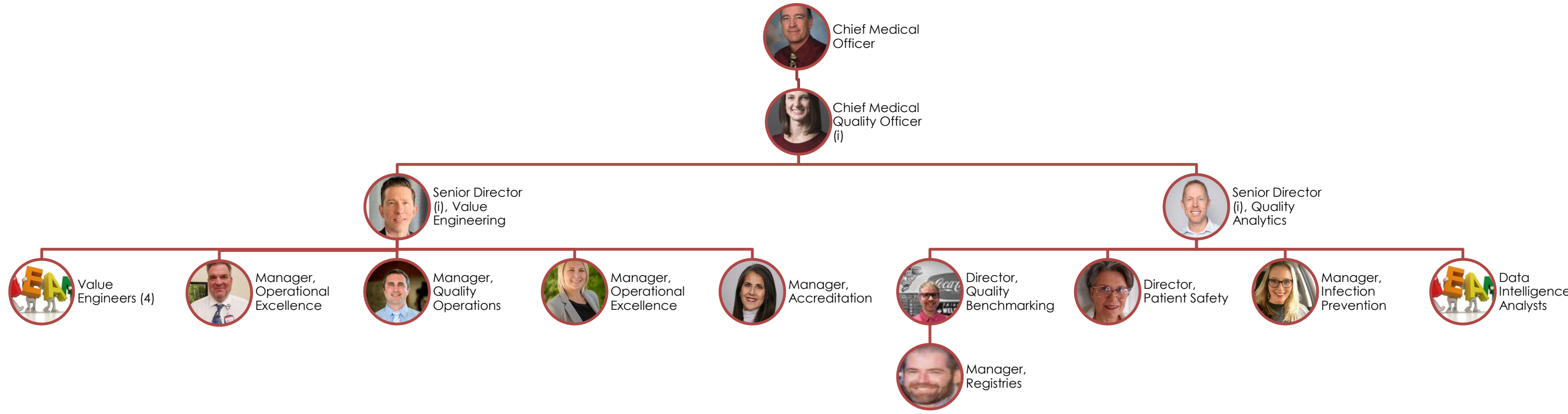


Manager,  
Infection  
Prevention



Data  
Intelligence  
Analysts

# CURRENT QUALITY STRUCTURE





# CURRENT QUALITY STRUCTURE

**Scope:**  
 Supports the health system with the goal of making it easier to deliver and receive high quality care. Quality Consultants provide leadership, facilitation, coaching, teaching, hands on, and consultative technical support to UUH clinical and operational process owners.

**Bright spots:**



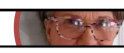
Manager,  
 Quality  
 Operations



Manager,  
 Accreditation



Quality



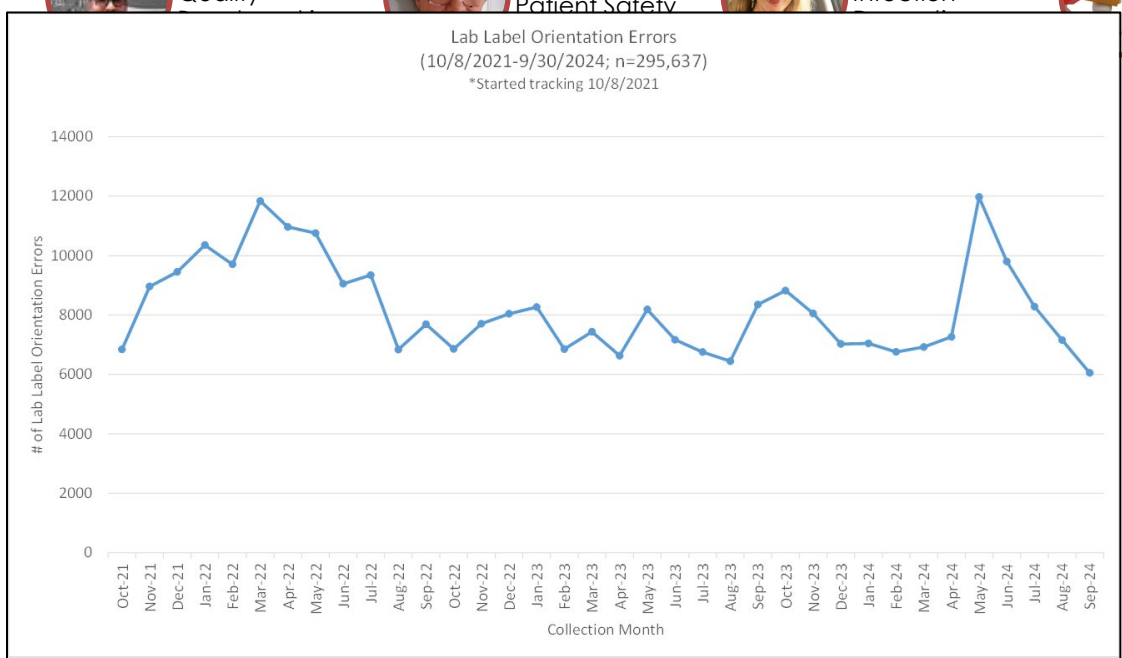
Director,  
 Patient Safety



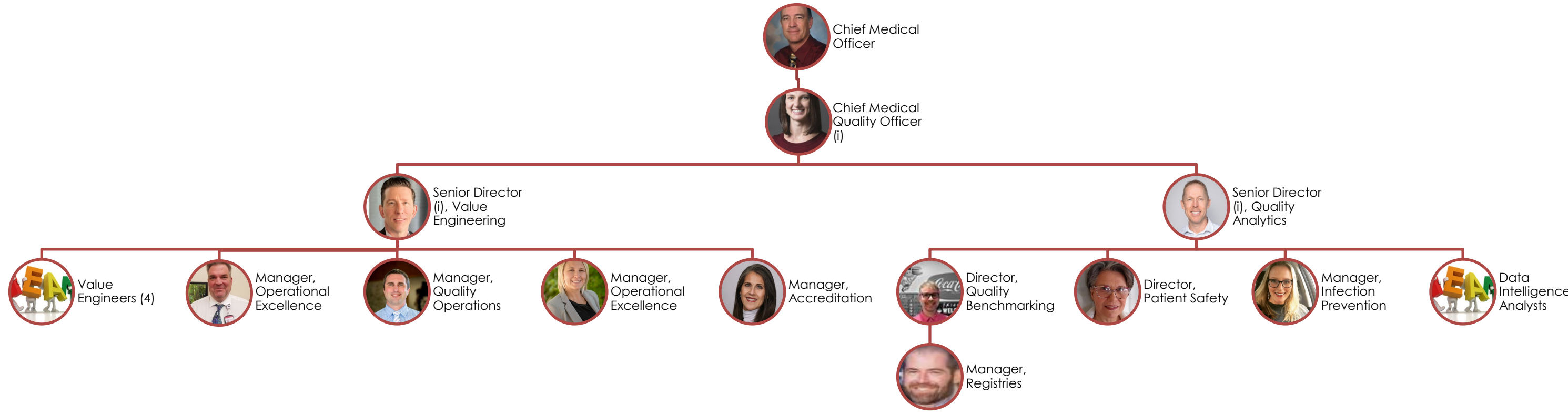
Infection



Intelligence  
 Analysts



# CURRENT QUALITY STRUCTURE



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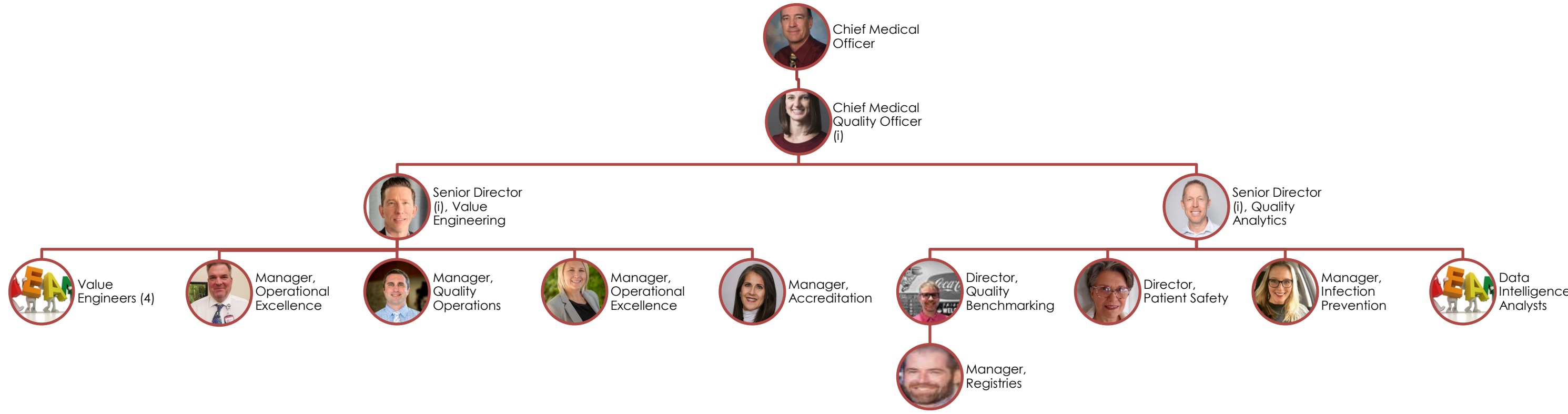


**Scope:**  
To ensure U of U Health meets federal, state, and local regulations.  
To be a knowledgeable source of regulations, identify improvement opportunities, and deliver education.  
To empower stakeholders to improve processes and patient safety.

**Bright spots:**  
Accreditation, Infection Prevention and Control, and Facilities Management conduct tours of areas to observe compliance with regulations, codes, and our policies.

Data Intelligence Analysts

# CURRENT QUALITY STRUCTURE



# CURRENT QUALITY STRUCTURE

Scope: Plays a crucial role in promoting a culture of reporting and transparency to identify opportunities for improvement in patient safety, quality, and outcomes.

- Collect and analyze data on events related to patient harm, near misses, and unsafe conditions. The team collaborates with various departments across the organization to ensure comprehensive data collection and analysis.

