

## **Submission to the Australian Commission on Safety and Quality in Healthcare**

### *Discussion Paper on National Safety and Quality Standards*

This submission is made on behalf of NCS International Pty Ltd, one of Australia's major accredited certification bodies.

The summary of proposals outlines reform options over three time periods.

The mutual recognition of standards and accreditation processes is part of a long term proposal. It is in fact, possibly the simplest piece of work and could be carried out immediately. The findings from this work could in fact be used to support other initiatives.

The discussion paper outlines the myriad of standards that exist which affect the healthcare sector. Perhaps a starting point would be to determine the key outcomes required of any safety and quality standard and the indicators for these outcomes. All identified standards could be mapped against these criteria and an immediate decision made as to which standards are similar and therefore could be considered for mutual recognition. This could immediately reduce the number of competing assessments being undertaken and reduce the cost to the system. This could then be followed by the other pieces of work aimed at improving the available standards and outcomes.

There seems to be insufficient reference made to ISO 9001 as a base standard. The revised standard has as its focus 'the customer' which in the context of healthcare equates to 'the patient'. It is not about processes only but also about outcomes. There is a widely held, but erroneous view, that ISO 9001 is all about 'paperwork' and 'manufacturing'. This is not the case and it may prove a much more useful starting point than many may think.

In our experience, the scope of ISO 9001 can be readily expanded to cover other standards in its scope. For example, when certifying its clients to ISO 9001, NCS International can include management systems developed according to other standards, such as ISO 17025 in its quality certification of some healthcare clients, and AS 4146, the Australian Linen Standard, for a prison laundry supplying to a health service.

A number of assumptions have been made in the discussion paper about how the assessment process is undertaken. For example, on page 14 there is a statement that "Critics of the survey process suggest that accreditation processes are not effective at identifying patient outcomes, in part because they do not test the transference of policies and procedures by clinicians when and where patients are treated". The process in the certification industry, and certainly in our company, requires assessors test the effectiveness of the ISO management systems by both one-to-one interviews and observation of how people do their job as well as reviewing documentation. It may be that the model used to date in accreditation has not

followed best practice and other models should be given much closer examination. This is particularly true of the Quality Management System approach using ISO 9001, which is used successfully and effectively around the world in a myriad of industry sectors.

The discussion paper also highlights the need to review the method of recruiting and utilising assessors. In the certification industry there are a number of models, all of which require paid assessors. Increasingly there are limitations on the availability of 'free' assessors from the healthcare and other industries as resources are reduced in the effort to reduce costs. Historically, NCS International was able to call on 'technical specialists' to assist on highly technical audits. These technical specialists were usually more senior and experienced people from the relevant industry who were encouraged by their companies to participate for 'the greater good' or to help their industry as a whole free of charge. This is no longer the case. They simply do not have the time or the support. Any consideration of the accreditation model must recognise the increasing cost of the model. This means that using systems that already exist may help to keep costs down.

The competence and consistency of auditors/assessors is a concern for many organisations in a variety of industries, from the food safety sector to environmental management. One of the models that the review may wish to consider is using the auditor competence model developed and used by RABQSA, an international personnel certification body, which works with specific industry sectors to develop criteria for auditor competence particular to that industry.

NCS International is keen to see this review lead to useful outcomes. There is a real imperative to ensure that the definitions are clear, particularly between certification and accreditation, because this can be a stumbling block to discussing the matter in an effective manner. The discussion paper does not go far enough in this respect.

One final comment relates to NCS International's concern that the study of the effectiveness of accreditation being undertaken by ACHS and UNSW may have some inherent bias, as ACHS is the major accreditation body in healthcare in Australia. It would appear that this study means that the reviewer is reviewing itself and perhaps this is too close a connection.