



AUSTRALIAN COLLEGE OF HEALTH SERVICE EXECUTIVES

RESPONSE TO

**THE AUSTRALIAN COMMISSION ON SAFETY
AND QUALITY IN HEALTHCARE – DISCUSSION
PAPER – NATIONAL SAFETY AND QUALITY
STANDARDS**

ACHSE Online Member Survey Results

March 2007

Approach

ACHSE conducted an Online Survey of Members to gather responses to the questions posed in The Australian Commission of Safety and Quality Discussion Paper – National Safety and Quality Standards. The comments received have been incorporated in this document largely unedited with duplication of responses and issues combined. Consequently the views expressed are those of individual ACHSE members and don't necessarily reflect the views of ACHSE and its membership as a whole. However, it is considered that the views contained here will add significantly to the ongoing deliberations regarding the development of national safety and quality standards in Australia.

General Comments

Safety and quality needs to be everyone's business, not just for those focussed on accreditation. Clinical governance and clinical risk management systems are among processes which should be in place and effectively operating routinely.

There are "Four Dimensions of Quality". The first two relate to the nature of quality and form the first part of a quality matrix. These are "quality of process" and "quality of result". The second part of the quality matrix are the two perspectives of Quality, that of the "expert" professional and that of the patient. Quality can only fairly be judged if all four are measured and considered. Therefore, accreditation processes should usefully attempt to address:

- Risk management process, behaviours including procedures in place, equipment and facilities and culture among the "experts", the health delivery professionals (as it does now). This is about Quality of Process and is from the "Expert" perspective.
- The results should also be measured. All the usual quality indicators, eg unplanned readmission in <28days, post surgical infections, etc, plus, of course, mortality. Apart from such indicators, the outcomes of hospital interventions compared to what might be expected are not routinely collected and reported, except in medical audit case conferencing and, by exception, in incident and sentinel event reporting. This is about Quality of Result and is from the perspective of the "Expert". More work on attempting to collect result data would be worthwhile.
- The challenge is then to measure the Quality of Process and the Quality of Result from the patient's perspective. Patient satisfaction surveys and similar reporting systems go a little way to reporting on patients' perspectives about the Quality of Process. More could be done here and accreditation processes could focus much more on this.

- Quality of Result from the patient's perspective is interesting. An emergency multiple trauma admission may consider survival as the ultimate good result, despite possible ongoing ill effects from injuries that might have been expected to have had a better result. At the other extreme a patient's expectation of result, without having the expert knowledge, in a particular case, could be totally unrealistic and the patient's satisfaction with the result would then be unfairly negative. Achieving a relatively simple and fair way of measuring Quality of Result from the perspective of the patient is challenging. That does not mean that it is not worthy of more work.

Overall, any move to standardise accreditation processes should ensure the whole health sector is considered and includes community health services, mental health services, dental health services etc and not be largely focussed on the acute sector.

Accreditation processes should also not be seen as a pass or fail process as this could exacerbate the existing problems with trying to sell the principles of continuous improvement, and also encourage and/or increase concern about perpetuating a culture of blame, shame and punishment.

The Discussion Paper is seen by some as an unbalanced contribution to an important debate.

It concentrates on problems with current accreditation processes which are difficult to resolve and most of which are widely accepted (eg inter-rater reliability). The Paper ignores the strengths of current processes (eg "fundamental changes are required to sustain accreditation...."), risks (it ignores risk as a concept and the need to manage it) and risk management systems and thus suggests an approach that runs the risk of "throwing the baby out with the bathwater".

The Discussion Paper and responses to it could have been enhanced by putting forward a clear statement of objectives for accreditation and a vision of what an ideal accreditation system might look like. This would provide a framework to respond to the questions being posed and recognize the current status of accreditation processes including strengths and weaknesses.

Part 1 - Accreditation Issues

Effectiveness in identifying poor performance

Question:

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

Identifying poor performance is definitely part of an accreditation process. There is potential for conflict of interest when 'for profit' accreditation agencies do not detect, or ignore significant poor performance that should affect accreditation at the risk of losing income for the auditor and accrediting agency.