- Bright spots:
- Improved Collaboration
  - Lab Specimen Labeling



Chief Medical Officer



Manager, Operational Excellence



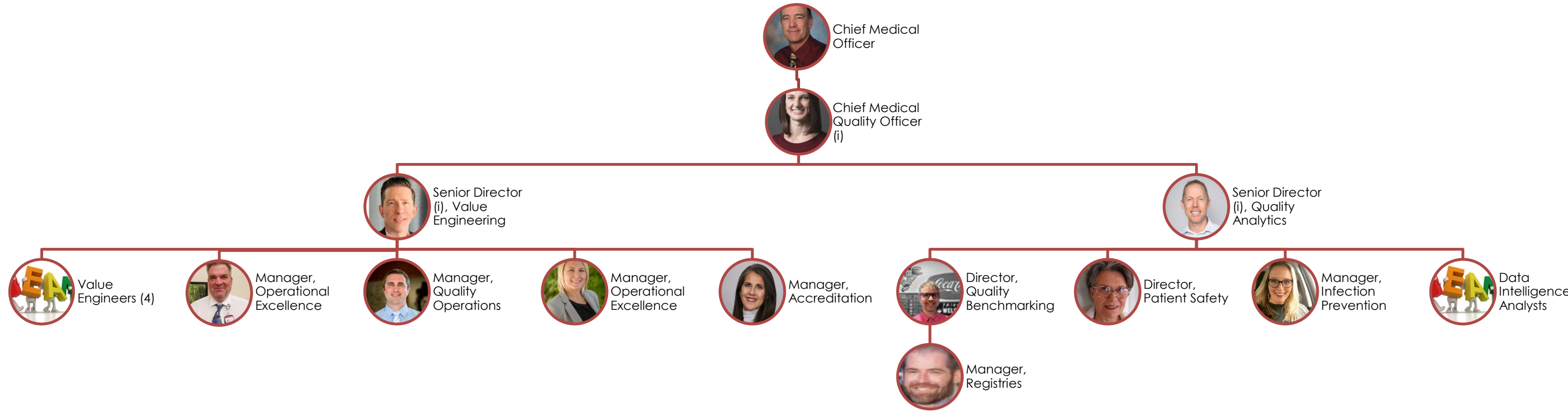
Director, Patient Safety

Manager, Infection Prevention



Data Intelligence Analysts

# CURRENT QUALITY STRUCTURE

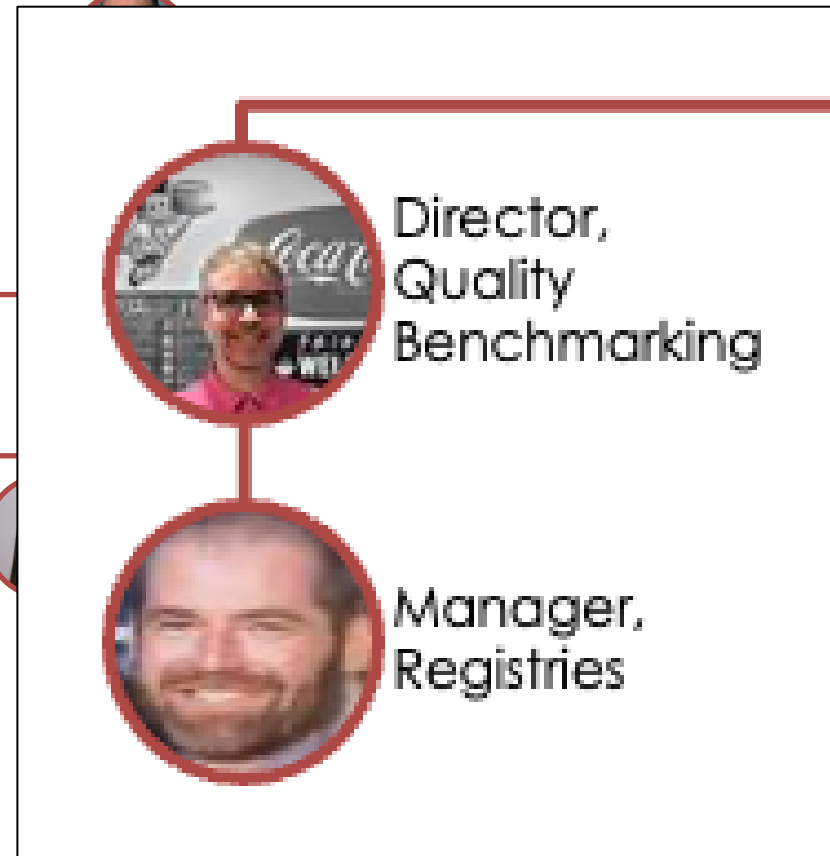


# CURRENT QUALITY STRUCTURE

Scope:  
The external Benchmarking team focuses on our national performance and improvement opportunities.

Bright spots:

- Top Performer
- Successful Implementation of CMS requirements for orthopedics



Director, Patient Safety

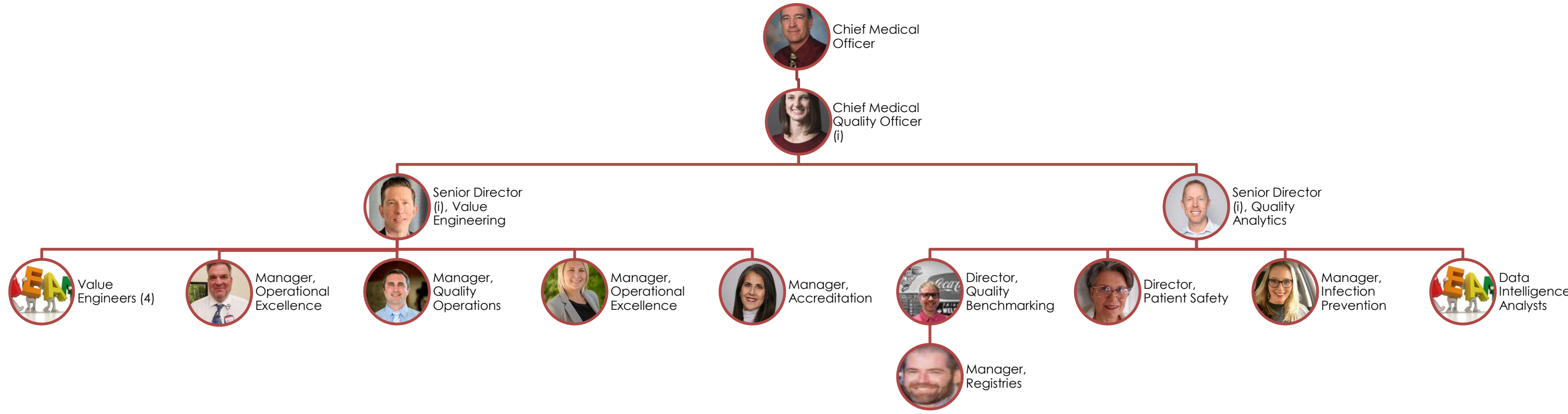


Manager, Infection Prevention



Data Intelligence Analysts

# CURRENT QUALITY STRUCTURE





# CURRENT QUALITY STRUCTURE

## Scope:

The Infection Prevention & Control department is vital for ensuring patient safety and reducing infections by overseeing surveillance, policy development, education, collaboration, data reporting, and compliance.

## Bright spots:

- Formed a coalition of MDs, IPs, Quality Consultants and nursing to address higher-than-average HYST SSI rates.
- Developed and implemented a successful hysterectomy surgery bundle.
- Sustained lower HYST infection rates for 8 consecutive months



Chief Medical Officer

Chief Medical Quality Officer (i)

Manager, Accreditation

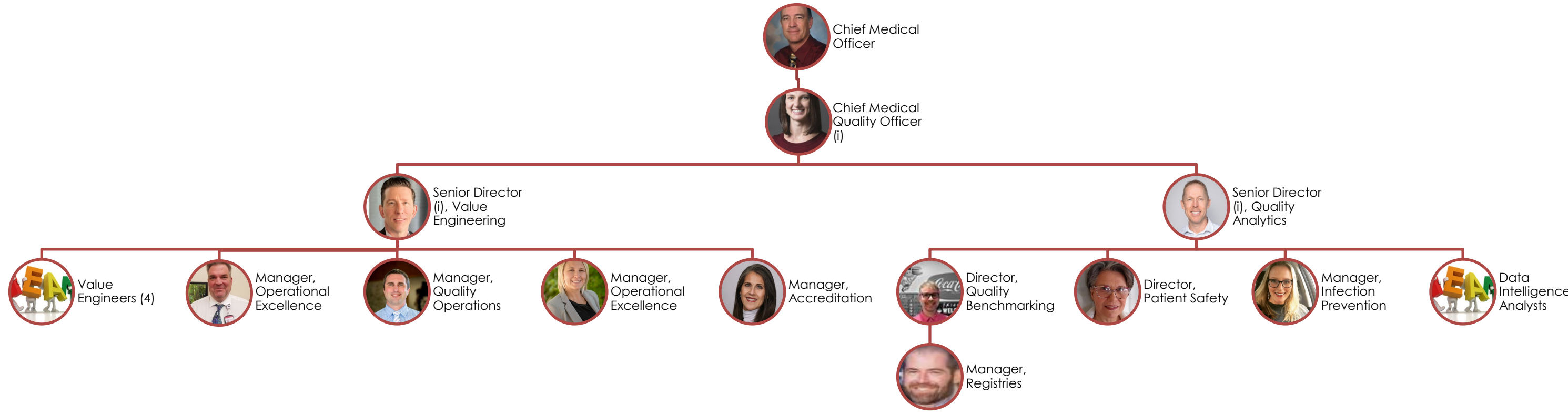


**Manager,  
Infection  
Prevention**

Regimes



# CURRENT QUALITY STRUCTURE

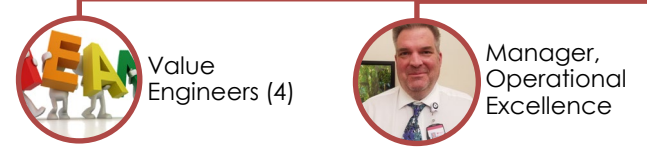


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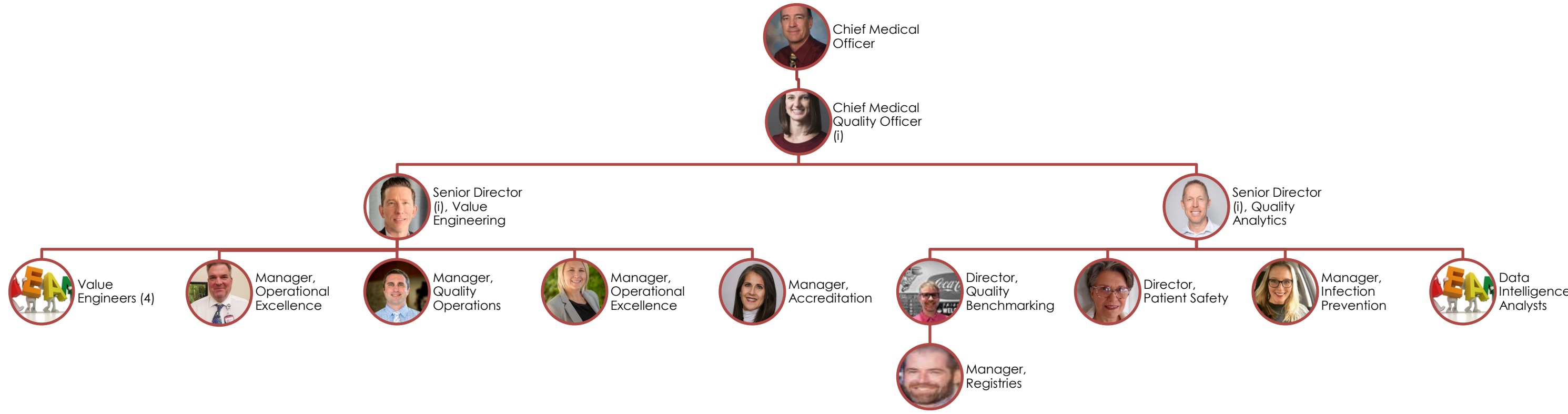
**Scope:**  
Offers data analytics and technology services to all CQO departments. They specialize in creating dashboards, web applications, and automating data processes. They assist with various tasks, from regulatory reporting to quality improvement projects.

