

The Australian Commission on Safety and Quality in Healthcare has developed a discussion paper providing an overview of the issues with current safety and quality accreditation systems and standards and proposes a package of reforms.

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11th February, 2007

Effectiveness:

What core processes or systems need to be in place to ensure poor performance is detected? Is this necessarily part of an accreditation process?

There is a key aspect missing from this question and that relates to leadership and the responsibility of leaders to develop a culture of “open disclosure” where staff and other stakeholders including patients and or carers feel comfortable and supported in reporting incidences of poor performance and in making reports know that the organisation will openly respond to the issues and implement changes.

Leaders themselves must be held accountable through performance agreements that developing this culture is a key professional outcome. How a leader performs can be measured through a range of KPI’s which might include staff and other stakeholder satisfaction surveys, increased reporting, number of risks identified and resolved, etc.

Core high level systems i.e. clinical and corporate governance systems which include human resource management systems (performance management, training and development, employee assistance) must be in place. Sub systems such as incident reporting, risk management, performance management then need to be implemented. Again these aspects are generally within the scope of accountability of the leaders and other leaders (i.e. managers, supervisors) in the organisation.

From an accreditation perspective poor leadership can be quite easily detected through the interview, and verification process, however you cannot make a direct recommendation about a leader’s or executive performance. Recommendations can however indicate if there are issues, especially if non-accreditation is an outcome. Whether any changes will arise out of non-accreditation or not meeting expected outcomes depends on who has ultimate governance accountability i.e. a Board Chair or a Director General for Health for the service being accredited. Non accreditation, HPR’s etc these days generally end up in newspapers and hence there is a “reputation” issue which the leader and staff have to deal with.

Where there is systems failure, how should the accreditation body respond?

It depends on which system is failing and whether it is a physical (equipment, technology) or human system (clinical care and it would be a terrible situation if identification of major system failures was left to be identified through the accreditation process.

If this occurred Accrediting bodies would look at the risks associated with system failures and then make a call as to whether this will affect the accreditation outcome. For example if major clinical systems were failing, which was evidenced by high numbers of adverse events then the risk of awarding accreditation would be so great that the accrediting body could not afford to have its own reputation at risk. If however the systems failure was related to an area like building maintenance and the survey identified a major problem then this may be dealt with using the HPR approach as it is likely that the issue could be fixed within a given timeframe.

This is where a robust and ongoing system of ongoing internal self assessment and evaluation is absolutely critical. In a prior role I implemented a system of “pre survey” assessments using my own surveyor skills and this enabled identification of issues of both a physical and human nature. My organisation felt it was better to identify issues ourselves rather than have “surprises”. As a result the accreditation outcomes were far more positive.

Transparency:

What is essential to ensuring all accreditation processes are open and transparent?

This is a two way process. From an organisation perspective committing to a program of accreditation means that you must be prepared for external scrutiny against an agreed framework i.e. the organisation has a responsibility to be open and transparent about what is working well and what is not working so well. From the accrediting agency perspective its requirements must be open and transparent as with the application of rules and decisions.

What minimum information should be publicly available on the accreditation status of the health service?

I think it is important from a public perception that the accreditation status is made public. The key issue is whether recommendations are made public and the risk factors associated with these. For example recommendations in a corporate services area may mean a low risk for patient safety but a high risk in terms of governance accountability. The key is what is the message that is to be conveyed to the public, and I believe they would want to know that safe quality care is being provided. Using Aged Care as an example the media reports the number of standards achieved i.e. xxx out of xxx and key areas of concern. The public is conditioned to reading such reports and the acute/community and primary health areas could follow this example.

Governance:

What governance issues must be addressed by organisations setting standards, training surveyors or accrediting health services?

Standard setting –

ensuring the standards meet requirements for various settings and continue to reflect best practice through regular review. As indicated elsewhere I am opposed to too many standards being developed because some sectors within the industry feel that they are different and special. It is the application of the standards that needs more

effort and while there may be a need for “technical standards” to address specific issues such as blood transfusions and management of blood products, generally most standards can be applied in a variety of areas.

Training -

The credibility of the accreditation process is reflected in the quality of the surveyors and hence the whole process of recruitment, retention and performance management needs to equal or better that of industry standards. I believe the process is now more robust and that the quality of surveyors is improving. It is also important for the accrediting agencies to have a mix of technical specialists and generalists. From a recruitment perspective I believe that formal post graduate qualifications is now a necessity and once part of the team mandatory evidence of ongoing professional development outside the training program run by the accrediting agency. As such there is a mutual obligation to maintain skills.

Accreditation process –
Refer comments elsewhere.

Duplication and Overlap:

What needs to be done to integrate and streamline overlapping accreditation processes?

Consolidation of standards and mutual recognition. The problem area is in the technical and specialist accreditation processes such as NATA, palliative care etc and the context in which the accreditation is being sought. These are fine where there are stand alone facilities. It is where these facilities are integrated or form part of an organisation that problems occur. In these instances an approach would be for compliance with technical or specialist standards (which is really the objective) and for “standard” standards which may relate to governance being applied as in these instances it is the organisation that is being accredited. For example the ACHS corporate governance standards would be highly applicable in a laboratory and radiology area and from a governance perspective you would want to see standardised approaches to governance being applied across all areas. A good example is labs and fire and safety. Even though the staff may work for a private provider they should still be included in organisation wide training because everyone needs to know the standard procedures.

