



Tasmania

Australian Commission

27 FEB 2007

on Safety and Quality  
in Health Care

DEPARTMENT of HEALTH  
and HUMAN SERVICES

OFFICE OF THE SECRETARY

Contact: Fiona Peate  
Phone: 03 6233 3358  
Facsimile: 03 6233 7521  
E-mail: fiona.peate@dhhs.tas.gov.au  
File: H 01267

Dr Diana Horvath  
GPO Box 5480  
SYDNEY NSW 2001

Dear Dr Horvath

*Diana*  
Thank you for your letter dated 29 November 2006 in which you have provided the opportunity to make a written submission regarding the questions raised in the Discussion Paper on the National Safety and Quality Accreditation Standards.

I am pleased to provide a submission which has been compiled following discussions with some key stakeholders within the Department of Health and Human Services (DHHS) particularly from the Acute Health Services Group which has responsibility for the public hospital sector. The submission is attached.

Arrangements for DHHS key representatives to meet with Margaret Banks and John Ramsay Consulting to discuss our views on this matter have unfortunately not been able to be scheduled, however interested parties were encouraged to attend the stakeholder focus groups to be held 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> February 2007 in Hobart.

I am comfortable for the attached submission being included with those published on the Commission's website.

Yours sincerely

Dr Martyn Forrest  
Secretary

2 February 2007

→ Margaret Banks.

*MS*  
27/2/07



Tasmania

DEPARTMENT *of*  
HEALTH *and* HUMAN  
SERVICES

**Submission**

# **National Safety and Quality Accreditation Standards**

## Table of Contents

1. Introduction .....	6
2. Accreditation Issues.....	12
2.1 Effectiveness in identifying poor performance.....	12
2.2 Transparency .....	16
2.3. Governance .....	18
2.4 Duplication and Overlap.....	18
2.5. Resource Requirements.....	18
2.6. Surveyors .....	18
2.7. Information to Support Accreditation .....	18
3. Standards Issues.....	18
3.1. Proliferation of Standards.....	18
3.2. Access to Standards .....	18
3.3. Process of Developing Standards.....	18
3.4. Appropriateness of Standards.....	18
4. Accreditation Reform Strategies .....	18
4.1. Register of accrediting bodies .....	18
4.2. Standardise accreditation language and definitions .....	18
4.3. Training and competency testing of surveyors.....	18
4.4. Better use of data for evaluation of health service performance.....	18
4.5. System wide accreditation against safety and quality standards .....	18
4.6. Introduction of unannounced surveys.....	18
4.7. Introduction of Tracer Methodology in external accreditation reviews .....	18
5. Standards Reform Strategies .....	18
5.1 Registration of Sets of Health Care Standards .....	18
5.2 Harmonisation of Health Service Standards .....	18
5.3 Detailed Mapping of Standards.....	18
5.4 Identification of Core Safety and Quality Areas.....	18
6. Mutual Recognition of Standards and Accreditation Processes .....	18

## 1. Introduction

The Tasmanian Department of Health and Human Services (DHHS) is responsible for providing a wide range of health and community services to the Tasmanian public, delivered through a network of acute and community facilities. Housing, and Ambulance Services are also part of the DHHS portfolio.

Acute care services are provided by three major public hospitals, one in each of the North West, North and South of the state, with the Royal Hobart Hospital in the south the major referral centre.

Rural health facilities include district hospitals, multi-purpose services/centres, council/non government organisations supported with State funding, rural nursing centres and community health centres. Community facilities provide a broad range of centres including but not limited to youth health, frail and aged day centres, parenting centres, mental health facilities, dental, drug and alcohol services, and housing service centres.

A number of services such as home and community care, and community care nursing are provided directly to clients in their homes, by staff working out of a number of sites statewide.

There are varying approaches to accreditation across this range of services. Many go through a formal accreditation process but there are a number of different accrediting bodies and differing approaches to accreditation. A commitment to safety and quality is evident in all services regardless of the extent to which formal processes are in place.

The following submission represents the position of the DHHS in Tasmania and has been developed following input from a number of stakeholders particularly across the public hospital system.

There are many challenging aspects of healthcare confronting Government Departments and Health Care Organisations such as workforce issues, funding, and access; which some would argue need to be addressed before making significant alterations to a system which is going a fair way to driving innovation, change and improvement.

Having said that, it is also recognised that safety and quality processes are not necessarily embedded into the culture of our health system, organisations are committing substantial financial and human resources to fulfil requirements to achieve accreditation status where consumers play little if any part in the process, and poor performance is not necessarily uncovered.

The DHHS position generally is one of cautious support for the reform proposals, provided that they deliver efficiencies to simplify and streamline the process, are made more effective in identifying the quality of care provided, do not create an added financial or other resource burden, and have safety and quality as the highest priority.

Whilst many of the proposed reforms are supportable in principle, there are likely to be financial implications which will need to be considered before they can be fully supported. . This is particularly relevant for the rural health facilities and services which currently have limited ability to support data collection processes and data management.

