

Quality Beyond Excellence

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Submission
National Safety and Quality Accreditation Standards
Consultations
Effective Systems for Quality Outcomes

In the health care setting safety and quality combined with a risk management focus leads to effectiveness in providing a stable structure to implement management and processes that support improvement and outcomes. The type of organization is irrelevant in the context of safety and quality in healthcare including the clinical environment. It should happen at all levels of service delivery and implementation.

Identifying the structure of a working relationship is the first step. Consideration of possible dangers and the impact that damage or disruption to the capability of one key player will demonstrate how other key players are compromised, thus outcomes become distorted.

Where does the working relationship begin?

In a healthcare setting it is between a clinician and a patient. Therein the requirement for support at a practical level begins. A building, a supporting clinical team, funding, legislative frameworks, suppliers, educators and clinical suppliers are needed. These relationships are integral and anyone can be affected at any time for any reason, therefore all the others in the relationship may be compromised in their ability to deliver optimal outcomes and meet the objectives.

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Establishing a framework

The implementation of a management framework that is recognized as an international standard provides for best practice to manage all processes at all levels, provides for tools that report system breakdowns, complaints, and methods to systematically ensure that the organization monitors and repairs its process internally. E.g. When we buy a new car we look after it. The car requires a regular service and maintenance, to ensure smooth running. Internal audits are management system maintenance, this is not a new concept however, and it has been touted in some sectors of healthcare as a novelty. Internal review or self assessment of the performance in an organization should be a constant or regular process not a periodical process.

Healthcare providers are also running a business, a people business! This applies in public or private sectors. The only significant difference is where the funding for the health services comes from and the masters who hold the purse. The concepts of good business practice are often clouded by idealist and naïve ideas that the ignoble reasons and purposes of health services delivery should far outweigh best practice in management. Management of process applies to clinical as well as non clinical activity, thus the approach needs to be disciplined and constant.

It is a concern to many healthcare professionals that the current popular programs for accreditation encourage a culture of short term build up prior to a survey and afterwards everyone goes back to a state of complacency.

Recent analogies for benchmarking with excellence have been presented at national conferences using the aviation industry as an example. The ignorance of the presenters is that the quality systems applied in the aviation industry are in the ISO group of standards.

The triggers for reform

Presentations of results from inquiries held in Australia and other countries highlighted poor management process and practices. Some of the hospitals were accredited by a recognized organization in quality such as the ACHS. These hospitals included the King Edward Memorial Inquiry, the Bristol Inquiry, the Winnipeg Inquiry and now the Campbelltown and Camden experience. These enquiries all provided shared lessons that demonstrate the need for accountability and transparency in health care systems and organizations for clinicians, communities, patients and their families.

The fact that these hospitals in Australia were accredited by the ACHS should provide room for concern about the efficacy of this program. If the Equip program is robust then the problems identified throughout the investigations should not have been there. What penalty or disincentive is in place when an organization fails the test of accreditation?

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When the Royal North Shore Hospital failed accreditation in 2002 with the ACHS Equip program nothing happened, the hospital carried on as if nothing had occurred except a few headlines in the newspapers. If this occurred in a private hospital, then the private health insurers would cancel contracts for funding immediately. This would be a commercial crisis in any private hospital so affected and the doors would close very quickly.

What good are accreditation and quality programs if the problems are not addressed, resolved or repaired? What is the value of accreditation if the system is still breaking down? Isn't this process meant to objectively highlight deficiencies and ensure that the weak areas are strengthened by the owners of the problems? In the best interest of all involved, patients, residents, carers and clinicians, plus all workers in the organizations and the community, systems need to be more structured and transparent.

Much of the groundwork to improve the Australian health care system has been rolled out but there is still a great deal more to do. The message for reforms and improvements that take an objective approach (top down) has reached the upper management levels in the public sector organizations and hospitals. However, little of this work and reform has reached the levels of the workers, where the cultural reforms should be implemented, so that they have a real understanding of the quality and safety objectives.

Alternative Choices

The strong interest in ISO 9001:2000 (the International Management Standard) as an option to support safety and quality in the health care setting has gained a lot of momentum in healthcare organizations.

In recognizing the demand to improve the delivery of health services across the board, government and management should be focused on all areas of the health profession and industry to ensure that performance and activity is at the minimum standard of achievement and beyond. Excellence is essential.

