



ST JOHN OF GOD
HEALTH CARE

→ Margaret
Banks
DA 27/3

HOSPITALS

DIAGNOSTICS

OUTREACH

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Dear Dr Horvath

COMMENTS ON THE DISCUSSION PAPER ON NATIONAL SAFETY AND QUALITY ACCREDITATION STANDARDS

Thank you for the opportunity to comment on the Discussion Paper on National Safety and Quality Accreditation Standards. The following is the submission on behalf of St John of God Health Care.

General Comments:

- The paper is an excellent comprehensive review which addresses safety and raises many issues for discussion.
- Section 6 and 7 seem incongruent with Section 8 as the former two sections discuss the issues with the ability to explore further. Section 8 on the other hand appears to provide or pre-empt solutions when the purpose of the discussion paper is we believe to explore and discuss solutions before concluding with reform strategies.
- In the *Introduction* the 7th paragraph states that "safe environment standards and standards that relate to education and training of health professionals are excluded". It is not clear if this means that these issues will not form part of accreditation standards and requirements or that it has been excluded only in this review and will be addressed in another forum.
- The accreditation process should be accepted by all health care departments for the purpose of private hospital licensing, by health funds, health insurers as having achieved the required standards to provide safe and continuously improving care. This will reduce overlap and duplication and decrease huge resources currently expended to attend to varied and diverse requirements.
- We would also support a significant reduction in the documentation that is required through the current ACHS accreditation process.

**Effectiveness:**

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

- The answer to this is fundamentally dependent on the definition and purpose of accreditation. If it is decided that the purpose of accreditation is to ensure safety and quality, then the validation of core processes and systems in patient care would be a critical part of the accreditation process.
- Generally a standardised framework is critical to ensure that structures and process are in place and that the product of this framework i.e. the outcomes are identified and measured as either KPIs or Clinical Indicators.
- There needs to be some sort of measuring tool so that organisations can see where they are achieving and how much more is required. This is a fundamental role and critical to quality improvement. It is easy to become insular and look for year on year improvement but these need to be tempered with what is happening in healthcare. As a private entity it is also more difficult to benchmark externally so if there is an organisation that encourages this then that assists with quality improvement.

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

- Conditions should be imposed on the organization or a specific service (depending on the issue) which will require the organization to address the matter identified and may include such initiatives as re-skilling of staff.
- Following this is a further review to re-address the previously identified deficiencies will be necessary.

Transparency:

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

- There should be public reporting of outcomes and accreditation status.
- Outcome reports need to be qualified with the evidence or the reasons for that outcome for the benefit of the consumer.
- Accreditation standards should be set with allowable variances and the scope of the variance and the performance of the organization must be explained to the consumer in appropriate language.
- Good information to organizations and public regarding the accreditation process. The Commission for Healthcare Audit and Inspection (CHAI) in UK holds stakeholder forums a short time prior to a survey to raise awareness in the community and also provides CHAI feedback about the organization to be surveyed. These were inclusive of patients.

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



- General summary statement of performance.
- Specific aspects or measures of quality and/or safety and how the organization ranks against others. A ranking/rating system may be used e.g. balanced scorecard approach. Initially it might be generic that the organization has achieved accreditation with other bodies and these should be listed.
- If a ranking system is used, then there will need to be a clear explanation on the significance of the ranking/rating system and what the outcomes mean.
- The specific measures could cover the nine dimensions of quality as per the National Health Performance Framework.
- Important to highlight that a survey can only ever identify an organisation in a "snapshot in time" scenario as things can change day to day and sometimes organisations are not aware of issues that could alter their current quality practice to poor practice.
- Organizations are quick to publicise when they reach a target of EA or OA in ACHS accreditation so why not publish all results for each organization in each state or by each state - but under one central website. This would also enable organizations to target other hospitals for information to help improve their services.