**Bright spots:**

- Improved Vizient Data Pipeline
- Data- Driven Insights



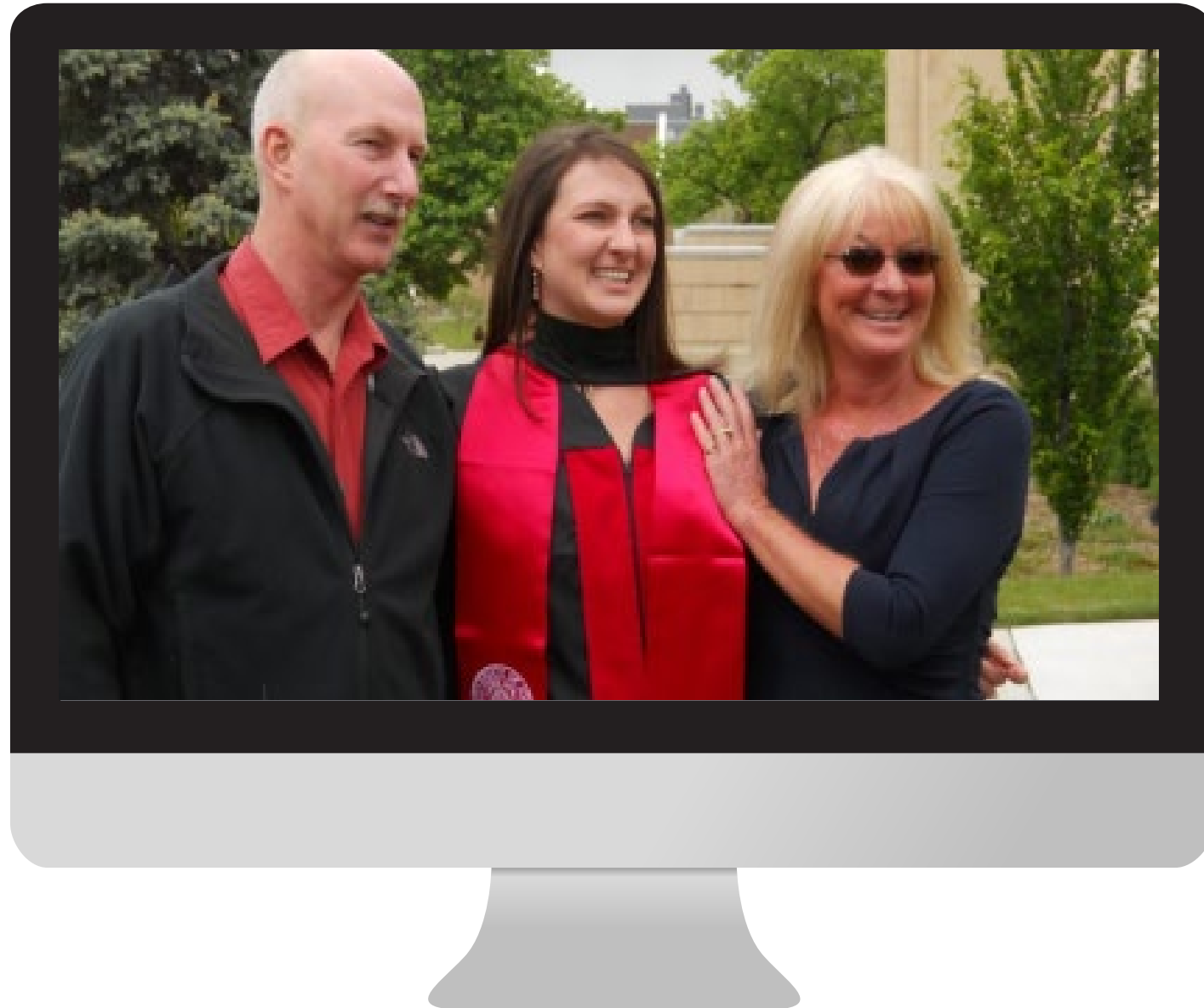
# CURRENT QUALITY STRUCTURE



# A LOW QUALITY CARE JOURNEY

My parents' care journey

A lesson on potential obstacles encountered by U Health patients



Overwhelming navigation



Delayed access to Providers



Lack of clarity in medical information



Unanswered concerns / questions



Uncoordinated paths



# A HIGH QUALITY CARE JOURNEY

My son's care journey

The drivers of a high-quality, high-value care experience



Clear point of entry



Informed patient participation



Alignment of education and care missions



Coordinated care teams



Proactive follow-up



# OUR QUALITY TRACK RECORD

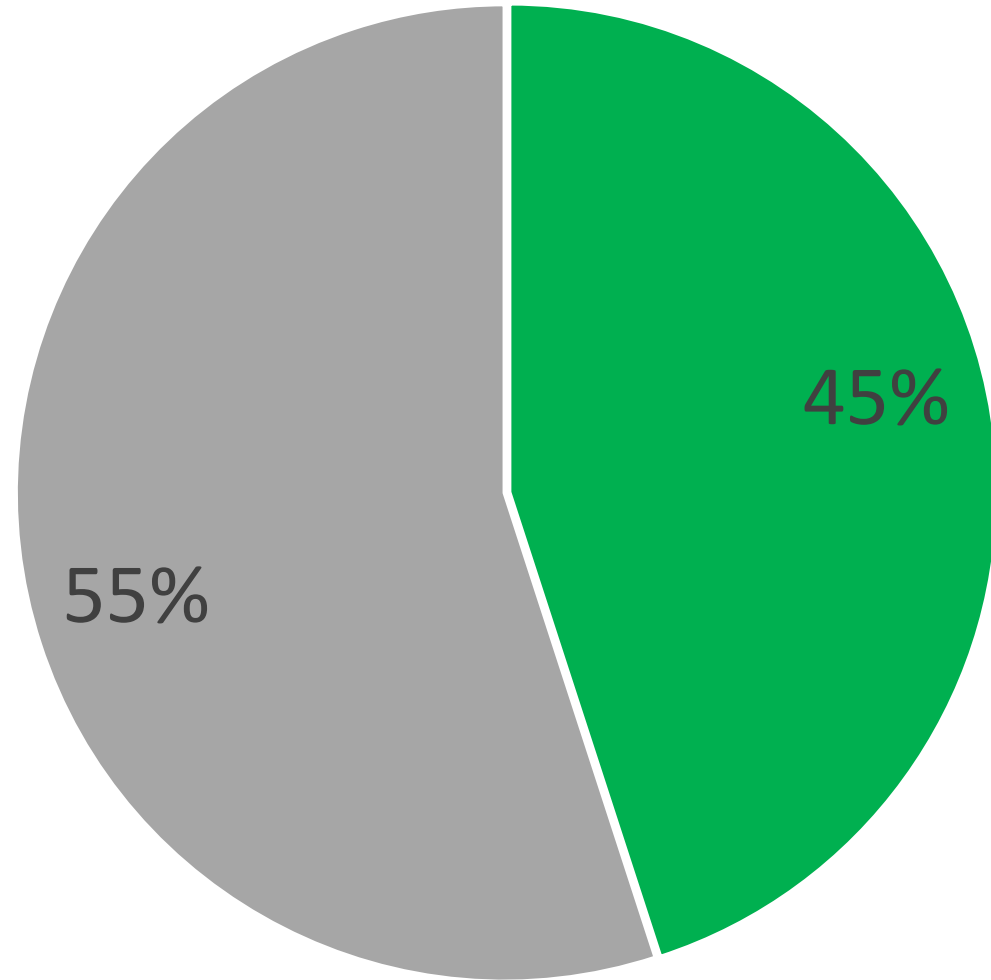
Outstanding legacy of quality & safety at U of U Health

Not automatic but hard earned



National Distinction in Quality





- Hired before 2020
- Hired since 2020



# OUR NEXT ERA OF QUALITY & SAFETY

An opportunity to raise the bar



- Shore up our current measures
- Aspiring for higher standards and outcomes
- Build on historical strengths and develop new ones
- Quality spans the entire experience at U Health:
  - Not just ambulatory
  - Not just inpatient
  - From the start of care to the end
  - Value streams / complete care continuums

# DR. SHIGEO SHINGO

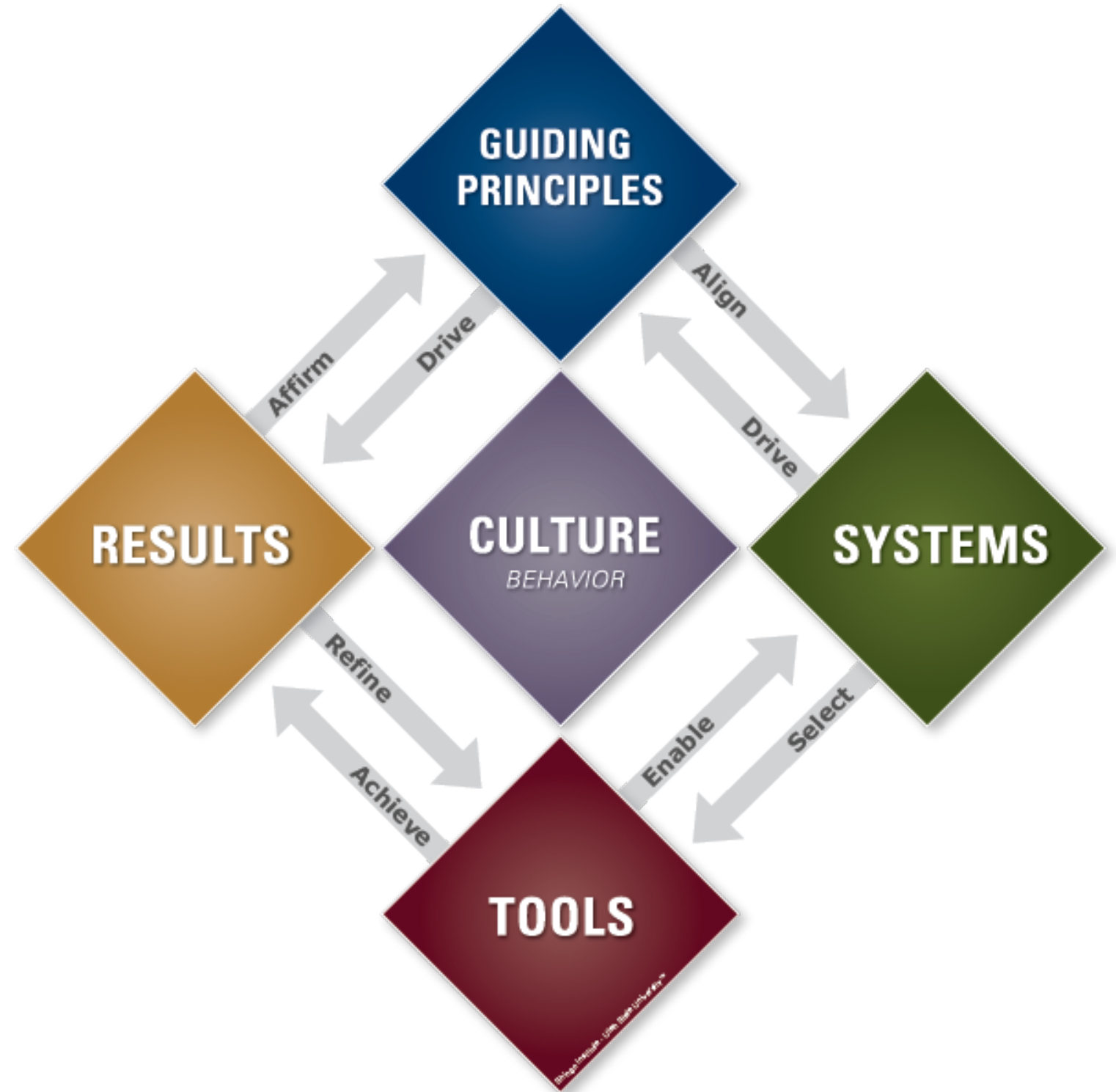
- Worked extensively with Toyota
- Published 18 books on Lean methodology & ensuring quality at the source
- Given an honorary doctorate at Utah State University in 1988
- The Shingo Prize was established soon after to recognize organizational excellence
- Assessment of an organization's culture and how well it drives world-class results



