



Private Mental Health Consumer Carer Network (Australia)

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engage, empower, enable choice in private mental health

07/110

28th March, 2007

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SUBMISSION

National Safety and Quality Accreditation Standards

The *Private Mental Health Consumer Carer Network (Australia)* represents people who receive treatment and care from private mental health settings. These are people who have private health insurance and in the main, receive their care from private mental health hospitals.

The Network felt it was important to respond formally to the Commission's Discussion Paper on *National Safety and Quality Accreditation Standards*. The comments contained within our response therefore are based on a consumer and family carer perspective.

We also wish to highlight that our experiences are from *mental health* where you would be aware the National Standards for Mental Health Services (NSMHS) were first developed in 1996, and are currently the subject of review.

The Network believes that the NSMHS must be retained in any new accreditation model and further, must be more rigorously observed across both sectors.

We thank the Commission for the opportunity to respond to this Discussion Paper.

Yours faithfully,
Ms. Janne McMahon
Independent Chair

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Discussion Paper – National Safety and Quality Accreditation Standards

Australian Commission on Safety and Quality in Health Care

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DISCUSSION PAPER National Safety and Quality Accreditation Standards

1. Introduction:

The *Private Mental Health Consumer Carer Network (Australia)*, hereafter Network, represents Australians who contribute to private health insurance funds and who receive treatment and care for mental illnesses and disorders delivered within private mental health settings. These include private hospitals with mental health beds, of which there are approximately 46 nationally, psychiatrists in private practice and GPs.

The Network believes it is important that we respond to the discussion paper. Our comments, therefore, are based mainly on our experiences from a *consumer and family carer* perspective firstly, and also from a *private mental health* sector perspective.

2. Specific health environment standards:

National Standards for Mental Health Services

As the Commission would be aware, the *National Standards for Mental Health Services* (NSMHS) were developed in 1996 and are currently being reviewed. It is also very important to note that the NSMHS were developed with only the public sector mental health services in mind. They were devised with the intent that they would improve the quality of mental health care in Australia. Additionally, the Foreword states:

'the standards can be used as a blueprint for the development of new services or as a guide to service enhancement and continuous quality improvement. They can be used as a tool to inform consumers and carers about what to expect from a mental health service and as a checklist for service quality. They can also assist consumers and carers to participate in a service's planning, development and evaluation processes'.

With the strong emphasis over the last few years in mental health deinstitutionalisation and expansion of outreach and community-based services, standards, such as the NSMHS, require the current review to be inclusive in order to assess more rigorously recent changes in service delivery.

The Network is strongly advocating within **any** review process that any standards development takes the *private* mental health sector into account. We agree that as the NSMHS currently stand many of the criteria, whilst appropriate, are not applicable to private mental health. It is also noted that of approximately 46 private hospitals with mental health beds, it is the Network's understanding that only 4-6 have been accredited via an in-depth review of the NSMHS. It is important to state, however, that accreditation is undertaken usually by means of an organisational-wide survey process. So accreditation takes place, but not against the NSMHS and not including a consumer surveyor. Given that there are many stand-alone private mental health facilities whose core business is the provision of mental health treatment and care, the Network feels this is a situation that needs correcting. It is important to note that there are currently good safety and quality

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processes in place in these organisations including employment of Quality Managers. We do not doubt the commitment to and the attainment of good safety and quality processes, but we would still wish to see private mental health facilities accredited against the NSMHS.

3. Accreditation:

It is noted that within the Discussion Paper it is felt that it is unclear to what extent consumers are aware of the accreditation status of services accessed or what choices would we make when there is both an accredited and non-accredited service or only a non-accredited service nearby.

We would like to respond to this specific issue. Accreditation of health services we believe is vital. As consumers and family carers we want to be assured that the mental health facility we are going to has at the very least been assessed for minimum standards of quality, the services provided by them have met a satisfactory level of competence and it will be a safe place in which to receive treatment and care. It is important to note that of the private mental health hospitals nationally most are accredited by the Australian Council on Healthcare Standards (ACHS) rather than other accrediting bodies.