Governance:

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

- There should be one body where the information is stored so that there is no duplication or inefficiencies and information can be retrieved from just one source.
- Standards should be written according to one common level which would assist in establishing familiarity with the format of that standard.
- Standards must be achievable and acknowledge/address resource constraints so that it reflects reality.
- Agreement about what is baseline acceptable practice.
- The issue of inter-rater reliability of surveyors must be addressed to increase consistency of outcomes of surveys or assessments.
- Continuous improvement is necessary - review of standards, surveyors, training and education and support services.
- Consistency in approach - standardisation of levels of achievement so that if 'A' is achieved at this level in one assessment then 'A' will mean consistency in another perhaps even across assessment bodies if the approach is not to centralise accreditation control by any one body.

Duplication and Overlap:

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



- Define accreditation; identify the standards and what these mean and the significance to the consumer and how organizations should respond to this requirement.
- Otherwise consistency in approach where there is standardisation of levels of achievement so that if 'a' is achieved at this level in one assessment then 'a' will mean the same in another perhaps even across assessment bodies agreement about what is baseline acceptable practice

Resource requirements:

How can accreditation be made more cost efficient and effective?

- Assessments, surveys and validation should be based on what the organization already has in place to deliver health care and should not require extra documentation like pre-survey reports as this is resource intensive.
- The assessments and surveys should be treated in the same manner as when an external consultant is employed to address an existing issue and is based on an agreed set of measures or terms of reference.
- Different standards could be assessed at different times e.g. rotated over four years so that not all services are reviewed at the same time. This would increase efficiencies and organizations could then focus on those recommendations or findings more effectively.
- Organizations should not have to entirely fund the accreditation process. Costs could be subsidised by the Commonwealth and perhaps financial incentives can be offered to organizations that rank highly.
- It is also about providing incentives to the organisation. The Clinical Negligence Scheme for the Trust system in UK was part of the insurance programme so if a hospital achieved level '0' they received no reduction in premiums. If they achieved level 1 there was 10% reduction and so on...
- The accrediting body can facilitate the process by providing suggested document templates or structure templates or perhaps suggesting links to other organizations that are similar or may be able to assist in the process. They could even set up quality networks.

Surveyors:

What must be done to ensure inter-surveyor reliability?

- Better training of surveyors, e.g. post graduate course?
- Constant updates to surveyors of inconsistencies noted in surveys.
- Constant performance checks.
- Random audits of surveyors performance and documentation.
- Supplement these suggestions with feedback from the client (organizations) about reliability and satisfaction.

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



- Paid time.
- Marketing the benefits for organizations to sponsor surveyors.
- Acknowledgement and endorsement of performance by both accrediting body and surveyor's employer.
- Surveyor selection is critical to ensure that they have credibility amongst their peers and colleagues.
- Surveyors should have a good mix of operational and strategic knowledge.
- Surveyors should actively be working in the industry.
- Credibility of surveyor is critical.
- Providing training and updates for surveyors and perhaps ongoing using scenarios about how you would rate an organization that provided this documentation/evidence against this criterion.

Information to support accreditation:

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

- Standardised definitions, collection methodology and perhaps mandatory reporting nationally so as not to create duplication, will increase efficiency and effectiveness if any variances noted are used to improve care. It will address resource issues of organizations having to seek out benchmarking partners, duplicate data reporting and format, and then all size organizations can participate.
- Consumer interpretation and concerns will need to be closely monitored and addressed/managed.
- In the UK a company called Dr Foster provide mortality and I believe morbidity data from data submitted to the Department of Health as a matter of course. This data is cleaned and then published in the newspapers on an annual basis. Initially it caused great consternation, but because it was an annual event hospitals began to see how they could use the data more effectively for themselves to improve outcomes. Not only did this inform the public but also informed the hospitals.
- Whatever data is published must be reasonably current and cleaned. Methodology for statistics must be clear and unambiguous.
- Teaching the role of KPIs and clinical indicators in all health care programs e.g. medical, nursing, allied health training to ensure good understanding and expectations early in a health care worker's career so as to increase participation.
- Data collection and participation in collection and submission should form part of the requirements for continuing professional development with professional colleges and registration with Boards.