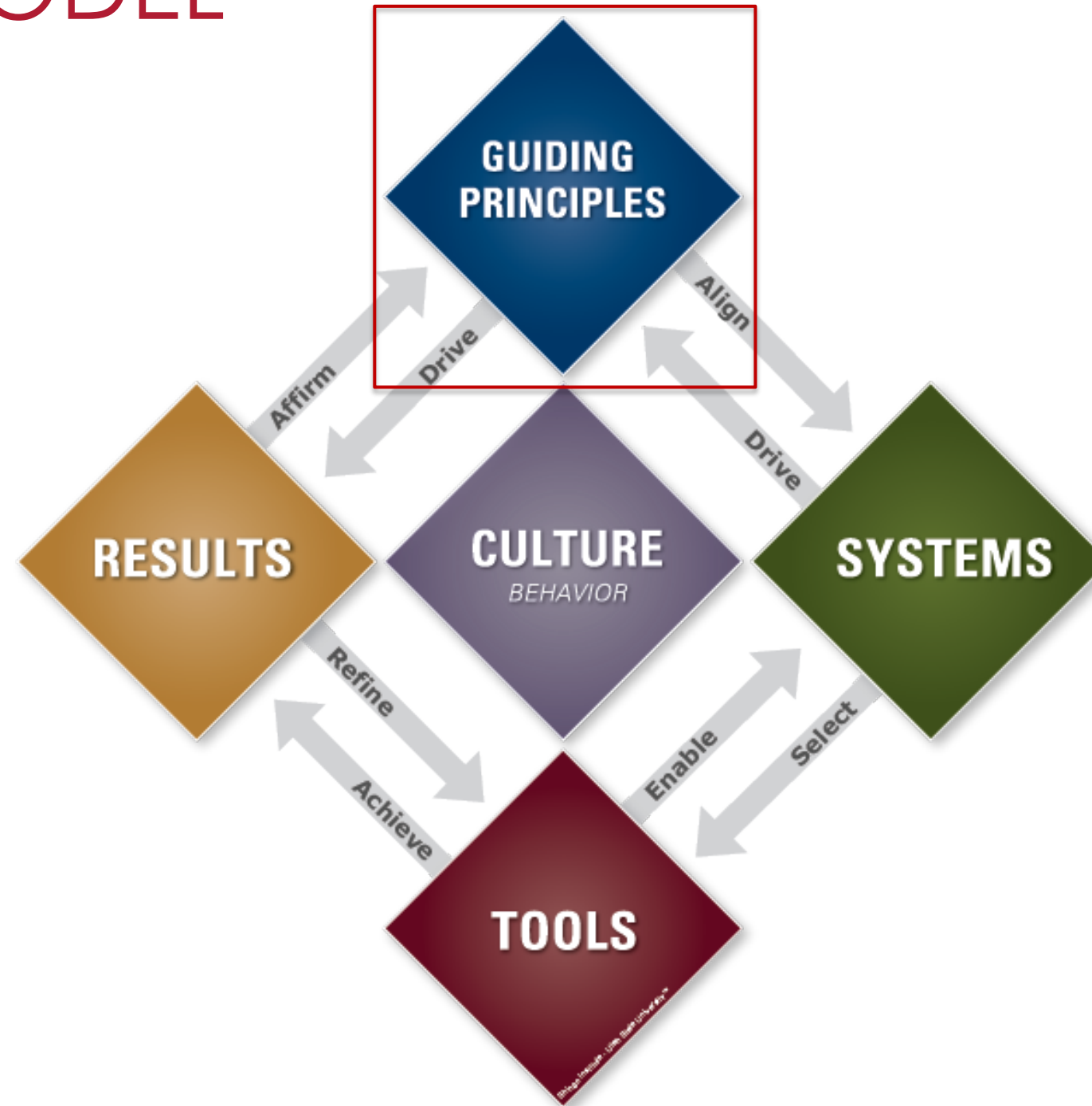
Jon M. Huntsman School of Business  
**Shingo Institute**  
**UtahStateUniversity.**

# SHINGO MODEL™

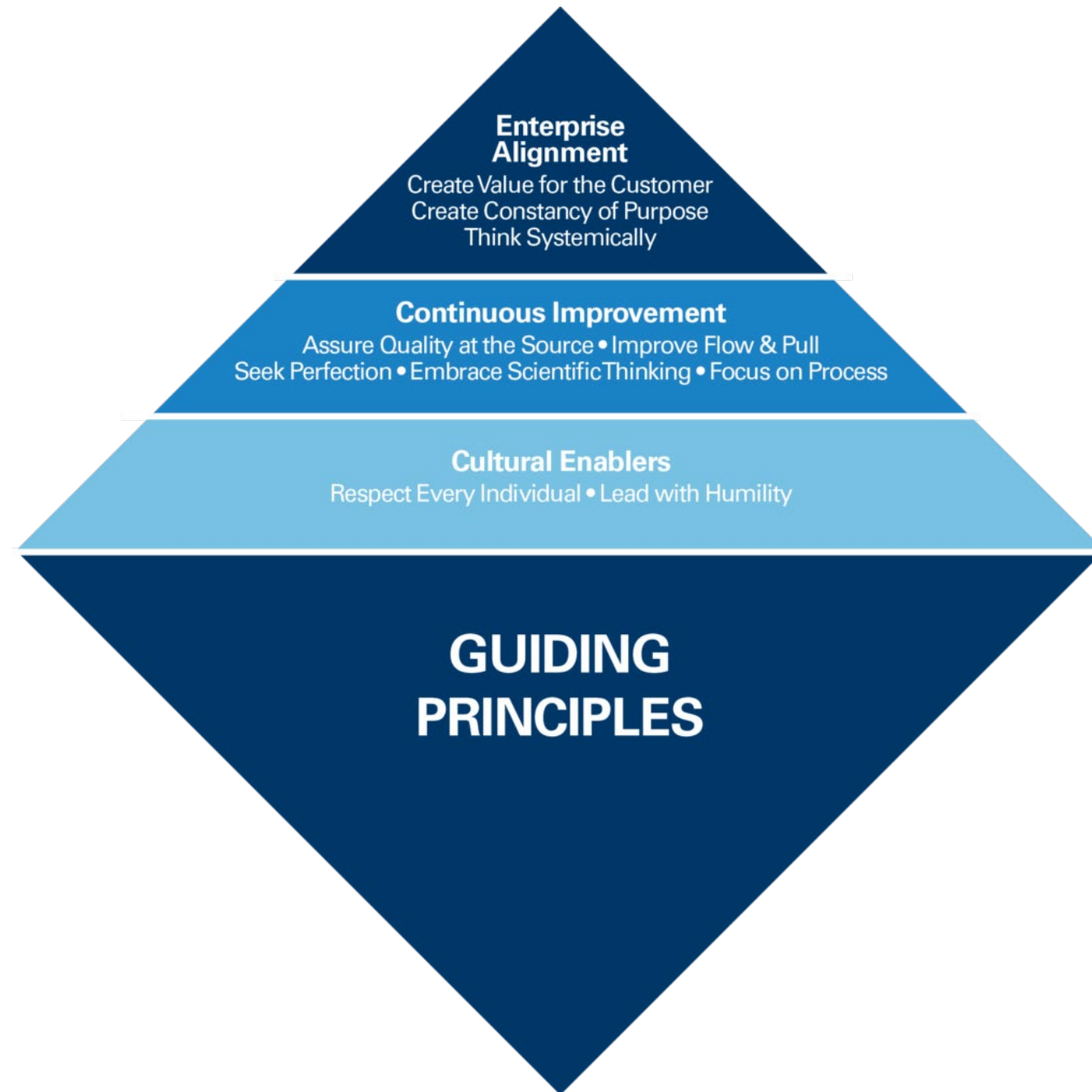
- One lens to view continuous improvement – there are many!
- Formed after 25 years of *organizational* assessment
- Basis for building a sustainable culture of *organizational* excellence
- Does *not* replace individual continuous improvement methods