Resource requirements:

How can accreditation be made more cost efficient and effective?

It is very difficult to ascertain true cost as there is a variety of costs (membership, internal staff resources etc) however the process can be very cost efficient where adequate resources are provided to coordinate and maintain the process. Where there is a commitment to resources and strong leadership for the process and the organisation is well prepared i.e. it treats the process as ongoing and not a once off event then the process is both cost efficient and effective. Quality Bound (Nbr 26, March 2005) reported that “ if quality improvement is integrated into day to day activities then the actual accreditation review week will not come as a shock.” For

the industry this is still an ongoing issue in terms of recognising and valuing the role of quality coordinators/managers etc. The Australasian Association for Quality in Health Care (whose members are predominantly quality coordinators/quality professionals) has implemented a program of credentialing to address this but there is still a long way to go. In addition there is evidence that specific courses for quality managers are also warranted and that accreditation and other quality management principles such as evaluation methodologies need to be incorporated into clinical courses.

Surveyors:

What must be done to ensure inter-surveyor reliability?

Effective recruitment, retention and performance management systems combined with a mutual obligation for ongoing professional development.

What strategies need to be put in place to ensure there is available a sustainable supply of credible and competent surveyors?

Given resource issues many organisations are reluctant to release senior staff who are surveyors as it is often Directors of Nursing, senior executive doctors etc who undertake this work. I am not convinced that a paid surveyor workforce is the answer but rather a combination of paid and voluntary staff as is currently the case. Paid full time surveyors can lose touch with what is happening in the field. The value of this program needs to be marketed to CEO's and other leaders as there are many benefits that surveyors can bring to their organisation.

Information to support accreditation:

What needs to be in place to allow accreditation data to be collected at a national level?

Nationally consistent standards and KPI's and national authority to collect data.

What needs to be in place to allow accreditation data to be made available?

Consensus that the data can help bring about systemic changes and shared learning.

Proliferation of Standards:

What initiatives are required to coordinate and harmonise standards development?

Government has been interested in standards since the 1995 published "Quality in Australian Health Care Study". The outcomes of this report resulted in the Australian Council on Safety and Quality being established. Healthcover (p 23, Dec 2002- Jan 2003) reported that this now meant that there were "two bodies with different backgrounds and different interests embarking in a quest by systematic study to establish an evidence base" for what was then considered "a complex cumbersome time consuming and potentially exercise called accreditation". The article called for a "national co-ordination and consolidation to facilitate comprehensibility and compliance" Now some 4 years on we appear to be revisiting the very same issues that were being considered then.

Many people and organisations contributed valuable time to contribute to the Australian Council for Safety and Quality Consultation paper “Standards Setting and Accreditation systems in Health” July 2003. In revisiting this report it is unlikely that any new information or issues are likely to be identified. This report provided a platform to move forward (which was soundly endorsed by stakeholders) but unfortunately the Council lacked any authority to translate the recommendations into actions, because it was mindful of the jurisdictional influences and that it could only “encourage” a national approach. This is a key factor and must be addressed if we are to move forward in a systematic and beneficial way.

The focus should be on the needs of services providing care. Use of experts to develop technical and specialist standards and more education on the fact that many of the governance standards can be applied in any setting should be a priority. We don’t need to reinvent the wheel yet again.

Access to Standards:

What minimum information should be publicly available on accreditation standards?

Having provided education to many consumer advisory groups I am amazed at the interest shown in the process, the standards and what they mean in practice. While not all would be of interest to consumers, the good majority are and I think we underestimate the need for improved knowledge and education in this area. Most standards are now available publicly and this should continue.

Process of developing standards:

What aspects of Australian health care standards development should be standardised for more streamlined, effective and efficient standards development?

Refer above comments, governance standards can and should be standardised.

Appropriateness of Standards:

How do you ensure the standards being assessed are appropriate?

As a surveyor I rely on the standard setting and review approach to cover this requirement. If there are any queries then there should be mechanisms to enable feedback from a wider user group.

Proposed Accreditation Reform Strategies:

- 1. It is proposed that registration of health care accrediting bodies becomes mandatory.*

What needs to be in place to make this approach feasible?

The accrediting bodies need to be themselves accredited by an approved process which is determined by the Commission.

Which organisation is best placed to manage the registration of accreditation bodies?

The Commission or the Commonwealth Dept of Health and Ageing (not preferred but an option) because it there can then be links with the Australian Health Care Agreement process.

2. It is proposed that the language and definitions of accreditation be standardised.

Who needs to be involved in the standardisation of language and definitions?

The Commonwealth Department of Health and Ageing produced the Quality and Outcome Indicators for Acute Healthcare Services in 1997 (ISBN 0644 47582X). This provided a standardised approach to definitions (ref pages 103 – 121) and has been a useful tool for teaching. As the Department is the key negotiator for the AHCA and ties funding to desired outcomes the role for standardisation of language and definitions should rest with this group.