Leadership and understanding the core business - needs to be local processes in place to 'detect' poor performance - should not be the accreditation process that is the avenue to detect 'poor performance'. The process for undergoing accreditation provides a framework that can support the identification of 'poor performance'.

It depends on the purpose of accreditation, eg if it is CQI, detecting poor performance is not necessarily part of the process.

Institution based risk identification system/reporting is required. Relevant identified accreditation bodies are required eg for Intern/PGY2 positions the relevant Postgraduate Medical Councils, for vocational medical training the relevant specialist college.

There should be certification of professionals by relevant professional Colleges eg RACP. Active participation of each participant in structured learning activities via a recognised Continuing Professional Development (CPD) program.

Conduct of audits of clinical and other outcomes.

Rigorous reference checking is required as well as a means to provide public information about a professional's past significant medical/clinical errors eg website.

System poor performance is detected through rigorous examination of how a service can demonstrate implementation of its policies and procedures including evaluation processes.

Question:

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

Determine the risk of the systems failure and provide a period for improvement prior to further review.

Have the ability to investigate and analyse the situation in an impartial, competent and expedient manner.

Response should be immediate and public, depending on the nature of the failure.

It is important that local management discusses the system failure with the accreditation body. It would not be possible for an accreditation body to be aware of all issues and there needs to be an accountability requirement on local organisations to report.

The ACHS process of issuing high priority recommendations is the kind of approach that should be used.

The accreditation body should formally report such failures in a report to the Service.

If the failure is of a serious nature, the accreditation body should withhold accreditation status until the failure has been rectified.

The accreditation body should counsel, review a remedial plan with a specific time horizon, and verify compliance. If this fails then accreditation status should be reviewed.

It depends on the extent and seriousness of the failure. In general, learning from errors is the preferred approach rather than allotting blame or punishment. Time to correct a system failure with follow-up, is probably the best option. If the failure is widespread but not too serious then (as now), short term accreditation could be awarded, with conditions attached.

Transparency

Question:

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

There is a need to educate stakeholders on the benefits of transparency.

Processes should be open and adopt an approach of no surprises.

Published and accessible guidelines are required, as well as commitment to full and open disclosure. Confidence and trust by practitioners at all levels (and whistleblowers) that the "system" will faithfully follow up on all non-frivolous complaints/issues.

Local management needs to have a policy that support openness and transparency - need to engage with their key stakeholders including community – it is considered that most accreditation agencies would be quite happy for information to be shared - again this can be either mandated through government/private health or local organisations. Need to be proactive and put the information out there.

It depends on whether the accreditation in question is mandatory. If it is, full accreditation reports could be made publicly available. If it is not mandatory, health services may be deterred from participating by disclosure and it may be best regarded as a confidential process.

Transparency has to be genuine and not treated as tokenistic. There has to be evidence of stakeholders being able to access information easily and without fear of retribution.

There are issues that are of such importance that accreditation should be refused - as is the case at present. Others can be dealt by remedial action. Accreditation - as is the case currently - could be given subject to the verification of remedial action within a given period. This should be made public.

For transparency three things are needed – open reporting, open access for follow-up enquiry by interested parties, and clear definition, in reporting and in accessible information, of the standards required and the actual performance against those standards. This openness needs to be to the institution being accredited and all other stakeholders, including its owner (for a public hospital that is a State government) and members of the public with a valid interest. However, there may be aspects of an accreditation process which, in the public interest, cannot and should not be totally in the "public domain". The quality requirements demanded by health insurance companies from potential preferred provider hospitals should be studied too.

Many jurisdictions, in licensing private hospitals, license them to do certain things and not to do others, using a role delineation model. This is a good approach. In that way the public, potential patients and the insurers know what hospitals/health services can be 'trusted' to do.

Question:

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

What aspects of the health service are accredited and the status.

Accreditation outcomes should be made available to all key stakeholders.

The names and qualifications of all staff, subspecialty training and accreditation, and links to a Medical Board website (to check on practitioners) should be made available.

The results of recent audits and any corrective programs put in place as a result of past audits.