# SHINGO MODEL™



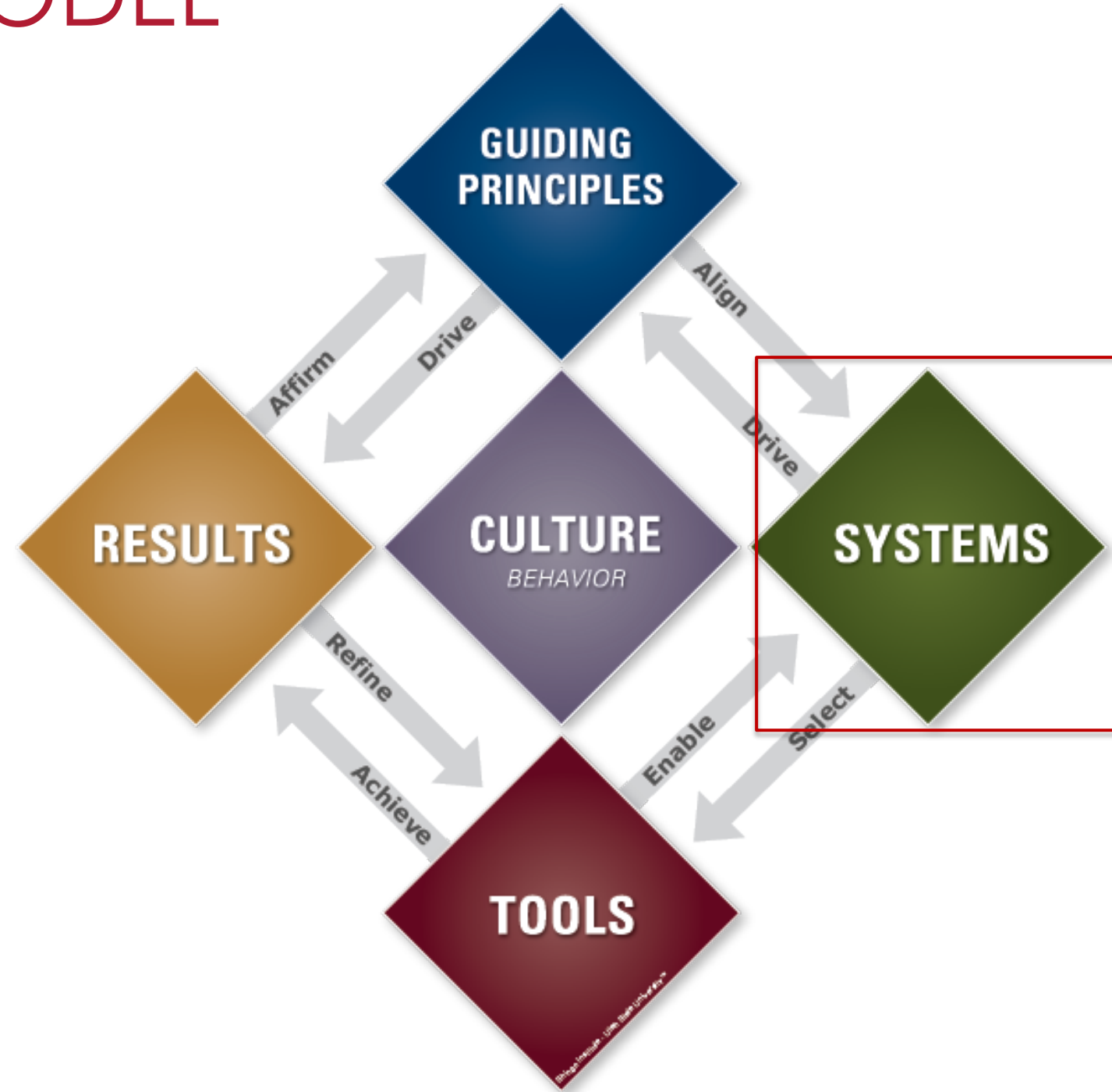
# SHINGO MODEL™



- Respect every individual
- Lead with humility
- Seek perfection
- Embrace scientific thinking
- Focus on process
- Ensure quality at the source
- Think systematically
- Create constancy of purpose
- Create value for the customer

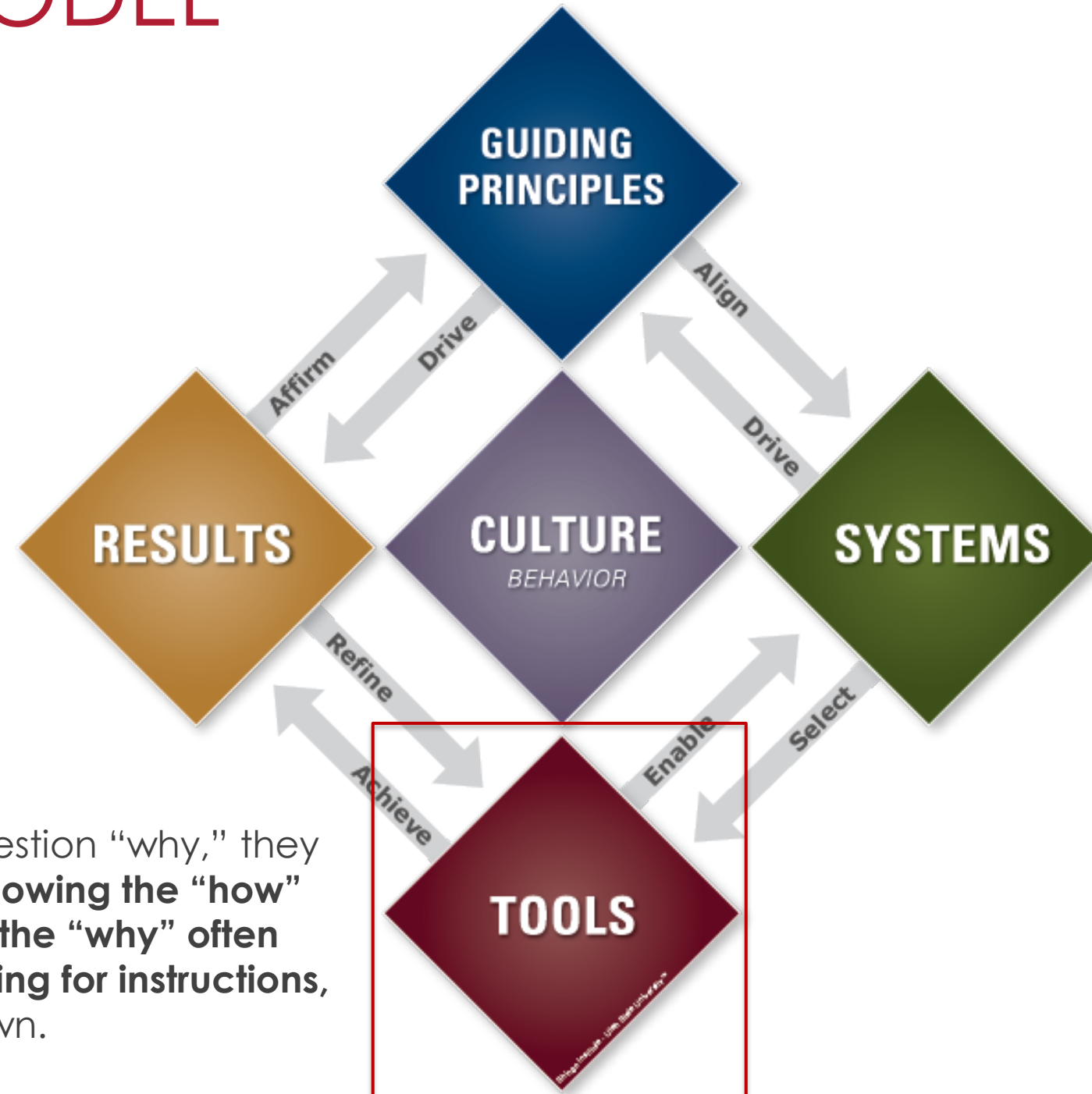
<https://shingo.org/shingo-model/#headline-66-117>

# SHINGO MODEL™



An enterprise is usually made of complex systems, each containing the necessary tools to enable the successful outcome of the system. **A successful outcome is defined in both performance and behavioral terms.**

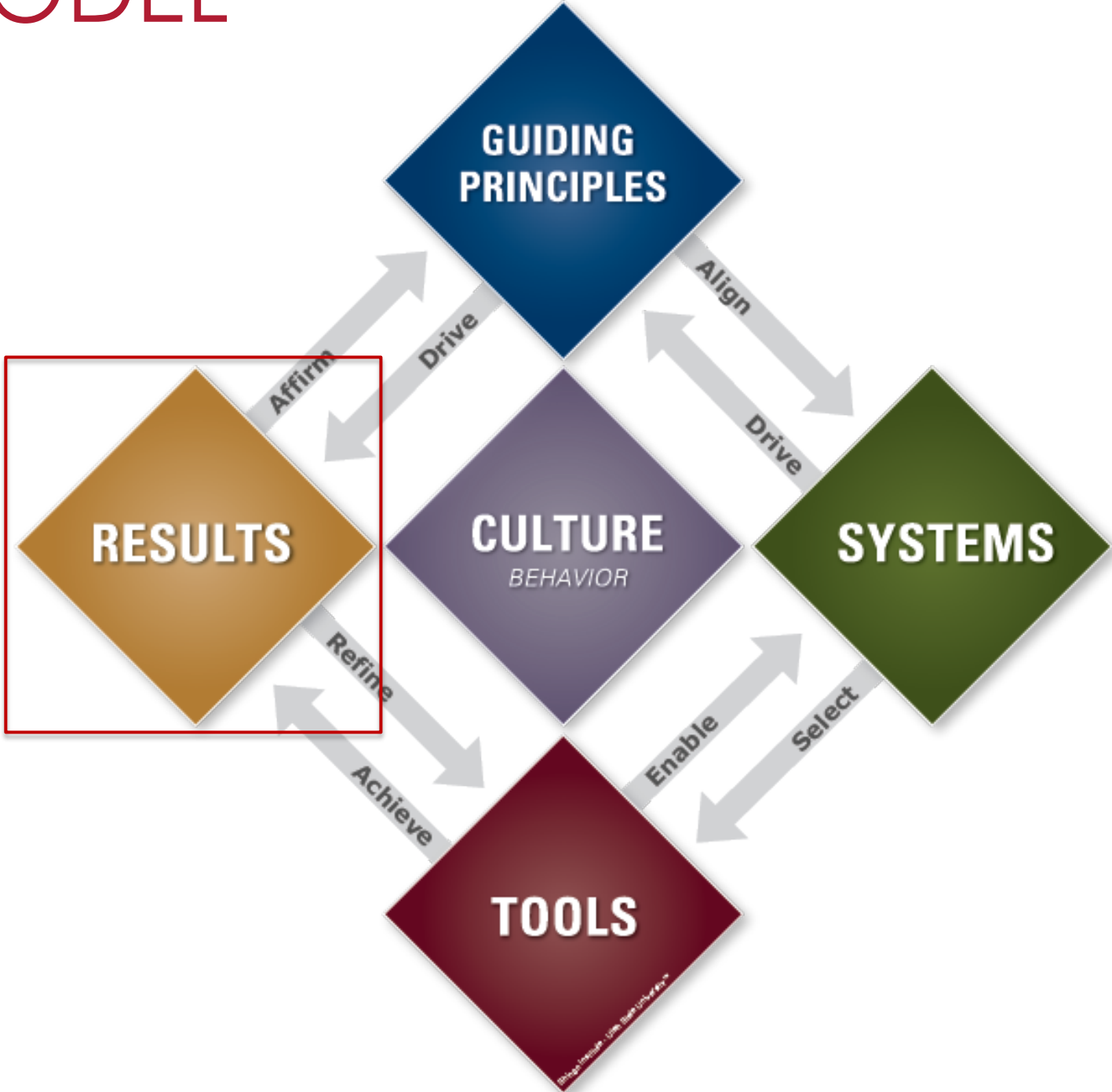
# SHINGO MODEL™



Tools do not answer the question “why,” they only focus on “how.” **But knowing the “how” without understanding fully the “why” often leaves team members waiting for instructions, powerless to act on their own.**

