

Effectiveness in identifying poor performance

What core processes or systems need to be in place to ensure poor performance is detected?

Core processes should include:

- Sentinel event reporting and management;
- Clinical incident management (including falls, pressure ulcers, medication, infection control, ensuring intended surgery, blood products management etc)
- Credentialing and clinical privileges;
- Collection of clinical and non-clinical indicators;
- Risk management;
- Clinical audit;
- Complaints management for both consumers and staff;
- Consumer involvement in continuous improvement;
- Performance management

Is this necessarily part of an accreditation process?

Identifying poor performance should be part of core business and thus there needs to be a standard to reflect that and measure compliance.

Poor performance will be identified through the accreditation process if the above-mentioned processes/systems are in place.

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

It depends on the magnitude of the systems failure. Ultimately, if system failures result in unsafe practices detected by the accreditation body, then the accreditation body does need to act. How the accreditation body responds would be dependant on the severity of the failure. Perhaps a risk-rated/stratified system for recommendations with an identified response action from the accreditation body would be of use. For example:

Low Risk – Progress to be reported at next accreditation event

Medium Risk – Recommendation to be implemented and evaluated by next accreditation event

High Risk – To be fixed within 90 days and progress/evaluation to be reported to accrediting body

Very High Risk – To be fixed within 60 days and return visit from accrediting body

Extreme Risk – Accreditation suspended/not given

Ratings should be given in consultation with the health service.

Transparency

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

The health service needs and accrediting body need to be jointly involved in disclosure to the public

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

After much discussion it was decided that it should be up to the health service what/how much information they choose to disclose. Many health services are at different stages of the accreditation process, some have only recently commenced and some have been going through the process for many years. Publicly advertising which services are accredited and

which are not may imply to the public that a service is sub-standard if it is not accredited, whereas it may be that the service is new to the process or changing accrediting bodies etc. There shouldn't be a minimum requirement of availability.

Governance

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

National standards need to be set by a lead agency to provide guidance. This will be of particular benefit to those organisations that have a dual standards setting and accrediting role to minimise the conflict of interest.

Duplication and Overlap

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

The lead agency needs to develop one set of national standards with specific standards for specialities. There will be a core set of standards that every health service must comply with, but there will also be certain standards that do not apply if the health service does not provide a particular service.

For example: National standards for pathology developed by the lead agency – if a health service has a laboratory the standards apply, if the service does not have a laboratory, those particular standards are not applicable for that health service.

There are some health services that provide outreach services to rural/remote facilities who use different accrediting bodies, having one set of standards for all accrediting bodies would stop duplication (ie: having two different accrediting agencies certify the same service).

Resource Requirements

How can accreditation be made more cost efficient and effective?

Standards setting bodies could be more prescriptive about what is necessary to meet mandatory requirements. Health services spend a lot of time trying to decipher jargon used in standards. While it's important not to stifle innovation and be flexible about how different health services address standards, if there are basic things that every health service must do, this should be clearly defined. Reducing the jargon used would also gain more credibility with health service staff.

Surveyors

What must be done to ensure inter-surveyor reliability?

Accreditation bodies need to be prescriptive about what is required of health services. This would allow surveyors to be more confident in their judgement and it would be more likely that two surveyors operating independently would assign the same value for the attribute they are measuring.

Providing regular, rigorous, robust training for surveyors would ensure competency and a consistent minimum level of knowledge.

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

- Matching surveyors with health services that are similar their own organisation (ie: a surveyor from a metro hospital would survey a metro hospital)

- Review the application process and introduce annual mandatory competencies for surveyors to ensure their knowledge is up-to-date
- Provide backfill/funding for surveyors in their 'normal' position, this may relieve pressure on employers to release staff for surveys
- Providing a pool of relief health care workers who can backfill at some level, similar to locum/agency model.
- Have a certain number of surveyors from each state
- Clearly defined roles and responsibilities for surveyors

Information to support accreditation

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

A standardised national system is needed before data can be collected and compared/benchmarked effectively. There also needs to be an agreement between all health services to both participate and be consulted on the level of information that will be released. De-identification of data will also need to be considered.