An attestation that facility XXX meets the required standards to be provided by the facility's external auditors/surveyors.

Accreditation status and any significant recommendations (either positive or negative) and the date of the next renewal should be provided.

The accreditation outcome ie accredited, not accredited, limited or conditional accreditation, and any high priority recommendations.

Information available in the public arena should include overall accreditation status and at least the areas where shortcomings have been identified.

If full accreditation is given, then an objective report should be available on standards met. If conditional accreditation is given then the issues to be dealt with should be part of the report available.

Accreditation status and at least parts of the report should be available to genuinely interested parties within the general public.

The choice of diagnostic facility and, sometimes, private hospital, can often rest with the treating doctor not the patient. It is fairly rare for there to be dialogue with the doctor about that choice and the reasons it is made. Public information of accreditation, particularly if it identified where a provider was against other competitors, would be very interesting. This approach might inform doctor choice as well as patient choice.

Governance

Question:

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

The governance of the organisation should ensure, through the management structure and process, that those parts of the organisation with a potential conflict of interest are separated. They can have ready access to the same, corporate data etc, but managed separately and brought together as a corporate whole at the governance level. There is a fundamental principle here and that is that, "All organisations that have internal inherent conflicts of interest must, at the very least, fully delineate those parts of the organisation, preferably manage them quite separately and, if appropriate, have them in separate organisations."

The dual role of setting of standards and verification that they are met could be handled by open access to standards and transparency in verification. More difficult is the roles involving verification and advising on remedial action. The advice role could be handled by the establishment of a separate panel that is not involved in verification of standards.

Governance issues include impartiality and strong leadership of the board members, transparency of the organisational structure and concise information regarding how the organisation deals with these matters.

It depends on the objectives. If it is about CQI or meeting benchmarks the governance issues will be different from a process that is targeted at detecting poor outcomes or systems failures. The objectives may be a mix of all these but the objectives need to be specified and unfortunately the objectives or at least a framework are not included in the Discussion Paper.

The issues that need to be addressed is transparency in the setting of standards and engagement with the relevant clinical or non-clinical organisations, and that the standards are evidence based in accordance with best practice national and internally (where appropriate). In relation to training of surveyors - accredited training program are required with specified competencies that are available and surveyors are monitored against.

Evidence based assessment protocols. Separate auditing and standards setting arms of the organisation. Use only qualified, well trained and ethical auditors with no conflicts of interest. A commitment to publication of findings will also assist.

Feedback on surveyor performance from those being accredited and an appeal mechanism to an external authority eg the AAT are required.

Duplication and Overlap

Question:

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

One word - "simplification" should be the objective. If the current process is 'guilty as charged' it needs to be unpicked and greatly simplified.

It's not easy as to a degree, accreditation bodies are in competition too.

An issue is whether diversity and choice are important in promoting continuing improvement in the quality of care. If choice and diversity are important then a degree of duplication is inevitable. However, greater coordination between agencies, especially those that are not-for-profit could lead to greater compatibility - rather than uniformity - and sharing of efforts, by acceptance that verification of overlapping standards by an agency would be acceptable by another agency dealing with the same health care delivery unit. There

could be a problem in for-profit agencies not being interested in revealing their proprietary standards and or processes.

The need for the large number of agencies in a country like Australia should be questioned and reviewed.

All accrediting agencies should get together to identify common ground (standards) which can be universally agreed as being acceptable for whatever set of standards is selected by a service.

Avoid adding another accrediting body but a coordinating body would be appropriate. In fact, ACHS acts as a kind of meta reviewer in that it accepts the standards set by, for example Standards Australia, fire authorities etc and just checks that health services comply with them.

Government and private organisations needs to come to a 'common understanding' - should not be a need to have duplication - there should be a level of mutual recognition.

One comprehensive audit system is required.

Overlap areas need to be identified and those accreditation providers most appropriate to the process being accredited should perform the role.

Resource Requirements

Question:

How can accreditation be made more cost efficient and effective?

