



DNV Healthcare and Biorisk

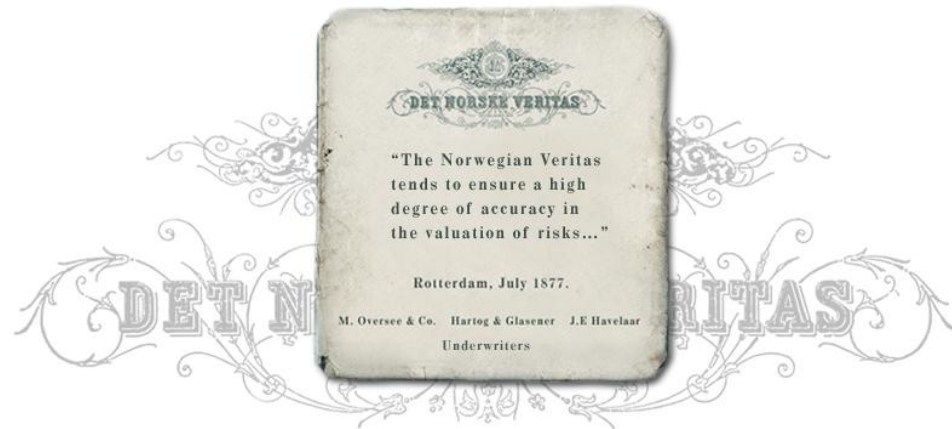


IRM Regional Network Group

Aileen Orr – Operations Manager

Who are DNV?

- Det Norske Veritas (DNV) was established in 1864 in Norway
- The main scope of work was to identify, assess and manage risk
 - Initially for maritime insurance companies
 - Now encompasses wide range of industry sectors including healthcare



Integrity at the core

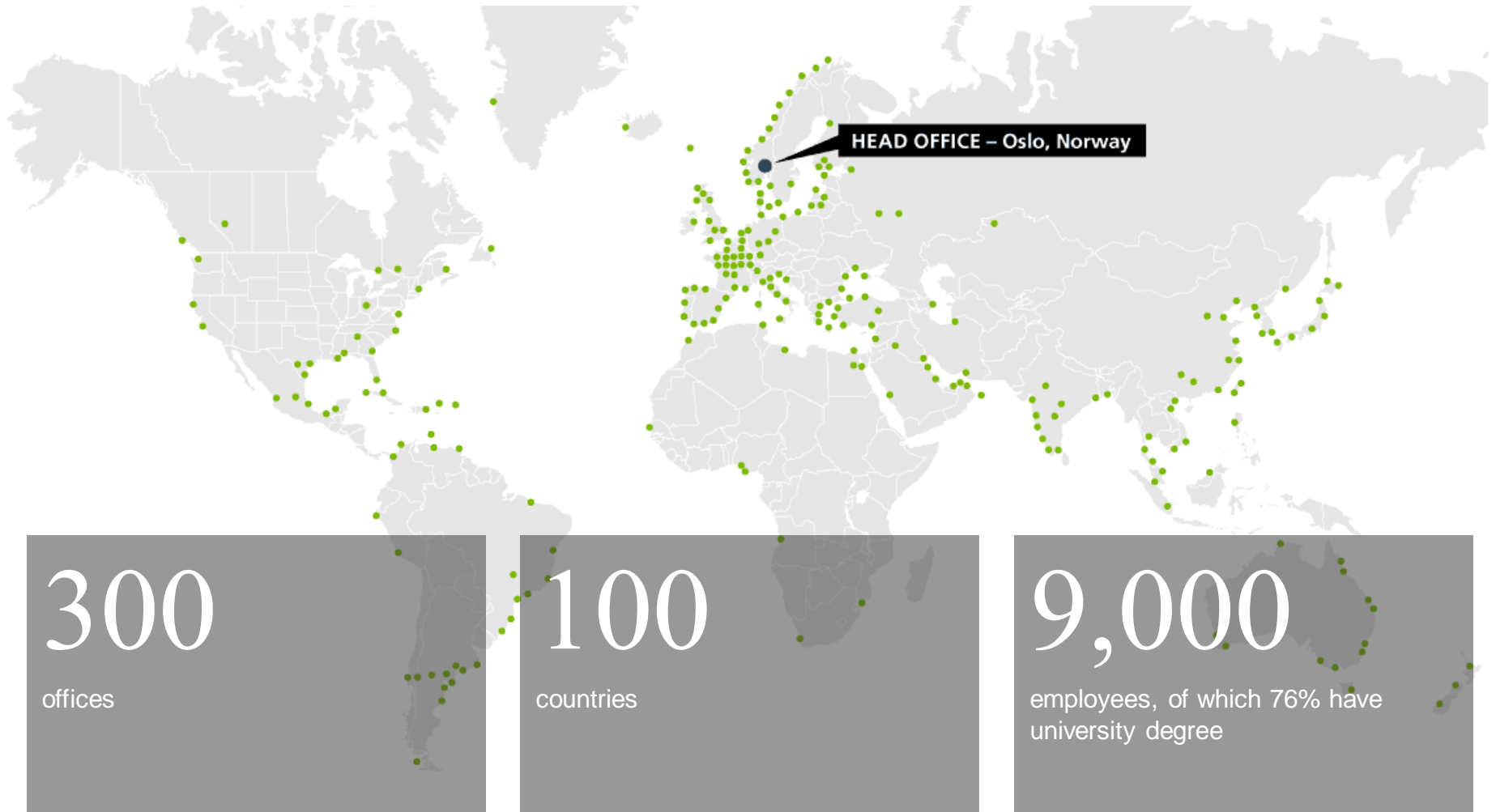
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- Independent foundation
- Self-owned with no shareholders
- Stakeholders are represented in our governing bodies and committees
- We use profits to continuously develop our people and our research and innovation