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

- Assurances would need to be in place to guard against its misuse, for example by health funds in contract negotiations and monitoring activities.
- An agreement on what is to be released (security agreement)

Proliferation of Standards

What initiatives are required to coordinate and harmonise standards development?

Involve all key stakeholders in developing a set of core standards which meet the basic requirements for safe and quality healthcare in any setting. In addition, develop additional standards for areas of speciality.

Access to Standards

What minimum information should be publicly available on accreditation standards?

All standards should be publicly available.

Process of developing standards

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

Standards should link to Clinical Services Capability Framework (or equivalent framework that identifies the level of service delivery based on minimum standards for each level). Then health services can select the appropriate standards with respect to the level of service delivery.

Appropriateness of standards

How do you ensure the standards being assessed are appropriate?

A core set of standards needs to be developed for all health services, and specific standards developed for specialties. Health Services then choose the standards appropriate to their service delivery level (based on the above-mentioned framework).

Register of accrediting bodies

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

National standards to be developed

Accrediting bodies to agree to allow standards they use to be publicly viewed

Once the register is developed, marketing to stakeholders will be required

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

The Australian Commission on Safety and Quality in Healthcare

Standardise accreditation language and definitions

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

Representatives from all stakeholder groups – accreditation bodies, health care consumers, health service providers etc.

Training and competency testing of surveyors

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

Ability to extract information in a non-threatening way

Use language that is understandable

Relate questions back to patient outcomes

Be flexible – offer alternatives (ie: offer to talk to people in groups, rather than one-on-one which can be intimidating for some people)

Offer advice – share learning from their experience

A strong health care industry background

Knowledge of current practices and evidence based and best practices.

Strong interpersonal skills

Ability to audit and manage detail where needed.

Apply a consistent, objective and systemic approach

Thorough knowledge of clinical and corporate governance

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

- Introduction of annual mandatory competencies for surveyors
- Rules around how many surveys per year need to be conducted to maintain skill level
- Training for surveyors, by both the organisation they work for and from a national body who sets the national standards
- Provide payment for training and have a pool of people who are able to backfill at some level to release surveyors for training.
- A standardised complaints system (ie: health services can provide feedback to the lead agency about surveyors)

Better use of data for evaluation of health service performance

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

As part of the national priorities around core Safety and Quality standards, there also needs to be well defined indicators identified for health services providers to measure. Currently, collection and collation of data is so fragmented national benchmarking would be difficult and somewhat inaccurate.

System wide accreditation against safety and quality standards

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

All health services should be accredited and priority be placed on those services that do not currently hold accreditation and those health services with high risk activities, high cost and high volumes.

Introduction of unannounced surveys

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

The lead agency needs to produce guidelines and education, both for health services and surveyors. Unannounced surveys should focus directly on patient care and systems analysis.

Introduction of Tracer Methodology in external accreditation reviews

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

As with unannounced surveys, guidelines and education (including information on how health service providers can use tracer methodology for internal reviews) would need to be rolled out.

Registration of sets of health care standards

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

Consensus on national standards. This register needs to be managed by the same agency who manages the register of accrediting bodies.

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

Australian Commission on Safety and Quality in Healthcare

Harmonisation of health service standards

What are the barriers to standardisation of language and definitions?

- Gaining agreement amongst stakeholders on standardisation of language and definitions
- Attempting to standardise anything always has the potential to make things too broad.
- Diversity of services requires diversity of language

Who needs to be involved in this standardisation process?

All stakeholders – it would be especially beneficial to include health care consumers and staff at grass roots level. Inclusion of people who have limited knowledge of quality processes will help to minimise jargon used by experts in the quality field. There needs to be a multidisciplinary mix, and inclusion of rural, remote and regional, metro health services.

Identification of core safety and quality areas

Who needs to be involved in this mapping process?

ACSQHC needs to take a lead role. Representatives from all stakeholder groups need to be involved.

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

Core standards should be informed by evidence and include:

- Sentinel event reporting and management;
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- Credentialing and clinical privileges;
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Mutual recognition of standards and accreditation process

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

Inter-jurisdictional committee to coordinate initial recognition of standards

Agreement between states on core standards