The quality and safety agenda for healthcare in the Australian community is paramount to improving the environment in which people may seek care and treatment in public and private hospitals, day surgery facilities, paramedical services and all medical practices. Aged care facilities and disability services are included. The consumer's voice is being heard, as it should be but many have suffered unnecessarily along the way!

The health sector certification agencies must also be certified/accredited to be health care specific and their processes must also be applicable to the facilities or organizations being externally reviewed. Credentialing and competency of personnel within the accreditation and certification agencies is as essential as the credentialing of the health care professionals in the field. The correct matching of external surveyors and auditors to suit the needs and the profiles of the organizations being reviewed is very important.

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To achieve ISO 9001:2000 a healthcare provider needs to meet specific criteria, this is mandatory. One non conformance at audit either initially or during can mean that certification may not be achieved or is lost all together. The international rule allows for a window of three months correcting the identified deficiency. The process of accreditation/certification must address the issues of findings that are raised at previous survey/audits. Reasonable findings that do not meet the requirements of the adopted standards of ISO 9000 and best practice at management or clinical platforms and have not been addressed in a reasonable period of time should be considered as the first priority at the next 3rd party surveillance.

Experience of this writer is that it is much harder to achieve ISO certification than it is to achieve ACHS accreditation. Please note that there is a difference in the terminology referencing accreditation and certification, yet one is effectively the same as the other for purposes of general external recognition. An external auditor should be able to enter any organization without due notice and determine if the management and process are being constantly monitored and reviewed, that is the true test.

It should also be noted that it is highly unlikely that the ISO as a body will change terminology to suit the objectives of the Australian Safety and Quality Commission.

System breakdowns, reporting deficiencies and events.

This can be managed with a simple tool with a reporting form in either hard copy or electronically. An example of a tool being implemented and used successfully in many private healthcare organizations and is now in use in Defence Force Hospitals and areas health services, may be provided by this writer. Many health care providers think that using many reporting forms is clever, the reality is that this only confuses and creates disincentive to report incidents and system breakdowns appropriately.

Key Performance Indicators (KPIs) should be constantly measured across an organization including administration and board governance as well as clinical areas. It is simply best practice to do so. However, the use of KPIs is useless without the information being used to review performance, plan for improvements and monitor the outcomes. Outcomes must be supported by evidence on how they are reported. Key Drivers that identify the needs of all parties, the Key Capacity Drivers that identify the ability to provide and deliver and the key indicators that reflect the results of performance overall. Demonstration of outcomes is futile without evidence, information and review of the data that claims outcomes and benchmarks against previous results.

Any organization should show evidence of addressing the issues raised in the previous findings or have plausible reasons why not. Non conformances raised

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must be addressed within three months or less, failure to do so may result in loss of certification.

In many cases, a healthcare organization's ability to operate, or eligibility for funding, is reliant on the appropriate certification or objective assessment of performance in key areas. Strength in management that is streamlined is essential for all levels in a health care organization.

Good management for commercial and clinical governance is essential in any health care environment and this is driven by a committed leadership. The success is in the implementation by those who actually function within the framework of the safety and quality management system.

What is quality about?

The reality is that quality practice in a healthcare setting is not viewed as a high priority. As a management goal it is often posted at the bottom of the list. The quality processes are integral to best practice in management whether the organization is a bank, a "for profit" company (public or private) and any healthcare provider in our community regardless of size or culture. The private sector in healthcare has come to realize this fact. Quality is about management of all processes from Board governance, Clinical governance, services and processes, administrative processes, customer services, supporting services, including environment and waste management to emptying a bed pan.

The key issues to implement quality for management of process are in meeting the needs of patients, residents and carers, managers, nurses, clinicians plus all identified customers to the healthcare provider or organization.

The national agenda is focused on improving Customer Centeredness, Clinicians putting Safety and Quality into practice, Implementing Safety and Quality Improvements and the Capacity for Safety and Quality. This is a motherhood notion and the scope needs to be expanded.

The current position

The Safety and Quality Commission is funded by the taxpayers and this includes those consumers, providers and practitioners who access public and private sector health services not just the public sector. Therefore the onus on the Commission should include input from the private sector and have expertise within from the private sector to ensure a rounded effort.