It must be said that, "the cost to the institution should be equal to the value". That is a fundamental principle. In the private sector accreditation should either permit a hospital to offer (delineated) services or give it an improved market position, with doctors and patients. That provides an "exchange of value".

In the public sector, assuming governments want public hospitals accredited, they should pay for it. Only when accreditation is specifically funded (rather than treating it as some sort of overhead cost) will governments receive the right "price signal". Then there can be dialogue, involving government, on the nature of accreditation and its value and price. After all it is only governments that have final accountability to Australians for the quality of public healthcare and for the spending of public money.

A problem is that the accreditation process may not reflect internal management processes and therefore require additional work. Therefore, there is conflict between standards set and management practices. This is especially so in the case of structural and process-oriented aspects of accreditation. Alternative approaches that might not require as much documentation is an outcome-oriented accreditation. This would require every accredited delivery unit to have self-examination of a number of specific

outcomes as part of its internal management, because they are considered essential to adequate management. This then could be used to verify that outcome standards are being achieved or not. The Discussion Paper canvasses some possible ways.

The concept of accreditation needs to be better marketed to health services. One of the main reasons services spend so much time preparing for the accreditation process is the fear of "failing" which is not what the process is all about!!

I don't feel that my organisation experiences much overlapping but coordination of accreditation processes could help avoid gaps and duplication and lift standards.

Mutual recognition of accreditation processes - maybe some streamlining when it comes to professional colleges.

Encourage single accreditation system. Look more at the MAJOR issues affecting safety and health outcomes - rather than focussing on minor and non-clinically significant issues.

Much of what is currently done in the area of accreditation re professional training capability is being done pro bono. Those undertaking such tasks should receive appropriate professional recognition and remuneration.

Stakeholders choose which standards apply to the particular health service delivery and patient outcomes from the pool of standards and gain accreditation from compliance to the standards that are chosen and agreed.

Surveyors

Question:

What must be done to ensure inter-surveyor reliability?

People engaged to do a job should be selected on the basis of demonstrable skills and experience and the appropriate personal qualities required for the job. They should be tasked with clear performance targets, measured against those and engaged again (or not) based on that performance. It is important to adhere to these principles; otherwise addressing the challenge to have many more accreditation surveyors could lead to a diminution in quality.

Consistent training, monitoring, supervision and evaluation of the practice and application of criteria for meeting the standards by the body of surveyors are necessary.

The problem that needs to be faced is that greater comprehensiveness in terms of the dimensions being reviewed will require more work. Therefore, it would be important to assess whether a strategic rather than a comprehensive approach is appropriate to accreditation. In other words, the

dilemma is, for instance, should we be looking at safety standards in terms of structure and processes? Or should we concentrate on safety standards reflected in outcomes?

Inter-rater reliability is a problem for all professions including medicine, dentists, lawyers etc. The only way to minimise these differences is to have a universal credentialing program for all surveyors to maintain their expertise. Opportunities for full-time surveyor workforces - but this needs to be considered in light of ensuring that there is a spread of clinical and non-clinical surveyors - maybe the option could be that there is a mixture of professional surveyors with practicing surveyors so that there can be the integration of a range of skills dependant on the facility being surveyed

Greater use of "checklists". Less discretion in interpretational issues that may give rise to increased inter-surveyor findings.

Training and retraining is required.

Ensure surveyors have knowledge of, or experience in, the service being audited.

Question:

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

Much of what is currently done in the area of accreditation re professional training capability is being done pro bono. Those undertaking such tasks should receive appropriate professional recognition and remuneration.

Secure support from State/Territory Governments in releasing staff to support surveyors and financing of a component of full-time surveyors.

Increase the number of surveyors who are not full-time in the workforce and pay them.

Surveyors can be either peer reviewers or paid external reviewers. Both have positives and negatives aspects, however, to ensure ample supply of surveyors, employers should not unreasonably impede staff wanting to be surveyors. Further that the time taken to undertake an accreditation survey should not extent beyond three days.

To be credible surveyors should have experience in the area that they are surveying. With a degree of organisation, it might be possible to have, as suggested in the Discussion Paper, a core of full-time surveyors (they should full-time surveyors for no more than five years), and a larger panel of part-time surveyors.