Highly skilled people across the world

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identify
assess
manage

risk



Core market segments



- Recognised need to make healthcare healthier
 - Growing population
 - Increased life span
 - Urbanisation

Our Purpose

Safeguard Life, Property and the Environment

Our Vision

Global Impact for a Safe and Sustainable Future

- Increased patient mobility in Europe
- Health tourism
- Lack of international cross-border accepted standards & procedures
- Increased risk of spreading infectious diseases
 - Swine influenza H1N1 (2009)
 - Dehli-Strain NDM-1 (2009/10), *Resistant to even the most powerful antibiotics*)



11 August 2010 Last updated at 13:14 GMT

New 'superbug' found in UK hospitals

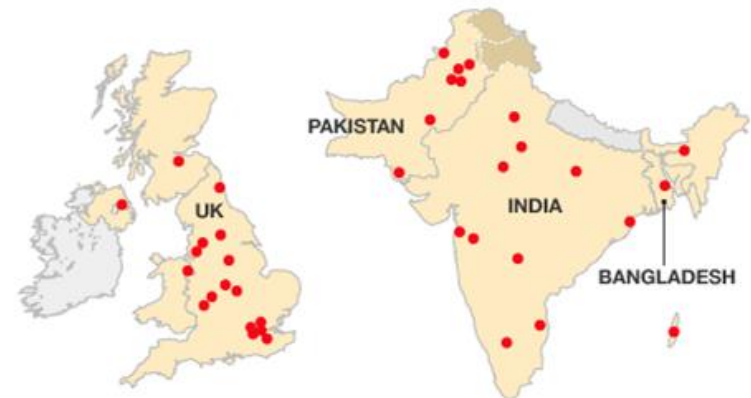
By Michelle Roberts
Health reporter, BBC News

A new superbug that is resistant to even the most powerful antibiotics has entered UK hospitals, experts warn.

They say bacteria that make an enzyme called NDM-1 have travelled back with NHS patients who went abroad to countries like India and Pakistan for treatments such as cosmetic surgery.



NDM-1 infection hotspots



Source: The Lancet

- European Commission – “Patient Safety and quality of healthcare” April 2010
 - Patient Safety a concern
 - 5%: Healthcare associated infections
 - 4.1 million patients affected annually & 37,000 deaths
 - 8-12%: Exposed to adverse events while being treated
 - Patient Trust a concern
 - 50% afraid of being harmed by hospital care
- Increasing cost for healthcare
- Increasing liability claims