There has been a generalised suggestion of the need for establishment of an independent agency to act as a registration body for accreditation organisations, standards and surveyors; and also to manage standards development, surveyor training and assessment.

There has also been a substantial amount of strong opinion provided from across the DHHS suggesting the scope of the review and reform of accreditation should be broadened to include all aspects of care to include aged care, disability and home care. Without this inclusion the multi-layering of accreditation processes will remain, particularly impacting on multi-purpose centres.

Feedback regarding the list of standards development bodies is that it is somewhat incomplete, in that it includes the Royal Australian College of General Practitioners and Radiology, but not other

College groups. As an example, it is recognised that the College of Anaesthetists are leaders in the development of standards, as are other professional groups. This list is therefore considered by some to be incomplete.

## 2. Accreditation Issues

### **2.1 Effectiveness in identifying poor performance**

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

Authorities, service providers and consumers all need to be clear on the **purpose** of accreditation. Is the fundamental reason for accreditation to raise quality standards from their existing level (and thus to demonstrate improvement and build a client focused service) or to ensure compliance with minimum standard levels (and thus to demonstrate compliance to 'rules and regulations')?

There needs to be in place reliable, validated outcome measures that are benchmarked and evaluated by clinicians and managers. The data systems need to be seamless with care delivery, i.e. they need to 'fall out' of information systems. Outcome measures need to detect and quantify adverse events that lead to RCA on confirmed significant variance or predetermined sentinel events.

Detection of poor performance requires more rigorous auditing of the systems and client records. This has implications for costs and resources for both service providers and accrediting bodies.

Standards should ensure that systems are in place within the service provider's operations to ensure that poor performance is detected. However, the accrediting body also needs to be clear on the **purpose** of the audit – confirming that effective systems exist and are being improved or identifying non-conformance with mandatory requirements – in order to determine the appropriate amount of emphasis to be given to detection of poor performance.

How should the accreditation body respond to systems failure?

Where there is systems failure, the governing authority of the service should be expected to advise the accreditation body of the circumstances, the evaluation, and the intended action. If there is no action taken in the face of systems failure, the accreditation body should be able to withdraw accreditation status or impose some other meaningful sanction.

Where systems failure is identified during an external survey, the accreditation body needs to raise these issues with the service provider, and ensure that an improvement plan is developed and implemented by the service provider.

Where failure is identified through other methods - for example, problems raised by consumers directly with the accrediting body – the accrediting body has an obligation to raise the issue with the service provider and, as above, ensure that an improvement plan is developed and implemented in an appropriate time-frame.

Use of 'levers' may be required to enable a degree of persuasion for service providers to comply with requirements for accreditation, and recommendations from survey. Any levers need to be clearly identified in the recommendations for an alternative system, due to be provided to AHMC in draft form in June 2007.

### **2.2 Transparency**

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

While there is fragmentation of the accreditation system, consumers are disadvantaged since no one system is championing their cause.

Information on the processes to be undertaken needs to be available to all stakeholders, including service providers and their employees, contractors or visiting medical/allied health professionals,

volunteers, consumers and other interested parties. The complexity of the information provided (and desired) is likely to vary by stakeholder group.

There needs to be opportunities for all stakeholders to be involved in the accreditation process.

Good auditing practice would suggest that the service provider be able to review a draft report before the accreditation report is published, particularly where it is to be made publicly available. This has the benefit of allowing the service provider to clarify and seek to address any areas where there is disagreement on the survey's findings and reinforces ownership of the survey findings by the service provider.

Debriefing to the organisation and its stakeholders should also be made available, so that stakeholders understand reasons for the recommendations. In this way, with supportive leadership, stakeholders (particularly employees) are more likely to accept the recommendations and use them as a prompt for improving systems.

It is essential that information provided to the community is in language able to be understood by members of the public.

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

Information on whether a health provider is accredited should be publicly available. Ideally, this should be in a central register to make it easier for consumers to find out status of their service provider. All service providers would appear in the register, with multiple entries for facilities which undergo a number of accreditation processes.

This information should also clearly identify whether the provider has voluntarily undertaken non-mandatory accreditation.

Publicly available information should show whether major concern or non-compliance has been identified, and if so, whether these have been addressed. This would not need to be provided in detail, but the public should be able to make an informed decision about the service provider they are considering utilising.

The public should expect to know of the status of the organisation with the accrediting bodies over time, stressing that it is not a 'one off' activity. Making accessible a continuum of information rather than a snapshot should emphasise the continuous nature of quality assurance and improvement.

It may be beneficial for the community to have access to information which will improve their level of understanding of the accreditation process and standards, raise awareness of the various standards and bodies, and provide a tool on which decisions can be based.

Key stakeholders within the service provider's operations – employees, visiting medical / allied health professionals, etc – should be able to access accreditation reports, with the normal obligations for confidentiality applying.

