



"Gillian Wilkinson" <Gillian_Wilkinson@health.qld.gov.au> on 05/03/2007 04:52:19 PM

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cc:

Subject: Fwd: Re: Discussion paper on Safety & Quality accreditation standards

Please accept this late feedback from the review of the Discussion Paper: National Safety and Quality Accreditation Standards. I hope its lateness does not cause too much inconvenience.

The following feedback is put forward by myself considering on the job experience from working in risk, quality and patient safety roles within 3 Australian states, experience of the NHS and experience of working in public, public managed by private, and private health care settings. There was so much more that could be said but the main points to consider when implementing a systematic, standardised process to ensure service outcomes and the patient experience is continually improved upon are as follows:

In my experience many professionals talk the safety and quality talk without actually walking it as demonstrated by the lack of understanding amongst higher ranking professional who in the new millennium still question the value and validity of quality within Health Service Districts. This demonstrates a lack of understanding how a quality management system informs clinical and corporate governance in a transparent, systematic manner monitoring and managing non-compliance.

The purpose of accreditation is to ensure:

- o compliance to legislation, professional standards is monitored and maintained
- o safe and quality services are delivered
- o service outcomes are maintained and improved upon as required
- o the patient experience is improved upon
- o the tax payers money is used effectively to deliver a service to meet the community's' needs

Presently there is no consequence for failing to take accreditation, and the use of the quality management system to inform governance, seriously. There will not be a change in business until change is enforced. It is the same scenario as the wearing of seatbelts. The community did not comply with this safety requirement until the consequence had an impact upon them as individuals. Unfortunately this is human nature and human factors are required to be considered when implementing a national strategy.

It is advisable that surveyors are governmental employees with a consistent, objective, systematic approach and a thorough knowledge base of clinical and corporate governance.

Present processes are not perceived as credible because of the differences of surveyors expectations and the fact the present processes (except for aged care) do not really have any authority to enforce a change in service delivery and normal business practice. The fact that hospitals requiring public enquires were accredited does not promote accreditation as a credible process. Perhaps it would be more proactive, for governments to check compliance within organisations pro-actively as opposed to reactionary when something goes wrong.

Would advise that accreditation is a yearly process and managed by a governmental body, such as a similar model as the Commission for Health Improvement in the UK, in this way the policy makers can demonstrate they are meeting their regulatory requirements, responsibilities, accountability and duty of care to the general public.

A model reviewing clinical and corporate governance linked to funding penalties and consequences for failing to respond to identified organisational risk is required to facilitate a change in business.

The introduction of an annual process would facilitate organisational improvement and could combine the multiple self assessment processes large organisations are required to participate in. This would lead to:

- A reduction in multiple reporting requirements
- Efficient use of resources
- Facilitate reporting processes as continual improvement
- Deliver a message the quality management system is fundamental to inform governance requirements (as opposed to allocating resources before an accreditation event)

There have been concerted efforts to respond to identified patient safety issues via the patient safety centre with the implementation of patient safety co-ordinators and the RCA and HEAPS process, however these are only two tools within a quality management framework and respond to actual incidents.

It would be more efficient and meaningful to a healthcare organisation to review data from patient safety and risk management processes to inform the quality management system utilising all patient safety and risk management processes to inform governance collectively.

Reporting key performance indicators against the domains of quality would allow health care organisations to respond to deviations from the norm to investigate and validate if there is an identified area for improvement and respond pro-actively. The indicators would be required to be standardised, nation-wide and implemented to monitor and inform clinical and corporate governance:

- Compliance
- effectiveness
- efficiencies
- access
- safety
- consumer participation
- patient experience
- appropriateness

The following feedback was collected from other professionals within the organisation. I agreed to forward this information:

- Poor performance reporting systems should be noted and commented on by the accrediting body especially as this falls in the corporate criteria
- Accreditation processes should be mandated with clear consequences while failure to respond to organisational risks is identified
- Accreditation is required to be linked to governance and thereby accountability to ensure the tax payers money is used to promote safe and quality and non-compliance is managed
- Accreditation takes into consideration negligence by omission
- All accreditation systems should report systems failure as reflected in the recommendations
- Transparency
- The accrediting body should report a health service to that health services organisation and not leave it to the health service themselves. Prompt reporting of accreditation failure leads to rapid action on high priority recommendations
- Agree less use of jargon, examples of evidence would be beneficial.
- Information to support accreditation
- Agree needs to be national standards of data set requirements
- The process of developing standards needs a national approach and national priorities set at senior health minister level.
- The standards should have a national approach and should be commonwealth managed to maintain the national focus.

- The national setting of the standards agenda is vital to prevent the standards becoming incomparable across the country.

Thanks for the opportunity to forward this feedback.

Regards, Gillian.

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