3. It is proposed that training and assessment of surveyors be reviewed across the sector.

What are the essential skills, competencies and attributes that surveyor's need?

Essential skills include experience at both the operational and executive management level. As most of the process involves interpretation and validation of evidence through interviews and reading material you do have to fully understand the processes to be able to make a meaningful judgement.

Competencies would include;

- A high level of conceptual .analytical and interpretative skills
- Communication skills both in written and verbal form, being able to relate to people from all levels of an organisation, particularly staff at the coalface as these are often a great source of information, being able to provide feedback in a constructive manner
- Promotion of the shared vision for successful accreditation and assists and motivates organisations to improve outcomes, generates and recognises innovative solutions
- Has knowledge and experience of managing human financial technological and information resources
- Monitoring changes in the operating environment both internally and externally through ongoing professional development, bale to articulate issues shaping the political agenda
- Being able to work effectively with others (the team and the organisation)

Attributes –

- Honesty and integrity (models social and ethical standards, is trusted and respected)

- Puts interests of organisation above self interests
- Able to engage in critical reflection and act on experiences to facilitate personal growth – seeks to continually improve
- Has a good network
- Team player
- Adaptive
- Balanced approach to deal with conflicting objectives

What needs to be in place to train and assess surveyors' effectively?

Programs which focus on application of standards in a variety of settings through being involved in practical and desk top exercises supported by an effective performance management and ongoing professional development program. There is also an obligation on surveyors to ensure they continue with professional development and introduction of a mandatory CPD program is recommended. This would require the surveyor to accrue a number of points to maintain status.

4. It is proposed that the Commission explore opportunities to use data from a number of collections to provide amore comprehensive picture of health service outputs and outcomes.

How can the available data sets be best used to inform accreditation processes?

There is a need to get consistency in the data sets as with the application of these. Given the links with the AHCA agreements the Commonwealth is probably best situated to do this. Data can then be used at a local, state and national level to inform the accreditation processes. More importantly the data can then be used to benchmark and improve.

5. It is proposed that a range of regulation, funding and policy levers be used to ensure all health services participate in a registered accreditation and quality process.

Which health services should be accredited as a priority, and how can this be best achieved?

It is not a matter of which services but assuring the community and governments that safe quality care is being provided all services should be accredited including primary care GP practices. These are the key stakeholders.

The only gap at the moment is MPS services which do not have to as I understand it undergo accreditation for any aged care services.

6. It is proposed that unannounced surveys be introduced by all accreditation providers

What needs to be done and by whom to introduce unannounced surveys in a timely and effective way?

I fully support this concept as I believe it will overcome many difficulties for organisations which are not committed to the process and do not resource requirements effectively. Some leaders promote that a survey team should be able to come in at any time and that the accreditation is then just a by product of the continuous improvement culture that exists.

7. It is proposed that tracer methodology be implemented nationally by all bodies accrediting health services.

What needs to be done and by whom, to introduce tracer methodology in a timely and effective way?

Given it is a relatively radical departure the process should be piloted in a variety of settings using specially trained surveyors. The industry is generally very receptive to piloting and therefore take-up will not be an issue. I would see a 2-5 year roll out would be needed and that it would need to be integrated into current programs and not an additional requirement.

My understanding of tracer methodology is that its main focus is on clinical care and therefore this would/should compliment current corporate standards. Tracer methodology by itself will not provide a single approach.

8. It is proposed that registration of health care standards becomes mandatory.

What needs to be in place to make this approach feasible?

If accrediting agencies are to be registered then it stands that there standards should also be registered. It is a complimentary approach.

Which organisation is best placed to manage the longer term register of standards?

The Commission or the Commonwealth Department of Health and Ageing.

9. It is proposed that the language and definitions of accreditation be standardised and that guidelines for the convergence in the format and structure of standards be developed.

What are the barriers to standardisation of language and definitions?

Current barriers are in the interpretation to the standards in settings. Once you explain

to people how the standards can be applied in “special” settings there is often a sense of relief. More training on this aspect is essential.

Who needs to be involved in this standardisation process?

This could be allocated to a University who could be perceived as “A” political.

10.

It is proposed that a detailed process of analysis and mapping of all existing Australian healthcare safety and quality standards be undertaken.

Who needs to be involved in this mapping process?

This could be allocated to a University using industry stakeholders and ensuring that the process is verified at the sector level.

11. It is proposed that the commission identify core safety and quality areas that are to be reflected in all registered sets of health and safety and quality standards.

What priority areas should be included in core safety and quality standards?

Core areas are clinical and corporate governance. These go hand in hand in terms of providing assurance of safe quality care in any setting.

12. It is proposed that the Commission work with stakeholders to remove duplication and overlap in the standards and accreditation system, including that which exists for accreditation of education and training programs.

What is required to implement mutual recognition of standards and accreditation processes in the Australian health care system?

Refer previous comments. I think there is a place for specialist technical standards and common governance standards. The governance standards provide the overarching assurance at an organisational level and therefore use of these and the technical will enable mutual recognition to be achieved.

Thankyou for taking the time to feedback on these issues.

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