### **2.3. Governance**

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

Some organisations both provide funding for, and monitor standards compliance of, service providers (eg NSW Department of Ageing, Disability and Home Care). There are some (government) agencies and other organisations which have developed comprehensive standards assessment tools, but which themselves lack the necessary internal infrastructure to support compliance auditing/surveys.

The question of relating funding to standards compliance has been, at least anecdotally, raised by some community care service providers. These providers have an expectation that the government will ultimately require standards compliance before service providers can receive funding.

Whilst the setting of standards should be informed by the industry, consumers and accrediting bodies, there is a risk that there may be undue influence on the setting of standards if the same body is dependent for its existence on the patronage of the organisations being accredited.

The question may not be "is there a conflict of interest?", but "what responsibility is there for funding agencies to ensure public funds are used effectively and responsibly?" A survey of consumers would be likely to show that many believe public funds should not be given to organisations which do not provide a safe, effective and efficient service. There needs to be a clear, transparent linkage between accreditation status and funding granted.

It may be preferable to have a government agency oversee the accreditation process (perhaps a branch of the commission) - to register accrediting organisations, establish and maintain the register of standards, train and license surveyors. It is recognised that management of standards is in itself a huge task, requiring specific skills and constant development and updating.

Within a single agency which both funds service providers and monitors compliance, there needs to be transparent processes for both accreditation and funding, with external auditing to ensure that service providers are treated ethically and fairly.

Accreditation of the administrative processes outside the clinical service provision is not addressed in the discussion paper.

## ***2.4 Duplication and Overlap***

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

Much is made in the health sector of the differences between services, and the need for nuanced standards and accreditation. This is possibly overstated, as the essence of good service delivery is common and embodied in the generic themes of governance, safety, consumer centred services, routine and unflinching assessment of outcomes.

What probably needs to occur is the creation of a single, national "other" accreditation body, with a charter to align the myriad accreditation regimes. The body should also pick up some of the functions described in subsequent areas of the discussion document. It is moot whether the national standard setting function and the accreditation function could or should exist within the same organisation.

A key aspect of integration/streamlining would be to develop a set of core standards, common to most service providers, and modules that could be selected to provide an assessment that is tailored to the organisation's needs.

For example, HR, finance, IT, leadership, governance, risk management, quality improvement and patient safety are common to virtually all organisations. These (and others) could form a core set of standards with which all service providers must comply.

Additional modules, including community care, residential aged care, disability, acute etc, could be adapted from existing standards. In this way, where requirements overlapped between different functions provided by a service provider, the service provider would only need to report once on that aspect.

For example, a hospital providing both acute care and aged care beds may currently need accreditation through both ACHS and ACSAA. Both standards require compliance with infection control. However, with a module system, the infection control standard, common to both, would be reported once.

A matrix system of compliance (as is currently used in EQUIP 4 showing different levels of compliance) could be adopted, as could a matrix system requiring different levels of expectation for different settings. (Infection control is still important for community care, but the expectations of care workers in client homes are different from those of nurses in operating theatres).

For example:

Standard	Acute	Aged Care	Community Care
Infection Control	<i>statement of the standard with expectation for acute setting</i>	<i>statement of the standard with expectation for residential aged care</i>	<i>statement of the standard with expectation for home-based community care</i>

A process for streamlining may involve:

1. Identify a common purpose for accreditation: the carrot *or* stick.
2. Identify the ultimate goal: different sets of accreditation standards? A single set with a number of contributing stakeholders (the current standards-setting organisations)? Identify the impacts on these stakeholders and ways to ensure their long-term viability and relevance. Similarly, address issues for accrediting bodies.
3. Start with aligning multiple sets of standards for similar systems. For example, in NSW, some community care programs must report on quality under DoHA as well as to NSW DADHC. There are some similarities in the standards. DoHA has already indicated a desire to streamline community care standards nationally.
4. Recognise major common requirements such as information security, HR, IT, governance, patient rights, and bring these into alignment across systems through consultation with industry and negotiation between standard setting bodies.
5. If multiple systems for accreditation are retained, ensure that there is cooperative sharing of the standards between other accrediting bodies and, where needed, with funding agencies.

## **2.5. Resource Requirements**

How can accreditation be made more cost efficient and effective?

Different data collection processes for different purposes should be avoided. The accreditation system should use the data that is collected for other purposes eg ACHS vs. Health Roundtable vs. State Health Department requirements.

Accreditation is often managed by people who have been given the responsibility on top of their existing workload – so it becomes low on their priority list, except when a survey is imminent. The status of quality management needs to be raised so that it is accepted as an area of professional expertise – in the same way that human resource management, accounting, nursing, medicine or law are recognised as specialist areas.

People given responsibility for quality accreditation need appropriate education in quality management (including leadership, change management and similar functions which quality improvement inevitably involves).

In terms of cost efficiency, there are gains to be made as continuous quality improvement (CQI) is embedded within a service provider's operations. The process has the potential for identifying improvement opportunities – many of which may save money if implemented (particularly in larger organisations). The process needs to be seen as an opportunity for improvement (identifying and implementing more effective ways to serve clients) rather than as a negative experience.