

The Hospital Inspection Program

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Overview

There are over 90 hospitals in Washington licensed by the state to provide care within the minimum health and safety standards established by state law. The Department of Health is required to inspect these hospitals at regular intervals. We must inspect each facility every 18 months or, if the facility is accredited by another approved organization such as the Joint Commission, every 36 months. Our inspection staff includes nurses who assess the clinical aspects of the hospital. We also have public health advisors who inspect the physical aspects for environment of care issues.

New Hospital Inspection Approach to be Launched in 2013

The agency recently studied its hospital inspection program through a quality improvement exercise using “Lean” principles and with participation by several hospital representatives. One of the main outcomes was a new, more systems-focused inspection approach that we will launch in 2013.

Our Lean exercise identified common goals shared by the agency and stakeholders:

- Improve patient safety through inspection
- Optimize resources, ensure inspections are as productive as possible, and reduce the time and interruption at the hospital
- Reduce redundancies during inspections that do not serve to improve patient safety.

The New Approach and How It Will be Implemented

Our new inspection model will shift from a unit-by-unit approach to more of a broad systems analysis. The new approach will initially focus on two broad systems that play a key role in how most hospitals operate:

- Quality Assurance/Performance Improvement (QAPI): By focusing on the hospital's internal monitoring and improvement system we take advantage of, and build on, the hospital's own quality endeavors already underway.
- Infection Control: Healthcare-associated infections remain a persistent patient safety issue warranting focused attention.

We will begin using the new inspection approach initially with larger hospitals. We believe that inspecting larger hospital systems focusing on several key aspects may be more effective at rooting out patient safety issues than the more traditional unit-by-unit inspection model.

- One of the challenges noted during our quality improvement exercise was the increased scope and complexity of these inspections and the hospitals we regulate. The modern urban/suburban hospitals have become increasingly complex with multiple significant service units often spread over a large campus or miles apart. These larger facilities represent about 60 percent of the hospitals we regulate.
- It is unrealistic to grow our staff to try to physically inspect every single unit in these larger hospital systems. Instead we are exploring smarter ways of discovering risks at hospitals using our current staffing.

Additional reasons for the focused inspection approach for larger hospitals:

- Avoiding duplicative and redundant work. We learned from our quality exercise that staff inspecting larger hospitals under the traditional approach may have been over-inspecting certain service areas. This new systems-focused approach will help reduce those inefficient practices.
- Complementing the inspections done by the accrediting organizations. Most of the larger hospitals are also being inspected regularly by deeming authorities but these organizations are not using the same methodology we will be using.

The New Approach is Focused and Comprehensive

The new systems-focused approach will still use extensive and thorough inspection tools that touch on many other aspects of care beyond the hospital's infection control and quality systems. We will continue to look at many of the same care units but more efficiently and with a greater emphasis on observed practice and staff interviews.

- For example, our new infection control inspection tool includes numerous observations of hospital practices as well as staff interviews where previously we relied heavily on documentation review. The observations of staff will involve a variety of patient care settings as well as food prep, housecleaning, and other observed practices. As our inspection staff move throughout the facility using the new tools to observe hospital practices, they will continue to apply all relevant laws and cite the hospital for any significant deficiencies.
- Our new quality (QAPI) inspection tool critically evaluates each hospital's program for gathering data throughout the facility in order to improve performance on a variety of patient care fronts. All hospitals have these programs and our thorough assessment of the program's integrity will amount to a comprehensive review of the care systems at each hospital. This part of the inspection will also explore whether a hospital adequately identifies and addresses negative events or identified deficiencies.

The New Approach Has a Sound Basis

This approach is evidence-based:

- We conducted an internal analysis of survey trends. During the Lean exercise, we studied our inspection results over the last several years and this detailed statistical analysis helped form the rationale for this new focused approach. We found that many of the regulations we inspect for rarely resulted in citations and that the larger hospitals were generally compliant with these. These findings contributed to our decision to focus on certain key systems.
- The federal certification process has a similar initiative underway. The Centers for Medicare and Medicaid (CMS) is testing new improved system checks focused on these same areas. CMS is gathering evidence as to the efficiency and effectiveness of these new inspection models. By conducting a similar exploration, our state licensure inspections will continue to align as

much as possible with CMS since we remain their agents in the field.

- We have already had positive results using the new CMS focused certification tools in several large hospitals. Our inspectors discovered systems problems that would not have necessarily been rooted out using the traditional approach.

Results Will be Monitored as the New Approach Is Implemented

This is a work in progress and just the beginning. We will begin by using these two new systems-focused inspection tools but we may add additional focus areas later, such as patient transfer points. Otherwise, we will continue using the traditional inspection approach for the smaller, more rural hospitals. Over the course of the year, we will make additional changes to both inspection methods based on what we learned during the Lean exercise and our ongoing assessment and comparison of the two approaches in the two facility types.