It should be noted that the Commonwealth Department Of Health working committee (2000- 2003) PHISQC - Private Health Industry Safety and Quality Committee, spent considerable time and energy developing and ensuring the standards that are to complement the existing accreditation programs of the

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ACHS and the ISO certification bodies. The PSQC was originally developed to support the second tier process but validation of the criteria was elevated to be included in the accreditation process for both ACHS and the ISO certification bodies, to enable hospitals and day surgeries to qualify for private health fund and DVA dollars.

In the Commissions discussion document (figure 1 page the map omits to include the 5 certification bodies approved by the Commonwealth to accredit hospitals and day surgeries to the Standard ISO 9001:2000 incorporating the Private Sector Quality Criteria. The certificates issued by the certification and accreditation bodies are to state that an organization has achieved this status.

A reading of the Commissions discussion document demonstrates that the author/s have little understanding of the implementation and methodology applied by the certification bodies approach to the granting of certification to the standard ISO 9001: 2000 incorporating the PSQC.

ISO 9001:2000 consists of 54 criteria to be met as a minimum and the PSQC consists of an additional 30 specific criteria that is mandatory.

Page 28 discusses tracer methodology; the fact is that a properly conducted audit by an external certification body should have that process already in action in place as a normal part of the audit. The certification bodies do this as a routine and it is conducted by a clinician. JASANZ rule 31 is prescriptive of the team required to conduct an audit.

A recent PHIAC report notes the approximately 25% of hospitals currently are ISO incorporating the PSQC certified compared to hospitals in the ACHS program. Some have converted from the ACHS and other newer hospitals including day surgeries have implemented ISO 9000 incorporating the PSQC from the start. The trend for conversion is growing and the reasons are anecdotally clear. The Australian Commission on Safety and Quality should seek an understanding of why this has occurred.

The table outlining the Standards development bodies is described as a preliminary map of organizations and identified key players could be used further to map and measure the numbers of formal complaints listed against hospitals and day surgeries approved by the various organizational models of accreditation/ certification. Formal complaints listed against hospitals and day surgeries and other health care providers are listed with state departments of health. An interesting comparison would be to assess the numbers of the providers with complaints lodged against them to see how many are ACHS accredited and those who are ISO 9001 certified.

It seems that the cases cited as reasons to continue reforms in the quality and safety agenda were all ACHS accredited hospitals. One notorious area health service with its two public hospitals achieved ACHS accreditation in the middle

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of the most public investigation into poor practice and patient deaths. How did that happen and where is the integrity of the accreditation process?

The consistency, the quality, the appeal and the satisfaction of a good outcome is what we all want. But how to achieve that is another matter. Patients, clinicians, government and other key stakeholder bodies are increasingly seeking objective assurance that hospitals and day surgeries, medical practices, nursing homes and healthcare organizations, public and private are being managed in accordance with industry accepted quality and safety criteria.

Proving performance

Measuring and monitoring the risks and performance outcomes, good, bad or neutral, the results should be considered on a consistent basis. Producing information about outcomes is useless without the evidence on how those outcomes were achieved and how they are measured against objectives and previous results. The ongoing action to be taken to prevent recurrence of adverse events is essential and should be clearly documented. Pacing like organizations and transparency of those results will inspire improvement. Benchmarking those results against peer groups then sets the agenda for realistic and achievable goals nationally.

Identifying the means to demonstrate strengths and weakness is everyone's job in what ever role that fills in the organization, small and large! Focusing on risk management means addressing the impacts on those we have relationships with internally and externally, as well as the external relationships others are partnered into and how they affect the organization. Legislators, funders, clinicians, patients, suppliers and the accreditation agencies are all players in the network.

The harnessing and building of a culture for patient safety and quality is the responsibility of every clinician who has contact with patients and every administrator, to ensure that the resources are available to carry out that mission. The hands on providers should have a greater awareness of the meaning of openness and honesty about their own performance; whilst it is impossible to correct the influence of ego and commercial survival we all have a responsibility to recognize our professional responsibility and limitations. Safety must have a stronger emphasis to deliver quality care. The challenge to involve managers and clinicians more actively is the challenge that remains in place!

The following information is example of concepts that are in place in many hospitals and day surgeries especially in the private sector. The jurisdictional model describes the interaction of key players in the healthcare relationship structures.

Concepts

Jurisdictional Model - The Players