It also needs noting that access to private hospitals is not restricted by geographical zones or other government policies or decisions such as exist within the public sector, rather we are able to exercise our choice of private health facility. If there were any form of 'restriction' it would be reliance upon the private practitioner's admitting rights to a specific facility or their personal preferences as to where we will go. Additionally, as members of private health insurance funds, 'restriction' would amount to whether our health fund has a contract with our chosen private health facility, if so what level of financial arrangement is there, and therefore what will be our out-of-pocket expenses. When we are acutely mentally unwell, decisions can be difficult to make and navigating the health system in an informed manner can be difficult. Therefore, accreditation of the facility eases the decision making process in the very least with regard to appropriate levels of safety, care and the quality of services to be provided.

4. Standards in Health Care:

The Network believes that the NSMHS articulate a minimum level of service provision together with the strong emphasis on continuous quality improvement processes. The Australian Government's Department of Health and Ageing supports this. The Network believes they are credible, reliable and have the welfare of the consumer as the core component. It is important that these health environment specific standards are not eliminated in any review processes undertaken by the Commission. They must be retained, strengthened if anything and made more applicable across both private and public sectors.

5. Accreditation Issues:

5.1 Core Mandatory Standards

The Network believes that the NSMHS are currently 'put aside' in accreditation; rather the accrediting body's standards are what mental health services prepare for and measure their performance against. This diminishes accountability of mental health services to clearly articulated minimum benchmarks that the NSMHS demand.

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Therefore, the Network believes that a uniform set of accreditation agencies' core mandatory standards for **all** health services regardless of health environments, sector; location, size, complexity etc would ensure there was no scope for services to be at a minimum acceptable level of achievement, nor 'working towards' the standard requirements. We think the core mandatory standards would be around areas such as Risk Management, Human Resources, Governance, Safe Practice and the Environment, Information Technology, Leadership and Management and Quality Improvement Management.

Clinical care appropriate to the service being surveyed should then conform to any relevant standards specifically designed for the health environment of that facility; for example, mental health, day surgery, medical/surgical, and dental.

The Network is, therefore, endorsing applicable private sector mental health standards be applied with regard to clinical care and pathways for consumers specific to the private mental health sector together with mandatory standards around rights and responsibilities, safety, privacy and confidentiality. We do acknowledge the need to reduce the burden associated with, and duplication of accreditation processes. However, as stated previously, a large number of private mental health hospitals are stand-alone facilities and as such, has the treatment of mental health as their core business.

We also very strongly support the engagement of a consumer surveyor to the survey team accrediting private mental health facilities. This is the current practice in the public system but does not occur in surveys of the private mental health hospitals, other than the 4-6 facilities that have undertaken an in-depth review against the NSMHS. We also support consideration by accrediting agencies to include a carer surveyor as a member of survey teams. The Network believes that further uptake of **both** consumer and carer consultants within private mental health facilities would enhance services.

5.2 System failure or continuous poor performance

The Network also feels that where there is a system failure or continuous poor performance, a refusal to accredit the service with any acceptable award should result.

5.3 Transparency

The Network's opinion is that the public should be informed of the level of accreditation awarded to all health services. We feel very strongly that when an accreditation certificate is displayed in foyers of health facilities, it signals that this service will provide good, safe services. We enter this facility with confidence. We also feel that a summary of the health service's good and poor quality outcomes could be accessed somewhere via the web for consideration, particularly in an elective situation.

5.4 Governance

There are some views that standards-setting bodies need to be completely separate from accrediting and surveyor training agencies to avoid conflict of interest. The Network has a view that the system can be rationalised by making all standards-setting and accreditation bodies responsible to a national authority articulated previously.

5.5 Surveyors

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Ideally, this one authority should train all surveyors to ensure reliability, uniformity and consistency, but even with this implementation we know that reliability does not necessarily follow. We support a focus on employing competent paid surveyors rather than voluntary surveyors, but we also acknowledge that this would add considerably to the financial burden of the health organisations.

6. Standards Issues:

6.1 Proliferation of Standards

The Network supports the creation of a national body to coordinate and harmonise standards development, and this body must include participation of representatives of all the key stakeholders, including those representing health consumers and carers. Within the mental health sector, national peak organisations for both public and private are well established and could competently take on this role.

6.2 Access to Standards

It is the opinion of the Network that relevant standards should be made available to all stakeholders, including consumers and carers. The task of making the public aware of the existence and content of standards is a task that has many challenges. For example, many consumers entering the mental health system, either public or private, still do not know the content of the NSMHS that have been in existence since 1996.

Currently, service providers have relatively easy access to the NSMHS, but most consumers and carers, and the public generally, are frequently denied access at a time when they are demanding improved health care. The fundamental challenge is how does the public become knowledgeable, and that can only be answered by greater emphasis on the delivery of care measured against these standards.