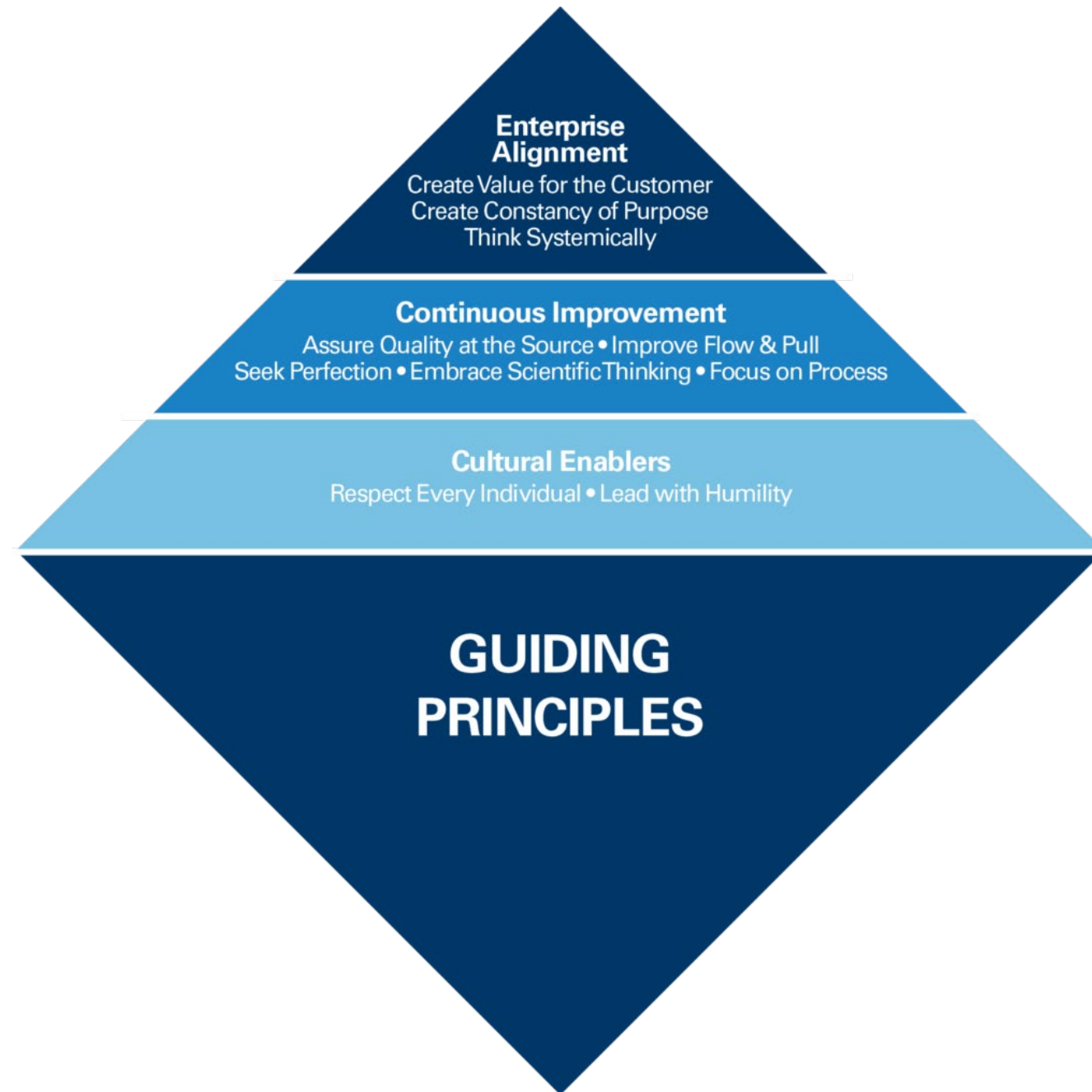
# SHINGO MODEL™

An organization must have performance results to succeed. **Value needs to be considered from the perspective of the customer, rather than from enterprise leadership.**





# SHINGO MODEL™



- Respect every individual
- Lead with humility
- Seek perfection
- Embrace scientific thinking
- Focus on process
- Ensure quality at the source
- Think systematically
- Create constancy of purpose
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<https://shingo.org/shingo-model/#headline-66-117>



# 15 MINUTE BREAK



# AGENDA

- 10:00 – 11:00 Quality Workshop Part 2
  - Patient Safety – how is it related?
  - Serious Safety Events
  - Ranking Systems
  - Accreditation Bodies
- How the Board can Help
- How do we communicate an issue to the subgroup and full group

# QUIZ

What does the mnemonic STEEEP mean, in the WHO's 6 domains of healthcare quality?

- A. Safe, timely, emergent, easy, equal, perfect
- B. Safe, technical, efficient, effective, equitable, people-centered
- C. Safe, timely, effective, equitable, efficient, people-centered
- D. Smart, timely, effective, equitable, efficient, pain-free

# QUIZ

What does the mnemonic STEEEP mean, in the WHO's 6 domains of healthcare quality?

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- C. Safe, timely, effective, equitable, efficient, people-centered**
- D. Smart, timely, effective, equitable, efficient, pain-free

# WHO MUST BE ENGAGED FOR OUR PATIENTS TO HAVE A HIGH QUALITY CARE EXPERIENCE?

- A. The Doctors
- B. The Nurses
- C. Ancillary & Support Services
- D. The Board
- E. All of the above

# WHOSE ENGAGEMENT IS REQUIRED FOR OUR PATIENTS TO HAVE A HIGH QUALITY CARE EXPERIENCE?

- A. The Doctors
- B. The Nurses
- C. Ancillary & Support Services
- D. The Board
- E. All of the above**



# WHAT IS PATIENT SAFETY?

- “Quality & Safety are often together.... Are they different? What is safety?”
- AHA podcast – “safety is the floor, quality is the ceiling”
- WHO definition of patient safety – “the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum.”
- Worth a session on its own
- Administratively – Patient Safety is in the Chief Quality Office

<https://www.who.int/news-room/fact-sheets/detail/patient-safety>

# U HEALTH PATIENT SAFETY

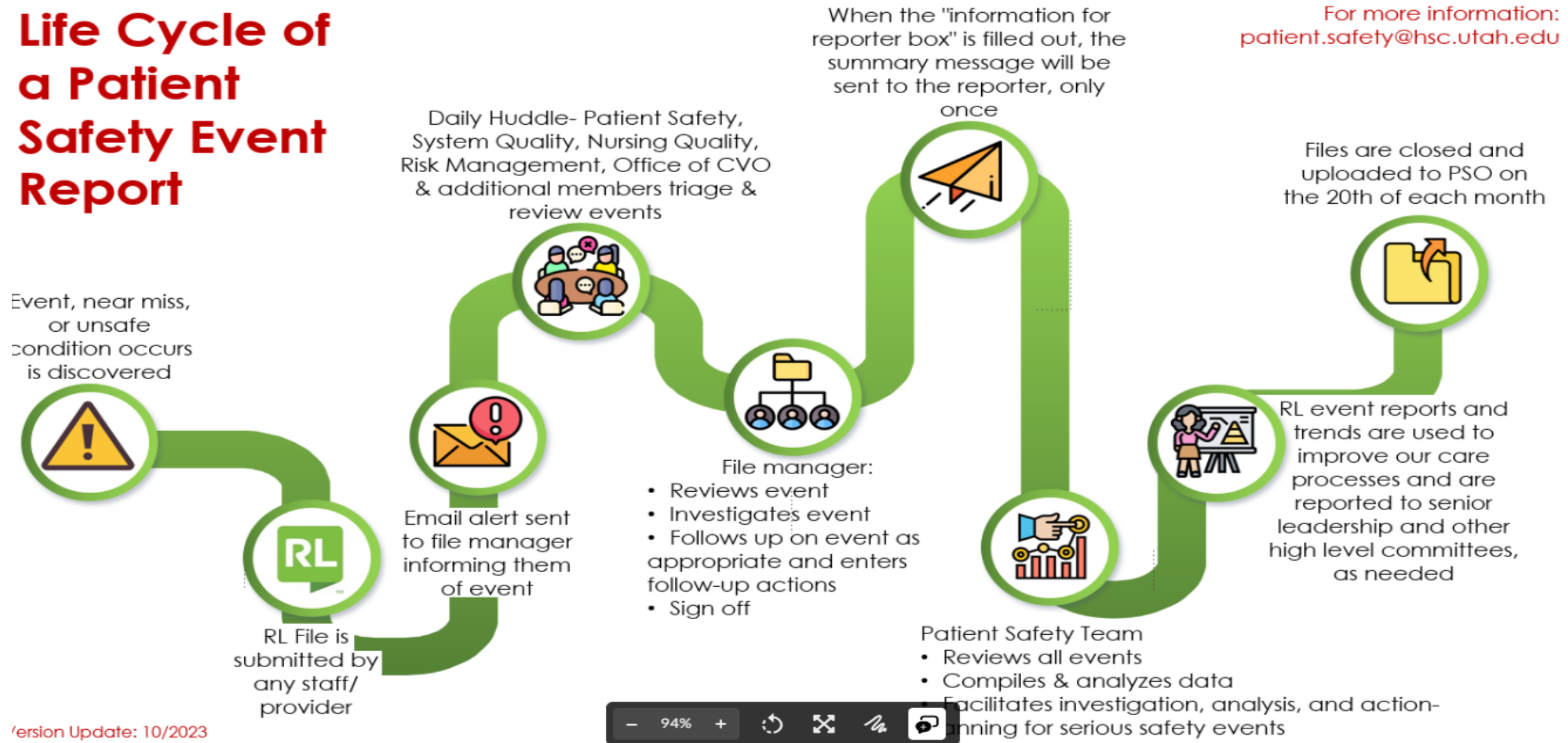
The screenshot displays the PULSE Patient Safety system interface. At the top, the word "PULSE" is prominently displayed in red. To the right of the header, there is a notification bell icon with the number "1", a search icon, and the user name "KENCEE GRAVES" next to a settings gear icon. Below the header, the breadcrumb navigation reads "Patient Safety ▸ Home" and "Pulse / Sites / Patient Safety / Home". A search bar labeled "Search this site" is positioned to the right of the breadcrumb. The main content area is divided into two sections. On the left, there are three large, colorful icons: a green "RL (Report + Learn)" icon, a purple "RL Blog" icon, and a purple "About Us" icon. On the right, there is a large "Icon Wall" section with a search bar and a list of 12 event categories, each represented by a colored square with a white icon and a text label below it. The categories are: Adverse Drug Reaction (red), Airway/Respiratory (blue), Anesthesia (yellow), Behavioral Event or Workplace Violence (red), Blood Product/Transfusion (red), Brain Attack Code RRT or STEMI (white), Care Coordination / Communication (blue), Complications / Diagnosis / Treatment (red), Employee Event (yellow), Equipment/Medical Device/Supplies (blue), Facilities/Environmental Services (blue), and Fall (yellow). A vertical sidebar on the left side of the main content area contains various navigation icons: Info Center, Alerts, Tasks, Search, New File, Folders, Reports, and File Tracker. At the top of the main content area, there are links for "Dashboards", "Bookmarks", "Help", and "Logged in as K...".

# PATIENT SAFETY LINGO

- **Serious Safety Event (SSE)** is defined as a deviation from accepted performance standards that results in significant patient harm or death.
- **SSE** is based on level of harm **AND** deviation from practice standards illustrated by policy, current literature
- **Precursor Event** results in minor harm, no detectable harm, or no harm.
- **Near Miss Safety Event (NME)**, the initiating error is caught before it reaches the patient by either a detection barrier built into the process or, sometimes, by chance.