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

- Standardised data collection and reporting format.



- Centrally coordinated so that there is one source of information and organization can request its own reports as well as for benchmarking partners.
- Data can also be triangulated but the source data has to be collected in the same way for it to be meaningful.

Proliferation of Standards:

What initiatives are required to coordinate and harmonise standards development?

- A central Standards development body to integrate existing work of organizations.
- Each organization can be asked to address specifics of safety and quality of care.
- Funding should be by the Commonwealth.

Access to Standards:

What minimum information should be publicly available on accreditation standards?

- Purpose of accreditation should be spelt out.
- There should be easy access of all accreditation information and reports on a consumer line rather than directing consumers to various sources.
- A safety score could be introduced to report on adverse events rate, a culture score, a quality score.
- Information should be presented in a standardised format to prevent confusion.
- A comparison table could be used and a search function incorporated so that a consumer may search for the top performing organizations.
- There should be some mandatory KPIs that are common for all organizations irrespective of size, service, location, or other criteria.

Process of developing standards:

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

- There should be a formula for the development, the formatting and content of standards.
- Once the purpose of the standard is ascertained it will help determine what standards need to be developed and the requirements of the standards.
- Standards once developed must have the same format and include implementation and evaluation.
- There should be some mandatory standards.

Appropriateness of Standards:

How do you ensure the standards being assessed are appropriate?



- Agreed national standards based on national and consumer priorities.
- Set threshold for performance and weighted to adjust for various settings, size of organization, level of risk of issue to identify its priority and resource implications.
- Set minimum standards on each type of facility to cater for the various services offered.
- Constant benchmarking internally nationally and perhaps internationally.

Proposed Accreditation Reform Strategies:

- 1. It is proposed that registration of health care accrediting bodies becomes mandatory.*

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

- A central body with no bias or conflict of interest.
- Establishment of central body will need to be mandated by government. Legislation to regulate this and ensure compliance may be necessary.

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

- A central body with no bias or conflict of interest.

- 2. It is proposed that the language and definitions of accreditation be standardised.*

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

- All levels and categories of health care worker
- Training colleges and Universities
- Students undergoing health care training
- Quality managers or equivalent
- Consumers
- Registration Boards for health care workers

- 3. It is proposed that training and assessment of surveyors be reviewed across the sector.*

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

- Communication skills
- People skills
- Operational experience
- Formal qualifications in quality and business management



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

- Consider offering a post graduate course for surveyors as it will have benefits for the organization, the individual and the consumers/community.
- Cost of study should be subsidised.
- Trending of surveyor's performance over time.
- Random audit
- Review of surveyors' performance where organizations they have surveyed are involved in any inquiry or royal commission.

4. *It is proposed that the Commission explore opportunities to use data from a number of collections to provide a more comprehensive picture of health service outputs and outcomes.*

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

- Measures of outcomes of safety and quality
- Identify the critical areas using a risk assessment method.
- Identify a mandatory set of measures for the critical or high risk areas and increase frequency of reporting.
- Lower risk areas will still need measures but reporting of a lower frequency unless identified with an unacceptable variance.

5. *It is proposed that a range of regulation, funding and policy levers be used to ensure all health services participate in a registered accreditation and quality process.*

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

- Priority should be set where most harm can occur and this can be identified through risk assessment.
- Logically identification of areas where obvious or known gaps in health care occur.
- Analyse the current sentinel event and clinical indicator data to identify priority areas.
- Introduction to public health systems initially would be easier to manage although the private sector involvement must form part of this implementation strategy and have the same access to resources and opportunities as the public sector.

6. *It is proposed that unannounced surveys be introduced by all accreditation providers*

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