To attract the right people one has to 'pay the right price'. It will also be important to avoid the temptation to set this up as some sort of alternative

career for health professionals, with people making accreditation their life's work. Accreditation not only needs expertise, it needs practical experience.

Properly funded training positions are required as well as increased status of the role of surveyors. Better communications with the public, professions and facilities to highlight the significant contributions made by health surveyors to good health outcomes.

Information to support Accreditation

Question:

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

There needs to be agreement at COAG/AHMAC level. Perhaps there also needs to be greater expansion of the role of Protected Disclosures. All responsibilities for the financing and operating of hospitals should be taken over by the Commonwealth Government.

Various processes need to be standardized and follow the same format. IT needs to be applied to assist with paperwork.

A reliable electronic information system is required.

Collection at a national level will require State/Territory governmental consent, presumably. Accreditation can require agreement of hospitals/health services that the data is collected and used nationally, but that would go down much easier if there were degrees of de-identification. However, that removes much of the opportunity for consumers to make informed choices. The main barriers to full transparency are likely to be political.

A good question is why data needs to be collected at national level? Data needs to be "compatible" rather than "uniform" either at delivery unit, state or national levels. An issue that might need to be considered is that when the Commonwealth Government is involved and needs to apply the same criteria in every state and territory or every delivery unit, then, compatibility and central processing of data would be needed. In any case, such effort may be useful for comparison purposes, especially in the case of the smaller States/Territories, or where consumers use services across state lines.

Again, the objectives of accreditation need to be determined. If the data are to indicate possible areas for review by the health service, the approach must be different than if the data are used to hold health services accountable. In the latter case the data must be shown to be valid and reliable. The ACHS clinical indicators program illustrates how difficult this is.

There is already a system in place attached to ACHS which also has links with a university - some recognition of that data collection process should be made - no need to duplicate!!!

Development of an agreed national minimum data set which is available on-line and the data easily transmitted following each survey.

Question:

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

An IT/standard national database is required - with relevant staffing to maintain the system.

Legislation is required nationally and with uniform, matching State/Territory legislation to REQUIRE and to PROTECT the release of such information.

A reliable electronic information system is required. The data can be available through use of a pin number and password. The data would only be available in 'read only' format.

Some publication, in summary and a website, would help.

An issue is the question of whether by keeping information confidential better results are achieved. Is there any evidence that this perspective reflects reality? Even then, is this appropriate in terms of community or third party expectations? In the absence of evidence, it might be appropriate to consider that transparency is important so that both parties: provider and consumer have access to the same information. In that case, the provider should have the ability to review the data being made available and make relevant comments that might accompany the data.

Providers should be aware that accreditation involves the public availability of certain specific data.

The quality of the data would need to be monitored to ensure that it meets given standards.

Relevant systems and collection and maintenance capacity should be in place. This would require additional resources.

Organisations need to agree to release/sharing of information either identified or de-identified depending on the need.

Part 2 - Accreditation Reform Strategies

Register of Accrediting Bodies

Question:

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

Uniform national legislation, national process and register are required.

It is interesting, an accreditation body to register/accredit accreditation bodies. Need to make sure that the value of such a body is equal or greater than its cost. We can't afford another bureaucracy and overhead on the system. If such a body is mandated by government it does not necessarily have to survive on its value equalling its cost to the system. There is no natural market accountability. However, there are major issues attached to having a private sector body taking on this role.

This is not as easy as the Discussion Paper makes up. If accreditation is a voluntary and private service, and carries no statutory or legal obligations, where is the legitimacy to make it mandatory?

As the Discussion Paper indicates, accreditation means different things to different people; consequently there would be need for some operational definition of accreditation and some legal instrument to make it stick. This would involve legal enforcement.

For registration to be mandatory there would need to be a phase in period ie all services would be given a period of say three years in which to become registered with an acceptable accrediting body.

Need definitions of accreditation and "health care accrediting bodies" and an explanation/rationale of the purpose of registration and a bureaucracy to manage it.