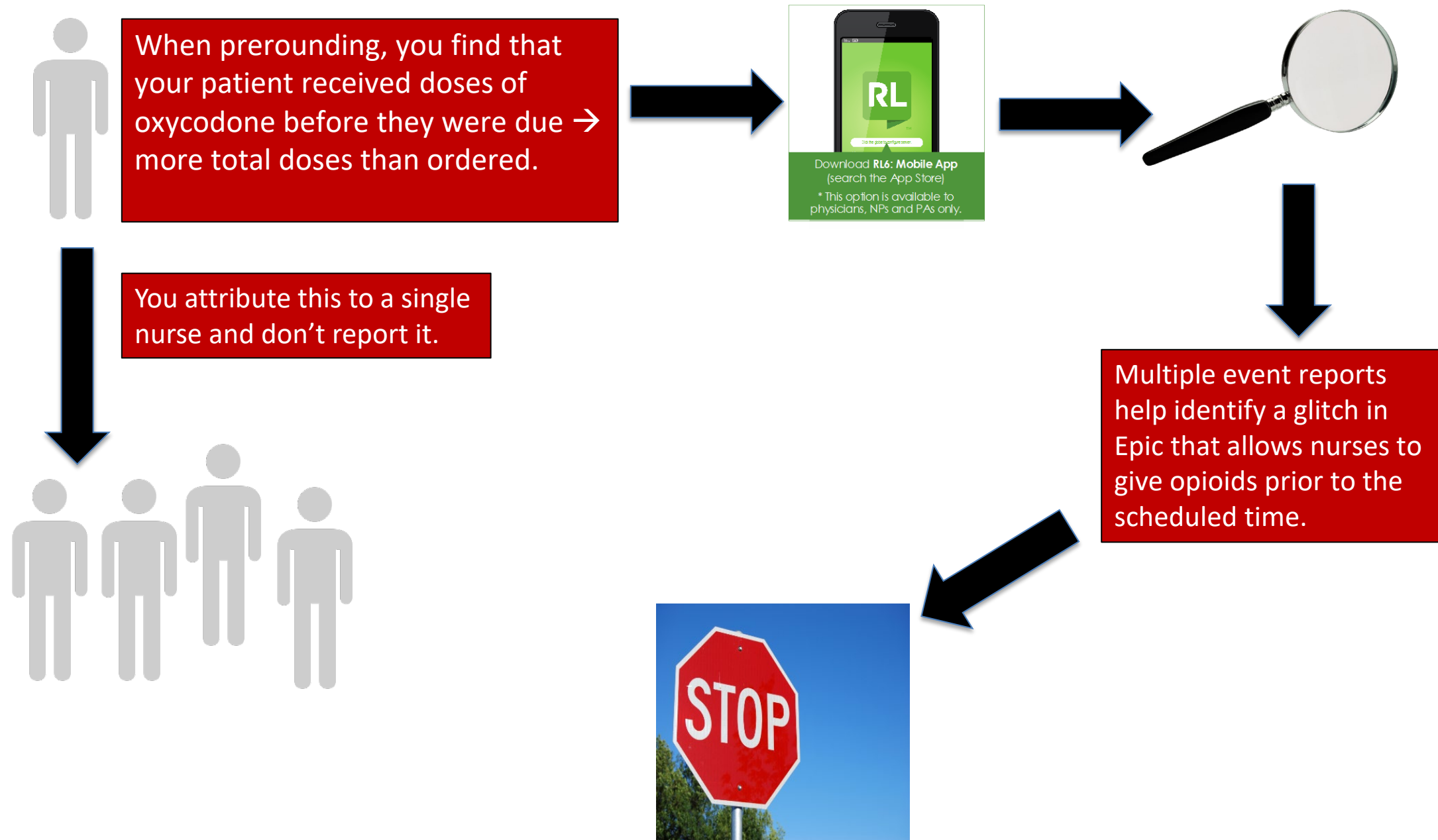
# EVENT REPORTING

## Life Cycle of a Patient Safety Event Report



UUH Patient Safety Program – Revision Oct 2023

# WHY REPORT ERRORS?



# ANALYSIS

- Root Cause Analysis (RCA)
  - Investigation and determination analysis aimed at examining the underlying causes of a problem or incident
- Root Cause Analysis<sup>2</sup> (RCA<sup>2</sup>)
  - Similar to RCA with an emphasis taking action to prevent future harm (National Patient Safety Foundation)
- Casual Analysis
  - Specific to the State of Utah
  - A process for identifying the basic or causal factor or factors that underlie variation in performance,
  - Resulting in the occurrence or possible occurrence of a patient safety event
  - May include;
    - Root cause analysis,
    - Failure mode and effect analysis,
    - Hazards analysis,
    - Evidence review,
    - Observation or any other relevant analytical process aimed at identifying and understanding contributing factors

<https://psnet.ahrq.gov/issue/national-patient-safety-foundation>

# RANKING SYSTEMS

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# HEALTHCARE RANKING SYSTEMS

- Why use a ranking system?
- We don't know how we are doing without measurement
- Many patients want choice and can get services from multiple health care companies
- Promotes a culture of excellence

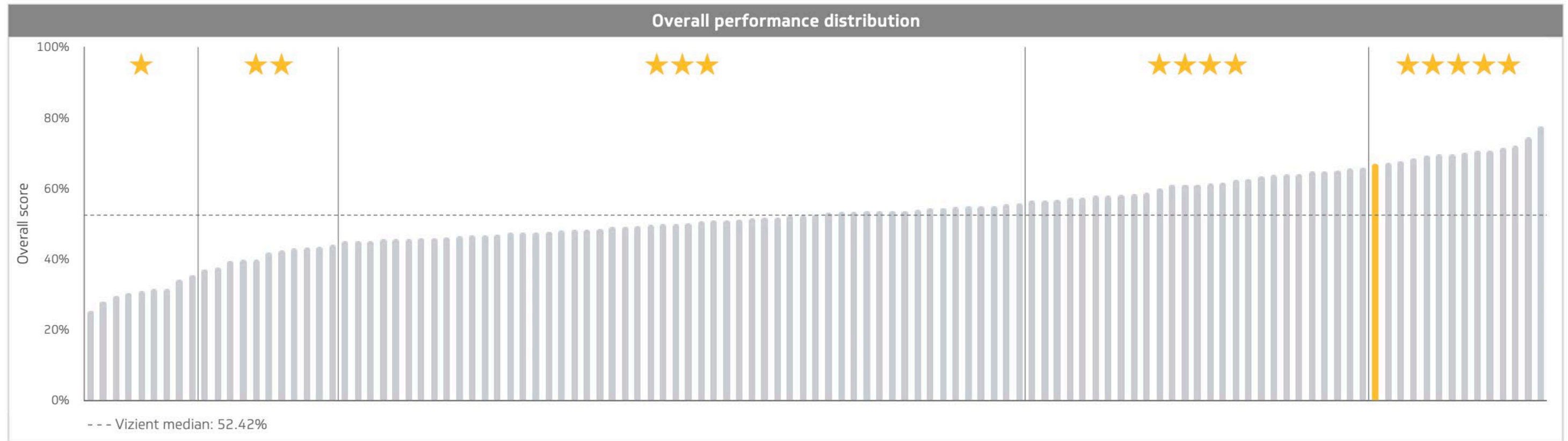


# HEALTHCARE RANKING SYSTEMS

- Vizient
- We are a *Comprehensive Academic Medical Center*
  - At least 25 solid organ transplants per year
  - 600 trauma cases or 1,500 acute transfers in from another facility
  - 125 combined cardiothoracic and neurosurgery cases

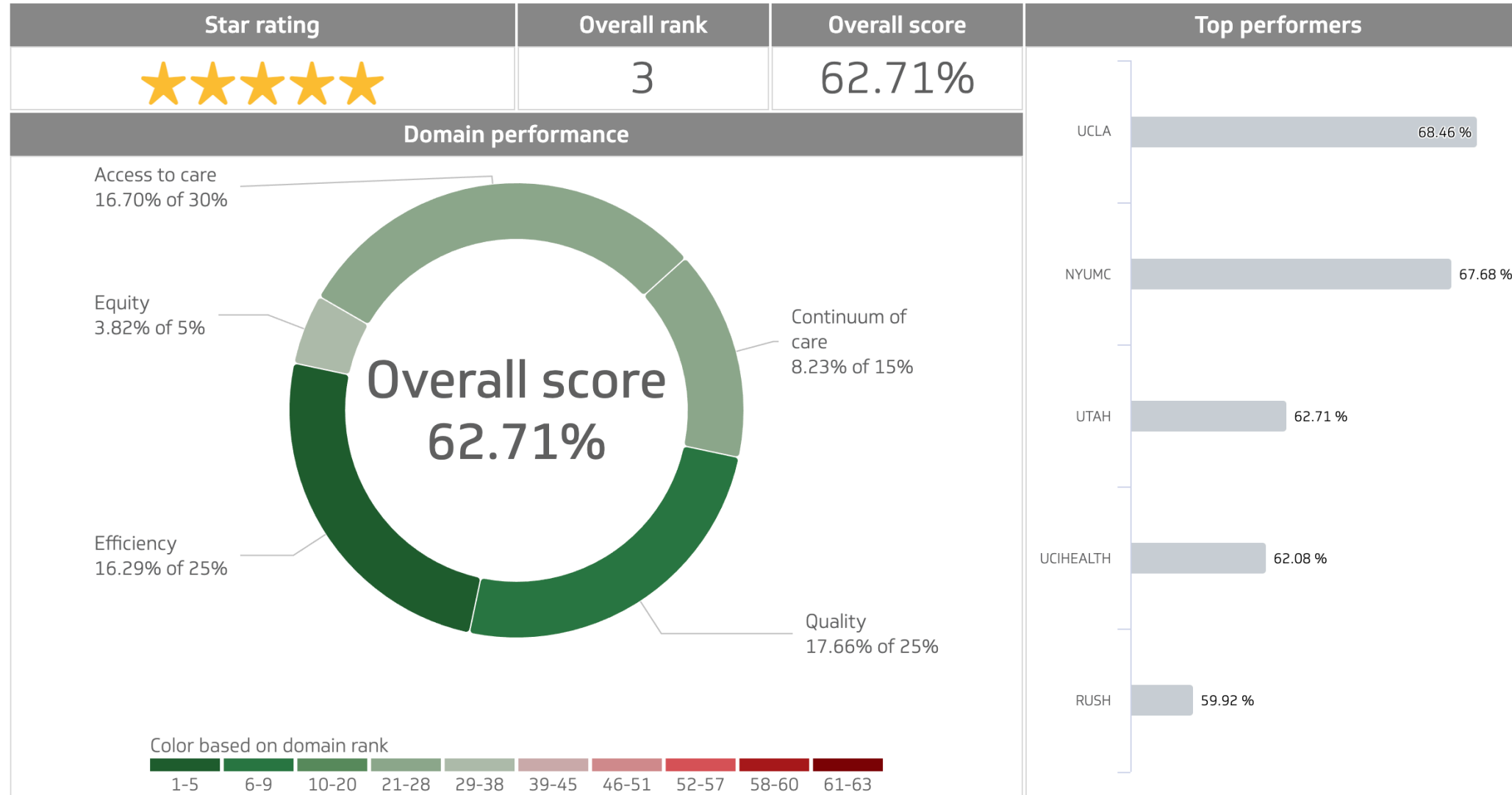
# COMPREHENSIVE AMCs FY2024

“Top performers”



