



RESPONSE TO THE NATIONAL SAFETY AND QUALITY ACCREDITATION STANDARDS' DISCUSSION PAPER ON ACCREDITATION STANDARDS

February 2007

Introduction

The Royal Rehabilitation Centre Sydney (RRCS) welcomes this opportunity to contribute to the continued development of national safety and quality accreditation standards. In the spirit of commitment to continuous improvement, the RRCS values the opportunity to examine the issues by the Australian Commission on Safety and Quality, as outlined in the National Safety and Quality Accreditation Standards Discussion Paper, 2006. The RRCS is accredited by the Australian Council on Healthcare Standards (ACHS) as well as two other accreditation agencies, and considers that the process on achieving and maintaining accreditation ensures that a focus on safety and the quality of care and service delivery is integral to systems and processes.

Background Information on Royal Rehabilitation Centre Sydney (RRCS)

RRCS is a charitable not-for-profit rehabilitation and disability service with an independent Board of Directors. It operates under the Health Services Act 1997 and NSW Disability Services Act 1993. The RRCS works in partnership with clients to maximise abilities and optimise lifeskills following injury or illness, offering specialist rehabilitation and disability programs for adults who have sustained spinal cord injury, brain injury, orthopaedic injury and illness, age related illness, burns, cancer, multi-trauma and other conditions. A range of programs for clients includes inpatient, outpatient, community and home-based rehabilitation and disability services.

Summary of Responses

The following is a summary of responses to the questions raised in the Australian Commission on Safety and Quality's discussion paper:

1. Effectiveness in identifying poor performance

Accreditation agencies need to ensure that organisations have effective systems and processes in place to identify poor performance such as a complaint management mechanism, OH&S systems and performance management processes. Where there is a 'systems failure' detected by the accreditation body, the organisation's appropriate or inappropriate response in addressing the deficiencies in the system needs to be considered as part of the evaluation of the effectiveness of the organisation as a whole.

2. Transparency

Information available to the public on accreditation outcomes is currently minimal despite national endeavours to maximise consumer involvement and participation. It is recognised by the Australian Commission on Safety and Quality that the accreditation process is a complex task with an apparent 'lack of agreed definitions' and that a 'limited availability of standards impact on consumers' capacity to make informed decisions and transparency of processes' (ACSQ, 2006:7). In a challenging environment of an increasing pace of change in the health care sector, the interpretation of accreditation outcomes requires support and guidance. The health organisations may therefore be the most appropriate bodies to explain and publicise accreditation outcomes to the public.

Factors that may inhibit organisation's willingness to disclose information include the potential for media to misrepresent outcome results through simplification or exaggeration. The concern about media's response to accreditation outcomes identified by health providers in the USA, when JCAHO suggested a release of data across a broad range of performance indicators, should not be discounted (ACSQ,2006:18).

3. Governance

Conflict of interest such as health funders taking on responsibility for accreditation of their recipient health services needs to be addressed at the government level.

4. Duplication and Overlap

Where there is more than one accreditation process in a health service, duplication and overlap occur because of a lack of a mutually supportive and integrated accreditation approach. The resources required to display the same information to various accreditation agencies repeatedly needs to be considered. A close alignment of accreditation processes by more than one accreditation body - each with state or national standards – is appropriate for the health sector and accreditation agencies to consider.

5. Resource requirements

Integration of accreditation processes by different accreditation bodies would significantly maximise efficiencies in maintaining and achieving accreditation. For example, a health service with accreditation by three different accreditation bodies, and thus overlap of examination of process and systems, would have collaboration between the agencies to examine agreed upon areas of the service.

The benefits of accreditation membership need to be further articulated to include the exact services available due to financial membership. Support and guidance from the accreditation body in the form of workshops, seminars, one-to-one coaching and mentoring are options that could be explored to enhance the performance of health services, and thus maximise their chances of achieving positive accreditation outcomes.

6. Surveyors

Competency based training of surveyors is an initiative for accreditation bodies to consider as a way of addressing inter- and intra-surveyor reliability. Reliability of surveyor interpretation is important to the credibility of accreditation outcomes so a periodic and continual checking process needs to be integral to the way in which accreditation agencies operate.

7. Information to support accreditation

The release of accreditation data at a national level requires discussion at the state and national levels of the potential benefits to consumers, stakeholders and health services.

References

Australian Commission on Safety and Quality (2006) National Safety and Quality Accreditation Standards Discussion Paper.

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