

I am returning the **Cab Charges** you sent for the focus group on 29/05/2006. I was very sorry not to be able to attend and had to go to a health clinic for treatment that day.

I did read the discussion paper and would like to make a few comments. I assume you have read a copy of the CHF '*Consumers' Policy Principles for Accreditation of Health Service,*' June 2004? This clearly communicates our position.

I liked the **format** of the Discussion paper and found the use of questions very relevant. It helps to focus the reading of the document, on the reform options. I agree with the Accreditation and Standards. The use of unannounced surveys is essential – I know this from my work on nursing home accreditation.

Concerns on duplication are very relevant, as this causes high inefficiencies under our Federal System of Government. Quality improvement is an essential part of accreditation.

The fact that you list 59 Standards Development Bodies, suggests that it will be a huge task to nationalise the area

6. Accreditation issues. There is a need to include patients and carers in the assessment process, eg. discharge planning and end of services (HACC). In the case of systems failure, remediation processes must be put in place, with defined report dates. Reports of all accreditation processes should be available; there is too little freedom of information.

There should be independent assessment and accreditation agencies. To integrate and streamline overlapping accreditation agencies a **team approach** would be appropriate.

More cost efficient and effective accreditation will result if paper work can be **reduced**. All staff should see Quality and Safety as an important issue. Need to keep surveying workforce and give full time or security of employment. National collection of accreditation data is essential and information on accreditation available.

P21. National register and co-ordination necessary. Standards should be available and also the accreditation report (this can vary in amount of detail).

Certain joint standards required with particular variations. P22. Use QIC and ACH to ensure standards being assessed are appropriate.

P24. Need broad consultations and transparency. Need a new **National Body**. Problem that another **Bureaucratic agency has to be established** (others should be phased out). The **commission** could take the lead or co-ordinate stakeholders.

P25. Surveyors need training, competency and qualifications. All accreditation bodies need to be involved in initial training and assessment.

P26. Collection, use and dissemination of data required. Health services with well established accreditation processes should be given priority.

P27. Need of **spot checks** shown in Nursing Home Accreditation. Education and explanation should be part of spot checks.

P29. Consultation, national register and simple procedures essential. Would a new body be required or an existing body? Problem that existing organisations will resist change. The standardisation process should include ALL accreditation bodies and consumers.

The **commission** needs to be involved in the mapping process.

National Policy and **consultation** are **essential**. Existing models (U.K. and Canada,) could be useful.