6.3 Appropriateness of standards

The Network strongly supports the development of core universally applicable accreditation agencies' standards that measures such areas as Risk Management, Human Resources, Governance, Safe Practice and the Environment, Information Technology, Leadership and Management and Quality Improvement Management. Using the private mental health sector as an example, representatives of such stakeholders as the accrediting agencies, service providers, health funds and consumers and carers and government could meet periodically to ensure the standards being assessed are appropriate, cost effective and are not duplicated.

This is not to be confused with the NSMHS which **must** be retained.

7. Accreditation Reform Strategies:

The Network agrees with the Discussion Paper regarding the registration of accrediting bodies including the proposed benefits such as proposed, would deliver. We would support a recommendation by the Commission for the establishment of a new national body together with representation thereof of key stakeholders, including the Network to represent consumers and carers of private mental health. The inclusion of consumer and carer advocacy organizations would ensure that standardisation of language and definitions is expressed in user-friendly terms.

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We strongly support the concept that surveyors should be evaluators and educators who actively seek to improve safety and quality of health care. They must have a commitment to, and a sound understanding of, the philosophy and principles of the accrediting agency that they are representing. Surveyors must be competent and objective in preparing for a survey, undertaking a survey and writing the survey report as well as maintaining strict confidentiality and adherence to professional codes of conduct, including the respect for the rights, privacy, dignity and worth of all people with whom they have dealings during the survey processes. All decisions made need to be procedurally fair and equitable to the health organization. They need to be prepared to undertake interviews with a range of the health organisation's staff as well as a range of consumers and carers or their representatives, in a manner that is respectful.

Ongoing effective and consistent training of the surveyor workforce is strongly supported by the Network, where surveyors representing different roles can be trained together rather than in isolation. This allows for the appreciation of each other's perspective and the team approach necessary for surveys, as well as ensuring that the focus of accreditation is on patient safety and good clinical care.

Regarding the proposed tracer methodology in external accreditation reviews, the Network regards this use as having many theoretical benefits, but in practice concern is raised that it may be a very time-consuming and cumbersome approach. Again the differences in health environment, sector, location, size, and complexity require a lot of consultation regarding the practicalities of this type of methodology, including a pilot survey prior to implementation. It would be reasonable to expect that the private mental health sector would be much simpler with this approach; a practice that we understand already exists. Some of the benefits of the methodology could be realised if a relatively large number of consumers and their carers were interviewed during the survey processes.

8. Standards Reform Strategies:

The Network strongly supports the mandatory registration of health care standards. Organisations, such as ours, would benefit from the publishing of a user-friendly list of current standards, together with inclusion in consultation processes with their registration. With specific reference to safety and quality accreditation standards **and** the NSMHS, long-term strategies for their implementation, review, monitoring and ongoing registration would ensure that this process does not mirror the experience of the NSMHS and their current 10 year review. All key stakeholders, including consumers and carers, are required to be part of any strategy.

With regard to a suitable gatekeeper, the creation of an independent central authority referred to by the Network within this paper representing all stakeholders, would be the ideal body best placed to manage such a task.

The Network supports the proposal that the Commission identify core safety and quality areas that are to be reflected in all registered sets of health safety and quality standards. We feel that core competency, consistency and clarity need to be appropriated in these areas across all health organizations for acceptance and approval of consumers of the level of health care that we could expect to receive.

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9. Conclusion:

- 9.1** The Private Mental Health Consumer Carer Network (Australia) strongly supports core safety and quality standards setting for and accreditation of all health organizations within Australia.
- 9.2** We do, however, require that specific health environment standards, such as the National Standards for Mental Health Services, are not eliminated, ignored or overlooked in any review of national safety and quality accreditation standards.
- 9.3** We do not support the National Standards for Mental Health Services being overridden with independent standards with a safety and quality approach. We would strongly support additional strengthening of accrediting bodies against those health environment specific standards such as the NSMHS.
- 9.4** We do not advocate for a ‘one set fits all approach’ of accreditation standards, rather core safety and quality components which will be applicable across **all** health organisations, with the addition of health environment specific standards governing and driving such things as clinical care.
- 9.5** The Network also strongly supports consumers and carers and any organisations representing them, such as ours, are formally included in all consultations that take place. We also strongly request formal representation on any central authority that may be established to ensure the rights, issues and concerns of the people we represent can be addressed.

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