



SOUTH GIPPSLAND HOSPITAL

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Australian Commission

16 MAR 2007

on Safety and Quality
in Health Care

13 March 2007

Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001

Re: National Safety and Quality Accreditation Standards

Attached please find South Gippsland Hospital's response to the Discussion Paper on National Safety and Quality Accreditation Standards.

Whilst our facility is required to, and does, meet the same standards as larger organisations, our size limits the infrastructure and staff which can be dedicated to meeting the requirements of audit and accreditation. Our response to the Discussion Paper therefore obviously reflects the perspective of a small rural facility.

South Gippsland Hospital appreciates the opportunity to respond to this Discussion Paper and looks forward to receiving the results of the consultation process in due course.

Yours faithfully

A handwritten signature in black ink, appearing to read 'M Gerkens'.

Margaret Gerkens
Chief Executive Officer

Response to the Australian Council on Safety & Quality discussion paper on National Safety and Quality Accreditation Standards on behalf of **South Gippsland Hospital** (Victoria).

1. Background:

Located in Foster, approximately 2 ½ hours from Melbourne, South Gippsland Hospital provides acute inpatient medical, surgical, maternity and community health services to a rural community. Comprising 16 inpatient beds and a co located community health service, the hospital employs approx 100 staff, the majority of whom work varying part time hours. The hospital provides administrative support for the regional aged care residential services. The hospital is currently accredited under ISO and the aged residential services accredited with the Aged Care Standards Accreditation Agency. Additionally services delivered from the community health service are accredited under HACC (Hospital and Community Care Program).

The hospital is supportive of the accreditation process and readily participates in reviews by external bodies; however this places a significant impost on an organisation with limited infrastructure and a predominantly part time work force. While this response is specific to health care, it should also be acknowledged that there is a requirement to submit to other audits, for example cleaning standards, food handling and financial audits.

2. Accreditation:

2.1 Registration of accreditation bodies seems to be evolving. This could also address the issue of training and competency of auditors/surveyors. A requirement of the registration would be a mandate to employ only surveyors/auditors who have attained and maintained a required competency level.

2.2 **Standardising accreditation language** will reduce confusion in the industry and the wider community.

2.3 **All surveyors/auditors should be required to demonstrate competency in basic audit techniques.** While there may be a differing approach by accrediting bodies, core elements in auditing and report writing should be required prior to acceptance as an auditor or surveyor.

3. Standards:

3.1 **Registration of Standards setting bodies.** As per 2.1. However this may require registration of specialist Colleges and other bodies where setting standards may be an adjunct to the primary role of the organisation and the requirement for registration may be perceived to be onerous and bureaucratic.

3.2 **Standardisation of language and terminology.** As per 2.2

3.3 **Mapping of Standards.** This would seem to be something that could be achieved almost immediately and would benefit accrediting bodies, organisations undergoing review and auditors/surveyors.

3.4 **Identifying best practice for the development of standards** could assist organisations and surveyors/auditors in understanding what is required in terms of outcomes to meet the standards. This undertaking could require considerable negotiation but could have considerable longer term benefits for the industry and the community.

3.5 **Relating audit outcomes to specific priority outcomes.** To some extent this is already in place. For example ACHS EQUiP 5 and the relationship to national patient safety priorities.

4. Other:

The introduction of **unannounced surveys** should be widely explored. The objective of unannounced visits should be clearly articulated and the areas to be inspected/assessed should also be defined. In Aged Care the introduction of the unannounced visits can be perceived as a political reaction There is potential with this activity to turn the accreditation process into an inspectorial activity as opposed to a planned assessment of the extent to which an

organisation meets a particular standard. In smaller organisations, unless there is very clear definition of objective and process this will be a threatening activity and dependant upon the availability of key personnel may be a waste of time and energy on behalf of the auditor/surveyor.

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