Global position within healthcare

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2200

2200 Hospitals and healthcare providers certified by DNV

1st

Developed first and only management standard on Biorisk – CWA 15793

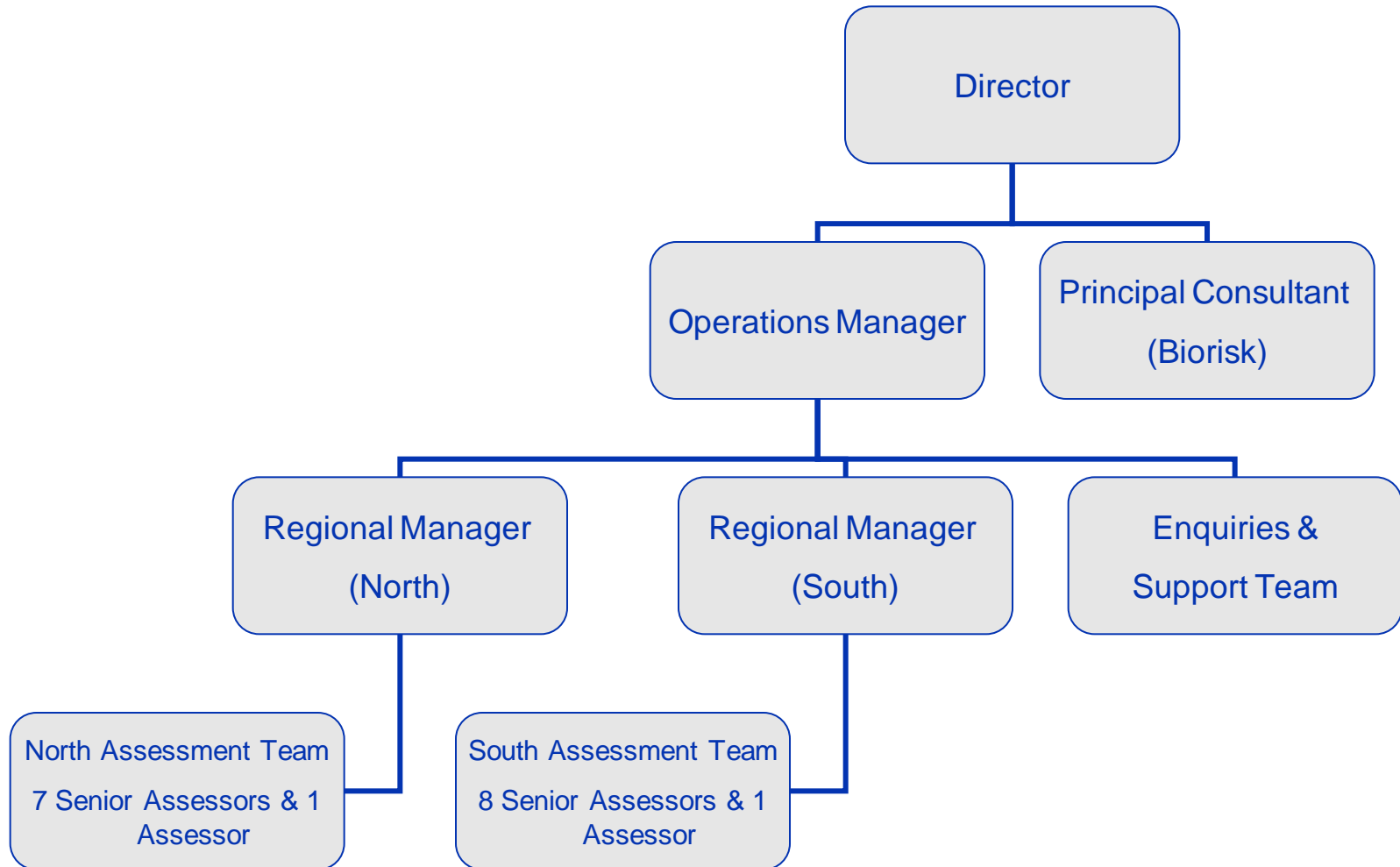
England

Assess and rate all NHS organisations (550) in England on behalf of the NHSLA

US

DNV broke a 45 year monopoly of hospital accreditation in the US – DNV NIAHO™ accreditation

DNV Healthcare and Biorisk UK - Team organisation chart 2010



Key UK Clients



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- NHS Litigation Authority
- Macmillan Cancer Support
- Connecting for Health

Organisational drivers in the UK



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- Money
- Board level assurance of risk
- Action planning
- Public Reputation
- Patient safety
- Litigation risks
- Quality of service
- Effectiveness of service
- Resource
- Benchmarking
- Patient Choice

The NHS Litigation Authority - What is it?



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- Special Health Authority - part of NHS
- Geographical limits - England
- Not an insurance company (mutual pool)
- Roles
 - Handle clinical and non-clinical claims
 - Encourage good risk management practices
 - Provide a Human Rights Act information service
 - Support the activities of the Family Health Services Appeals Authority
 - Coordinate equal pay claims



Causes and costs of clinical claims

1. Which speciality would you expect to have the highest number of claims?
2. Which speciality would you expect to have the highest value claims?