Question:

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

None of the current bodies would be appropriate. Perhaps an expanded, re-missioned Australian Medical Council??

A new National Accreditation body is required.

On balance, probably an organisation specifically created and owned by the Commonwealth Government, but it has to be accountable. Its funding could be from registration fees and that the fees represent the "efficient" cost of registration (ie: no profit which would be a hidden tax, or loss, which would be a hidden subsidy).

Its creation should be the subject of a full business case demonstrating its value against its cost to the system.

Before it is funded its (measurable) goals need to be agreed, based tightly on the value it will be expected to add. Its funding should then be directly based on the achievement of those goals, for those it registers; and thereby the value it creates.

It would require a statutory body backed up by relevant legislation and resources to undertake both registration and at least initiate enforcement.

If there is to be a national minimum data set then the organisation which manages this process should also be the body which registers accreditation bodies. This should be a government body to ensure a conflict of interest does not occur.

The Commonwealth Department of Health and Ageing would be the appropriate umbrella entity.

Standardize Accreditation Language and Definitions

Question:

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

All interested parties and bodies including consumers need to be involved.

The people who set standards, people who use them and people at the receiving end. Some expert advisors might also help with the process as well as people to undertake the work involved.

This process should involve health service professionals, consumers and the general public. A survey could be developed which seeks opinions on preferred words or phrases such as consumer, client, patient, stakeholder, service user etc.

Commonwealth Department of Health and Ageing, ACHS, some colleges need to be involved with some academic support.

Training and Competency Testing of Surveyors

Question:

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

Impartiality; broad knowledge of area being accredited; health background; auditing competencies; good communicator, both verbal and written; and good understanding of quality improvement are required.

Knowledge and understanding of the health industry; ability to listen; ability to write concise reports; ability to organise (and where appropriate, lead a survey team); ability to provide services with oral feedback, particularly 'bad news'; and ability to interpret large volumes of material.

Experience of the field being surveyed; familiarity with standards and interpretation of them; communication skill; and wisdom are required.

Various skills etc required - depends on the requirements for the organisation that is being accredited - but surveyors need to be familiar with the standards and have critical thinking skills and good communication skills

There is a great deal available in the literature on this issue.

Question:

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

Time, remuneration and appropriate courses are required.

It is necessary to assess both surveyor's technical effectiveness and their acceptability to 'customers' ie those being accredited. Some of the personal and interpersonal skills required can be tested by surveying the hospitals etc that undergo the accreditation.

A specialised training and evaluation service/program is required.

An accredited training program is required.

Remember one size does not fit all, and some of the health professionals are training from a different perspective.

Better use of Data for Evaluation of Health Service Performance

Question:

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

Meta analysis style review would be useful.

Assess data for commonalities and differences.

Firstly, all need to be very careful in understanding the clear distinction between outputs and outcomes, traditionally the health sector in Australia tends to muddle these two.

A national collection can only inform overall directions and standards development in accreditation.

ABS and AIHW are collecting a whole range of data that could be used for accreditation if their confidentiality nature was waived by the relevant individuals. This is a problem especially for ABS, as it cannot reveal information regarding individuals. However, there might be no constraints if the individual service being subjected to accreditation makes the data available to the accrediting agency.

State/Territory governments though AHMC and AIHW could agree that given data should be available regarding aspects of health care, including outcomes, for the management of health care units. The data does not need to be uniform but needs to be compatible in individual cases.

Over many years there have been numerous attempts to identify what specific information should be available from the large amount of health data collected and there has never been consensus as everybody wants something different as their services are different from everybody else!!

If this translates into just another IT system - can we afford it and what benefit will it be - is there an option to support enhancement of existing systems?

System wide Accreditation against Safety and Quality Standards

Question:

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

Give priority to known risk areas.

Collation of data and analysis to identify priority accreditation surveys.

The question of voluntary or compulsory accreditation needs to be faced. "Levers" are a back door approach to compulsory accreditation. Perhaps more important is whether (i) quality assurance processes are in place, (ii) are being reviewed and (iii) remedial action is taking place. If this is in place then data would need to be available to assess progress and priority issues.