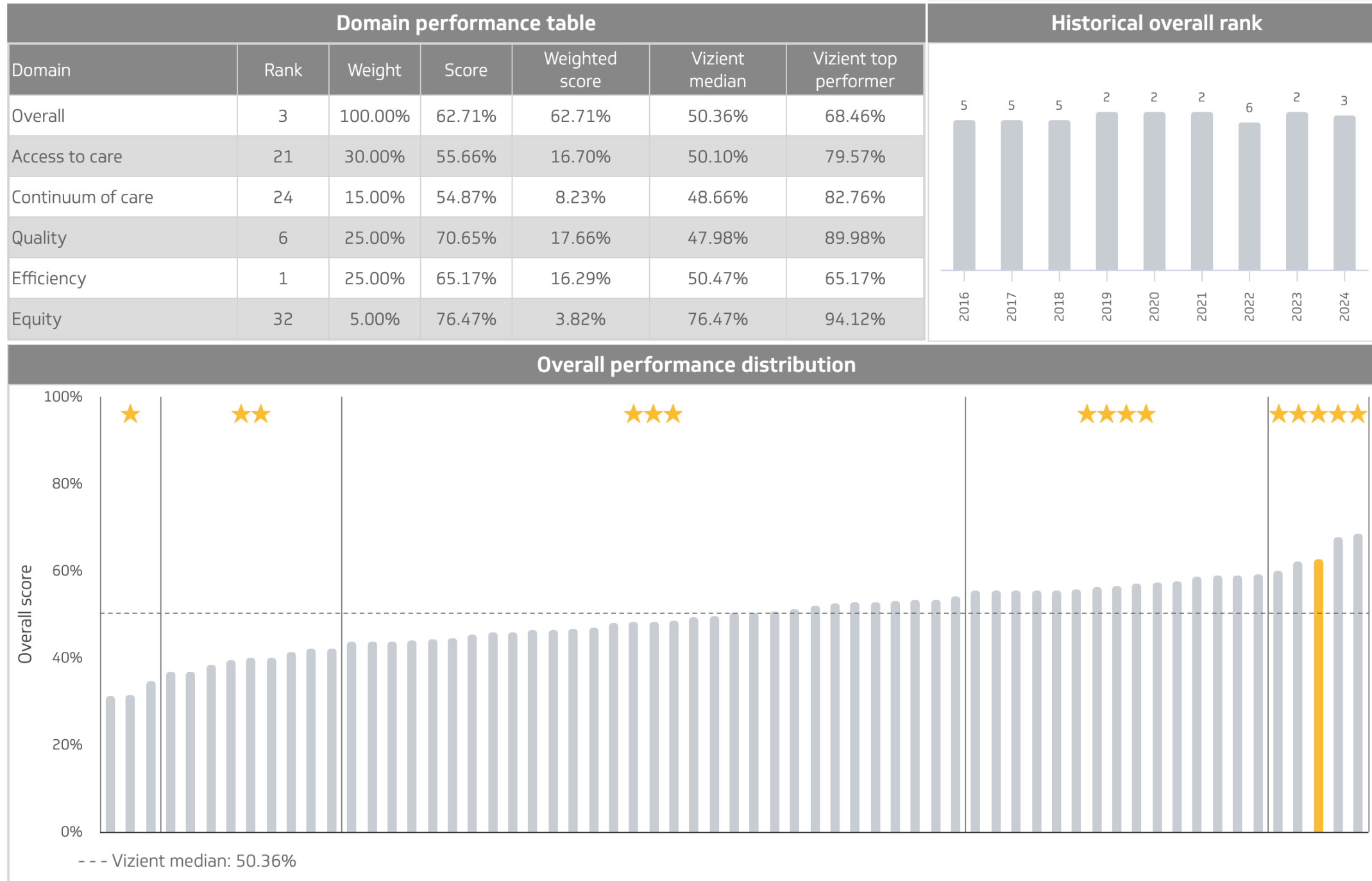
Note: There were 80 hospitals when we joined Vizient. Now there are 116.

# AMBULATORY



- Top 10 for 10 years
- No cohorts
- Reported quarterly
- Access: days to new patient visits, new patient visits/total patient visits
- Quality: admission rates for acute and chronic conditions, returns within 7 days from procedures
- Efficiency: consistency & median in encounters/hour
- Continuum: ED, follow-up w/in 7 days of DC
- Equity: new patients seen by payer category

# AMBULATORY



# VIZIENT HOSPITAL RANKING

The Vizient logo is displayed in white lowercase letters on a solid orange rectangular background. The word "vizient" is followed by a registered trademark symbol (®).

- **Vizient's Role:** Vizient is a leading healthcare performance improvement company that provides benchmarking data and analytics to its member organizations.
- **Rating Categories:** Vizient offers ratings in various areas, including: Clinical performance, Operational efficiency, Financial performance, Patient satisfaction

# CMS STAR RATINGS



- **Purpose:** CMS Star Ratings provide a standardized way to compare the quality of Medicare Advantage plans.
- **Rating Scale:** Plans are rated on a scale of 1 to 5 stars, with 5 stars indicating the highest quality.
- **Factors:** Ratings are based on a variety of factors, including: Clinical performance measures, Member satisfaction surveys, Plan's ability to manage chronic conditions, Preventive care services, Communication with members

[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/QoPC-Fact-Sheet-For-HHAs\\_UPDATES-7-24-16-2.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/QoPC-Fact-Sheet-For-HHAs_UPDATES-7-24-16-2.pdf)

# LEAPFROG HOSPITAL SAFETY GRADE

- **Purpose:** The Leapfrog Hospital Safety Grade is a public service provided by The Leapfrog Group, an independent nonprofit organization committed to driving quality, safety, and transparency in the U.S. health system.
- **Rating Scale:** Hospitals receive a letter grade (A, B, C, D, or F) based on their performance in preventing errors, accidents, injuries, and infections.
- **Factors:** The Safety Grade is based on a variety of factors, including: Infections, Errors, Accidents, Injuries, Patient falls, Communication with doctors, Medication safety



# U.S. NEWS & WORLD REPORT BEST HOSPITALS

- **Purpose:** U.S. News & World Report annually ranks hospitals across the country based on their performance in various specialties.
- **Ranking Factors:** The rankings are based on a variety of factors, including: Reputation among specialists, Patient outcomes, Nursing quality, Efficiency, Safety





# HOSPITALS RANKING SYSTEMS

Ranking System	Focus	Domains	Data Sources	Ratings
<b>CMS Star Ratings</b>	Overall hospital performance	Combines multiple measures, including patient satisfaction, mortality rates, and readmission rates	CMS data	1-5 star rating
<b>Leapfrog Hospital Safety Grade</b>	Hospital safety	Assesses patient safety measures, such as infection rates and preventable errors	Hospital survey data and claims data	A-F letter grade
<b>Vizient Quality &amp; Accountability Study</b>	Hospital performance across multiple dimensions	Compares hospitals based on various metrics, including quality, cost, and efficiency	Hospital data	Percentile rankings
<b>U.S. News &amp; World Report Best Hospitals</b>	Specialty care and overall hospital performance	Evaluates hospitals based on factors like patient outcomes, reputation, and patient experience	Hospital survey data, patient outcomes data, and reputation surveys	Rankings by specialty and overall

# ACCREDITATION BODIES

# THE JOINT COMMISSION

- **Purpose:** The Joint Commission is a non-profit organization that accredits and certifies healthcare organizations in the United States.
- **Standards:** The Joint Commission sets rigorous standards for hospitals, ambulatory care centers, home care organizations, and other healthcare providers.
- **Areas of Focus:** The Joint Commission standards cover a wide range of areas, including: Patient safety, Quality of care, Leadership, Infection prevention, Medication management, Performance improvement



# DET NORSKE VERITAS = DNV “THE NORWEGIAN TRUTH”

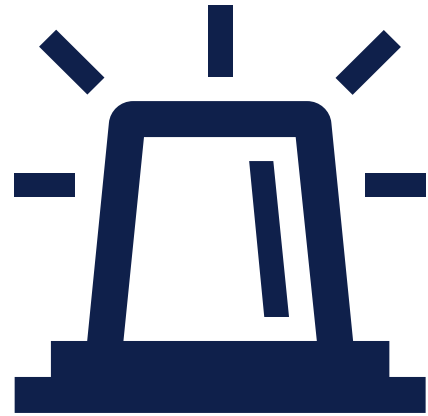
- Established in Norway
- Global quality assurance & risk management company
- Focuses on hospitals and healthcare systems
- Approved by CMS in 2008
- Holistic approach to accreditation
  - ISO 9001 quality management principles
  - Strong emphasis on culture of safety

# WHY DNV?

- University of Utah Health went to DNV in 2013
- DNV surveys us every year (usually January)
- Joint Commission - accredits a broader focus including behavioral health facilities, home health, nursing homes
- Joint Commission surveys every 3 years

# CATEGORIZATION OF FINDINGS

NC-CL



Condition level, which indicates that there may be a serious patient, staff, or visitor harm

NC-1



Major non-conformity, an identifiable deviation that may be more systemic; there may not be a process in place, or many of the elements of the process are not occurring as designed

NC-2



Minor non-conformity, a process is in place but there are some missing elements, or the execution is not occurring every time

# CATEGORIZATION OF FINDINGS

## Noteworthy Efforts



A statement of recognition made to the customer, based on performance that exceeds expectations in terms of efficiency and/or effectiveness and could be a model for best practice.

## Opportunity for Improvement



Areas and/or processes of the organization which may meet the minimum requirement of the standard, but which could be improved

# QUESTIONS I'VE GOTTEN SINCE 06/16/24

- **What is DNV?**
- **Why do we do it?**
  - *Because it helps us improve*



# JOINT COMMISSION & DNV COMPARISON

Feature	Joint Commission	DNV
<b>Focus</b>	U.S.-based, primarily accredits healthcare organizations in the United States	Global, accredits healthcare organizations worldwide
<b>Accreditation Process</b>	Primarily survey-based, with a focus on compliance with standards	Risk-based approach, focusing on identifying and mitigating potential risks
<b>Standards</b>	Comprehensive and detailed, covering a wide range of healthcare areas	Focus on patient safety and quality, with a focus on continuous improvement
<b>Accreditation Scope</b>	Hospitals, home health agencies, nursing homes, behavioral health facilities, and other healthcare organizations	Hospitals and healthcare systems
<b>Approach</b>	Traditional approach, emphasizing compliance with standards	Innovative approach, emphasizing risk management and continuous improvement

MAKING A DIFFERENCE:  
HOW THE BOARD CAN CONTRIBUTE &  
COMMUNICATE

# IDEAS?

- Serve as our eyes & ears for the community?
- Support and advise senior leaders?
- Build relationships with stakeholders?
- Help with accountability?

# BUILDING STRONG COMMUNICATION

- Workshp today
- Deep dive on one topic per month
  - Patient experience
  - Hospital Infections
  - Process improvement
  - Other ideas?



# THANK YOU

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