Causes and costs of non-clinical claims

1. What would you expect to cause highest number of claims?
2. What would you expect to generate the highest cost of claims?

Key services provided by DNV



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- Standards
- Assessments
- Education
- Stakeholders

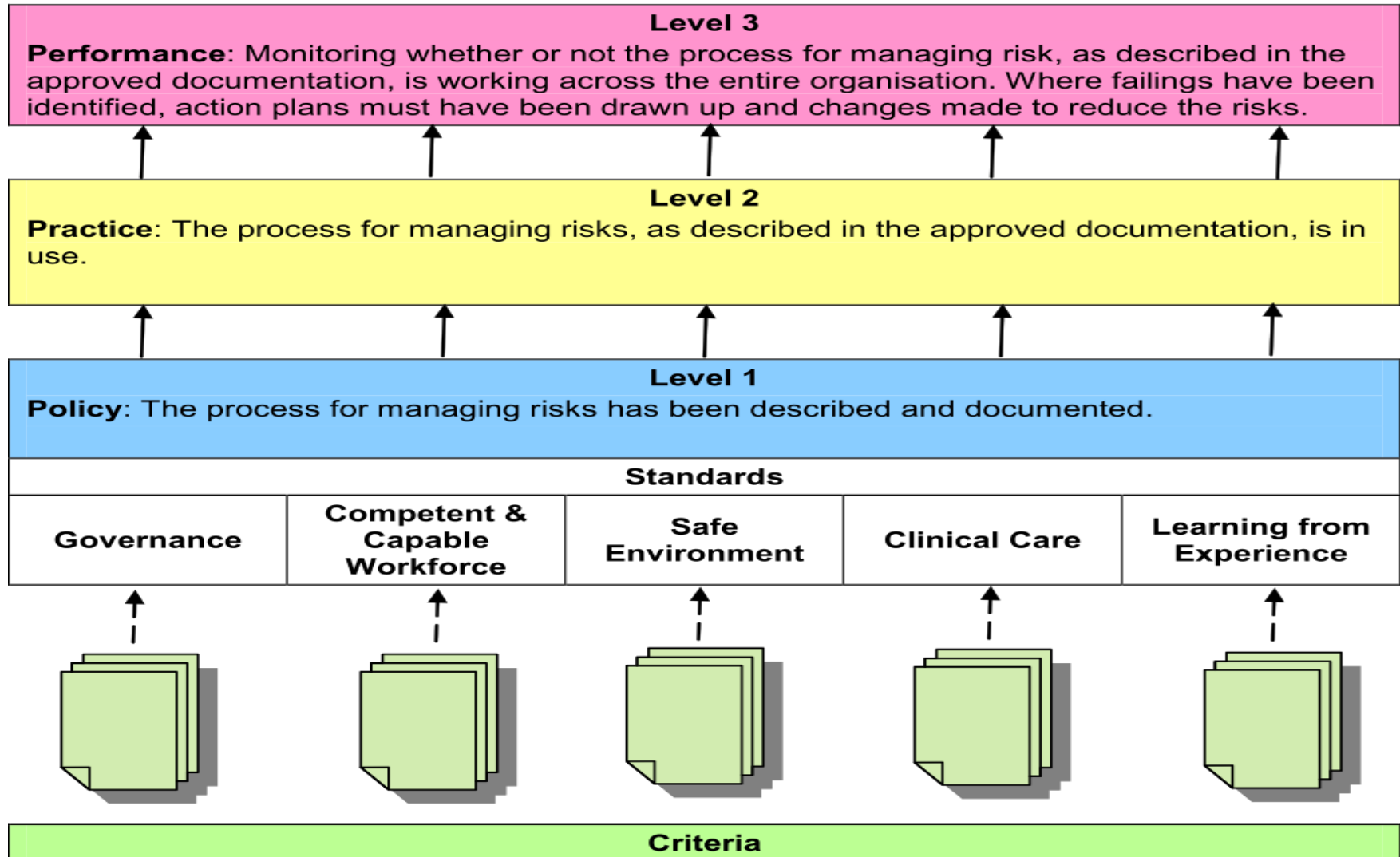
The standards



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- Five sets of formal standards:
- Acute trusts (including specialist hospitals)
- Mental health and learning disability trusts
- Ambulance trusts
- Primary care trusts
- Maternity services