Introduction of Unannounced Surveys

Question:

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

Legislative support will be required.

Pre-introduction communications package should be provided clearly explaining rationale and process.

Initially conduct some "soft" audits, leading to full-blown reviews within, say, one year.

Spot checks against major items reasonable but due to nature of compiling evidence not appropriate for full accreditation processes.

Electronic information systems that provide data on patient outcomes and efficiency and effectiveness and appropriateness and timeliness negate the need for unannounced surveys. Electronic desktop audits and tracer methodology should provide adequate information on quality and safety of health services.

Leadership and acceptance needs to be promoted.

Clear and transparent instruments would need to be available for review and consensus development.

Use of the outcome of such surveys would need to be clear and consensus developed.

Related development of organisational capacity would need to be in place including training.

The introduction of unannounced surveys would have a very negative impact on the whole accreditation process. This reinforces the idea that 'Big Brother' is watching and services will therefore spend enormous amounts of time ensuring they are never 'caught out'. This approach goes against the principle of accreditation which is continuous improvement rather than the passes or fails mentality.

The process would have to be very different from the current ACHS process where a lot of material is assembled before the survey and for the reference of surveyors on site.

Discussions have already been occurring in relation to this by ACHS - it can be part of the cycle but should not replace formal organisational wide surveys - it is up to the accreditation body and agreement of its members.

Introduction of Tracer Methodology in External Accreditation Reviews

Question:

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

Training in process is required. This is very time consuming. This methodology was tried about ten years ago and is powerful but resource intensive.

It is absolutely a good idea to introduce this methodology but immensely difficult to put into practice. To fully understand the continuum of care a patient receives requires that measurement be taken at the end of the process or at the ongoing maintenance stage following intervention.

The generic issues are the same, including analytical capacity and instruments, and training. The quality of medical and other records might need to be improved to ensure that relevant data is available. Therefore, tests of the relevance of the instruments developed would need to be carried out in different settings, to trace the question of continuity of care in varied organisations and records.

This idea appears to require significantly more administration than the perceived benefits ie what is the evidence that tracer methodology provides any benefits or would improve outcomes of the process?

Consultation and training about the objectives and the way it would work will be required. The experience elsewhere needs to be assessed before any decision about what part the tracer methodology has to play.

This methodology has been discussed by ACHS and potentially could form part of the unannounced survey process.

Part 3 - Standards Issues

Proliferation of Standards

Question:

What initiatives are required to coordinate and harmonise standards development?

Uniform national standards developed and implemented by one body.

One National integrated set of standards required.

If it has become too complex, so try to simplify it. Focus on the key standards and eliminate the less necessary ones and certainly the duplicative ones.

If the amount of paperwork required by services participating in accreditation processes was reduced and there was some recognised common ground, services would be more inclined to participate in a number of different sets of standards. However, if a tick and flick pass or fail mentality is perceived to be the way the processes work then services will not be interested and often pass the process to a junior member of staff to complete. Also most services have great difficulty in convincing medical staff to be actively involved in the accreditation program and a large number of services employ Accreditation Coordinators who are usually from a nursing background and are given the responsibility for implementing and coordinating quality programs. These people invariably have a tough time getting other staff to be involved in the programs and there is often a high turnover of staff in these positions.

To coordinate and harmonise standards will require significant commitment from a range of organisations.

Access to Standards

Question:

What minimum information should be publicly available on accreditation standards?

All standards should be available FREE OF CHARGE on an accessible website.

What the standards are and who meets them - not just experts but also consumers need to be involved.

Accreditation standards should be freely available to any organisation seeking accreditation. It probably should be publicly available too, perhaps on a website. Unless the detail is transparent the accrediting body is not accountable.

There needs to be total agreement between the accreditation bodies as to what is available publicly as some bodies have spent large amounts of money in the development of their standards. If the accreditation arena is to remain commercial then commercial realities will prevail ie competition will remain.

All valid standards should all be freely available and, if necessary, the Commonwealth Government should pay for any intellectual property.

Given the 'commercial in confidence' nature of the standards organisations it is probably the standard and not the criteria that can be available.