The standards



NHSLA Acute Standards 2010-11



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Standard ⇒	1	2	3	4	5
Criterion ↓	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk Management Strategy	Corporate Induction	Secure Environment	Patient Identification	Clinical Audit
2	Policy on Procedural Documents	Local Induction of Permanent Staff	Sickness Absence	Patient Information	Incident Reporting
3	Risk Management Committee(s)	Local Induction of Temporary Staff	Safeguarding Adults	Consent	Concerns/Complaints
4	Risk Awareness Training for Senior Management	Supervision of Medical Staff in Training *	Moving & Handling	Health Record-Keeping Standards	Claims
5	Risk Management Process	Risk Management Training	Slips, Trips & Falls	Transfer of Patients	Investigations
6	Risk Register	Training Needs Analysis	Inoculation Incidents	Medicines Management	Analysis
7	Responding to External Recommendations Specific to the Organisation	Medical Devices Training	Maintenance of Medical Devices & Equipment	Blood Transfusion	Improvement
8	Health Records Management	Hand Hygiene Training	Harassment & Bullying	Resuscitation	Best Practice - NICE
9	Professional Clinical Registration	Moving & Handling Training	Violence & Aggression	Infection Control	Best Practice - National Confidential Enquiries/Inquiries
10	Employment Checks	Supporting Staff involved in an Incident, Complaint or Claim	Stress	Discharge of Patients	Being Open