Process of Developing Standards

Question:

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

All aspects should be considered as part of this process.

The development of all standards should be fully transparent and involve (at least consult with) those who will be accredited against those standards.

Each type of accreditation can learn something from the others.

Standardisation should be treated with care, as different accreditation processes accredit different types of organisations in different settings. The development process for new standards could be common, nonetheless, if agreed by all parties. Most importantly, duplication and overlap needs to be removed.

There should be at least some attempt to standardise the language used by the various standards, the time taken to complete documentation and the period of accreditation awarded to a service

Language and definitions should be standardised.

ISQUA has an international requirement for standard development - and this should be the 'standard'.

Appropriateness of Standards

Question:

How do you ensure the standards being assessed are appropriate?

Continuous feedback from surveyors and those being surveyed plus other feedback from similar international organisations is required. We need to develop a 'Learning Culture'.

Must have a knowledge of the different style of facility and the issues faced by those areas.

Available standards for different environments that are patient centred.

They need to be appropriate to the setting. The development of standards needs to include consultation with those working in each setting. An example would be that NATA accreditation does not work for small research laboratories which simply have insufficient volume of work to meet the standards; yet some sort of accreditation is needed if Australia is to continue to pull in overseas investment in research.

Obviously a set of clinical standards for a large teaching hospital is not appropriate for a small rural community health service. Therefore the standards should focus on systems which are applicable to all services irrespective of the size.

The standards should express principles that apply to all kinds of health services. A separate approach can be taken where there is a need for standards that are highly specific to a particular kind of service eg mental health, aged care, laboratory services. The standards must be developed in consultation with the bodies being surveyed.

Training and monitoring of interpretation of standards for and by surveyors is required.

Part 4 - Standards Reform Strategies

Registration of Sets of Health Care Standards

Question:

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

Legislation is required and restriction of access to Medicare payments delivered by non-accredited providers or facilities.

An appropriate, relevant and achievable set of national standards applicable to all not just the major urban centres is required.

Agreement at a national level will be essential.

A simplification of health care standards will be required.

The objectives of accreditation and the purpose of registration of standards need to be better explained first.

Question:

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

There should not be just one – it should involve all accreditation bodies.

Harmonisation of Health Standards

Question:

What are the barriers to standardisation of language and definitions?

The segmentation of the health industry as well as Commonwealth, State and Territory jurisdictional issues, and professional boundaries are all barriers.

Need ownership of standards and agreement at national level.

Question:

Who needs to be involved in the standardisation process?

Process could be led by Standards Australia with all accreditation bodies applying standards involved.

Representatives of all different healthcare environments within Australia need to be involved.

Academics, practising clinicians, technicians and managers also need to be involved.

Detailed Mapping of Standards

Question:

Who needs to be involved in this mapping process?

This is the first step in simplification and the Commission or another nationally funded bodies needs to lead the process.

Representatives of all different healthcare environments within Australia need to be involved.

Federal, State and Territory governments need to be involved as well as all bodies currently setting standards.

Identification of Core Safety and Quality Areas

Question:

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

Patient outcomes

Evidence based high risk areas

Patient safety, individual health worker safety

Health services should adopt best practice

Improve health care on the balance of probabilities

Those shown to contribute to death and disability of patients

Staffing levels

Health outcomes - not only on discharge but followed for up to one year afterwards.

Quality of life indicators etc

Workplace health and safety policies and practices, staff training and recruitment

Governance policies

Part 5 - Mutual Recognition of Standards and Accreditation Processes

Question:

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

Experience with “for profit” accreditation agencies has exposed conflict of interest issues. There is also an issue when the auditors are unable to view appropriate documents to determine compliance.

Not-for-profit agencies with auditors from a health background should be used where possible.

State the objectives, decide which accreditation processes or standards are within scope, decide whether mutual recognition is going to be mandatory or voluntary.

Genuine openness of all bodies – this is difficult at the present due to the commercial aspects of the processes.

National consensus and national uniformity is required.

Legislative and administrative enabling necessary!

National and professional body agreement is required.