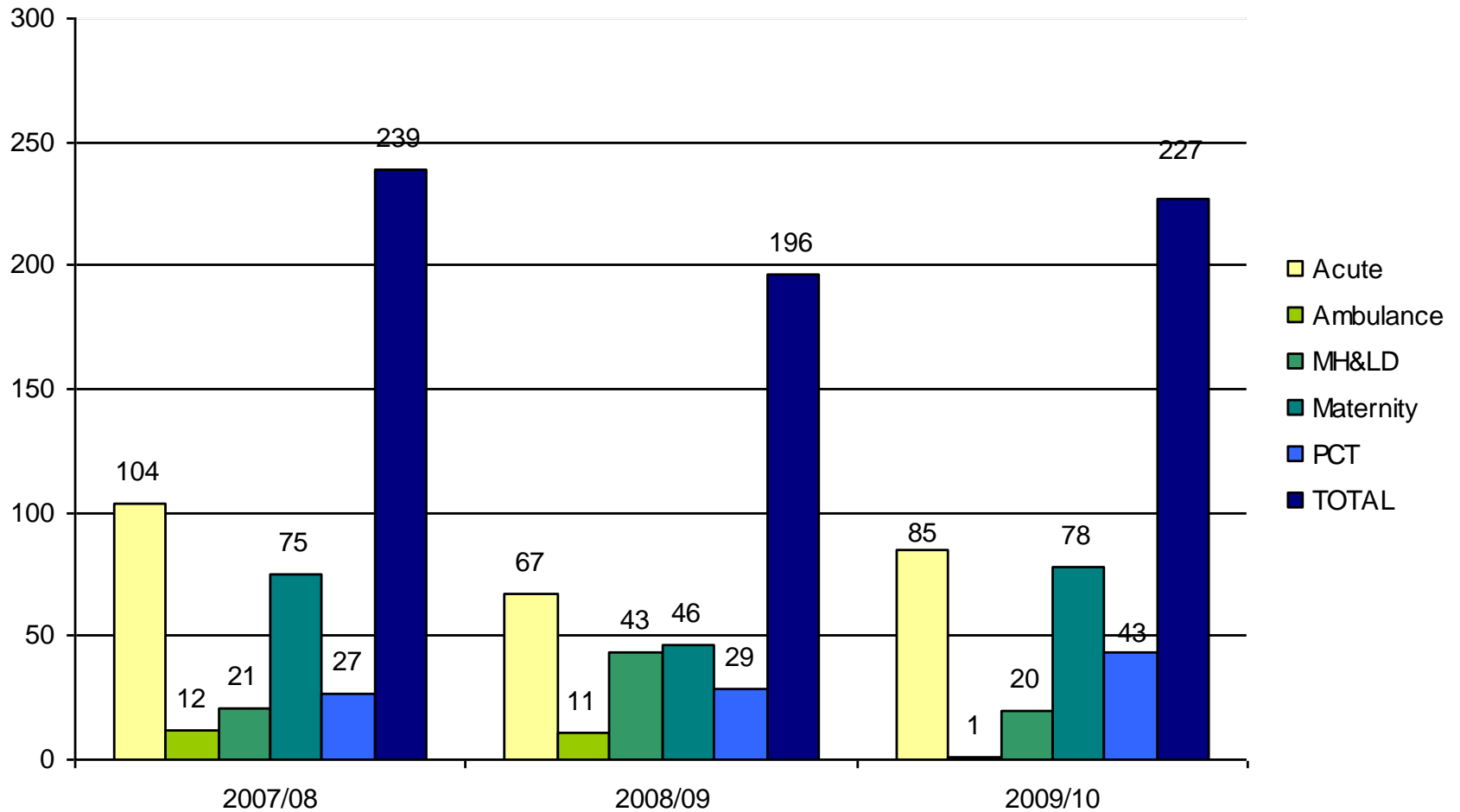
CNST Maternity Standards 2010-11



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Standard ⇒	1	2	3	4	5
Criterion ↓	Organisation	Clinical Care	High Risk Conditions	Communication	Postnatal & Newborn Care
1	Risk Management Strategy (Organisation)	Care of Women in Labour	Severe Pre-Eclampsia	Booking Appointments	Referral When a Fetal Abnormality is Detected
2	Risk Management Strategy (Leadership)	Auscultation	Eclampsia	Missed Appointments	Neonatal Resuscitation
3	Staffing Levels (Midwifery & Nursing Staff)	Continuous Electronic Fetal Monitoring	Operative Vaginal Delivery	Clinical Risk Assessment (Antenatal)	Admission to Neonatal Unit
4	Staffing Levels (Obstetricians)	Fetal Blood Sampling	Multiple Pregnancy & Birth (Pilot)	Patient Information & Discussion	Immediate Care of the Newborn
5	Staffing Levels (Anaesthetists & Assistants)	Use of Oxytocin	Perineal Trauma	Maternal Antenatal Screening Tests	Newborn Feeding
6	Guideline Development	Caesarean Section	Shoulder Dystocia	Mental Health	Examination of the Newborn
7	Maternity Records	Recovery	Postpartum Haemorrhage*	Clinical Risk Assessment (Labour)	Bladder Care
8	Incidents, Complaints & Claims	Severely Ill Pregnant Women	Venous Thromboembolism	Handover of Care (Onsite)	Support for Parent(s)
9	Training Needs Analysis	High Dependency Care	Pre-Existing Diabetes	Maternal Transfer	Postnatal Care Planning
10	Skills Drills	Vaginal Birth after Caesarean Section	Obesity	Admission to Emergency Department	Postnatal Information
		Induction of Labour			

Assessments - number completed by year



- Leaflets including information on the content and costs of additional support visits produced by DNV and sent to all organisations at the beginning of each financial year.
- Information regarding the additional support visits also available on the NHSLA and DNV website.
- Additional support visits are limited to a maximum of five in any financial year.
- They are used to address specific risk areas or to allow the organisation more time to discuss issues relating to the assessment process on site.
- The programme is unique to each organisation and is delivered by a risk management assessor.
- Payment for additional support visits will not guarantee compliance with the standards.

- Macmillan Cancer Support developed the Macmillan Quality Environment Mark (MQEM), the first evidence based tool that specifically assesses places that provide support and care to people affected by cancer.
- In October the DNV Healthcare UK team was successful in winning the contract to assess cancer facilities.
- MQEM was launched in January 2010.
- MQEM covers the whole of the UK.
- All assessments carried out by the existing assessment team plus a person affected by cancer.

What are the key quality domains?



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1. **Design and use of space** - how the building supports your care and treatment;
2. **Journey** – how you get to and around the facility
3. **Service experience** – how the service is delivered
4. **Users' voices** – how service users are involved

What is a quality cancer environment?

When you see the Macmillan Quality Environment Mark, you can expect a place that:

- is **welcoming and accessible** to all
- respects **privacy and dignity**
- supports **comfort** and **well-being**
- gives **choice** and **personal control**
- listens to **users' voices**.

How does it work?



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1. On-line self-assessment by organisation
2. Formal application to DNV
3. Assessment by DNV and volunteer assessors
4. DNV send a written report to the applicant
5. If successful, award is made
6. If unsuccessful, help is offered

- Healthcare – one of the biggest challenges facing the world
 - Need for better and more effective healthcare
 - Potential consequences of infectious diseases on individuals and society are dramatic
- DNV Contribution
 - Risk management approach in addressing patient safety and prevention of infectious diseases
 - Bring best practice risk management approach from aviation & offshore industries into healthcare
- Develop risk based management accreditation standards, surveys & training
 - Identify and share best practice among hospitals
 - Management system approach – define what is to be obtained, not how to do it.



Any Questions?



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