



**RESPONSE TO DISCUSSION PAPER**

**NATIONAL SAFETY AND QUALITY  
ACCREDITATION STANDARDS**

**OF THE**

**AUSTRALIAN COMMISSION on SAFETY  
and QUALITY in HEALTHCARE**

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# ISQua Response to the Australian Commission on Safety and Quality in Healthcare Discussion Paper 'National Safety and Quality Accreditation Standards'

## Introduction

Across the world, the external assessment of health care services is being increasingly used to regulate, improve and promote health care services. The models used for external evaluation include accreditation, peer review, inspection, ISO certification, and evaluation using 'business excellence' or other frameworks. Each of these models is evolving to meet changing demands that include public accountability, clinical effectiveness, and improvement in the quality and safety of services and their outcomes.

ISQua, The International Society for Quality in Health Care, provides international programs to assess, survey and accredit:

- Standards
- Organization Performance
- Surveyor/ Assessor Training Programs

of national or regional accrediting and certifying bodies. The ISQua Program is based on best international practice standards and principles using assessors and surveyors from countries other than the country of the applicant organization.

ISQua does not offer international accreditation or evaluation services to individual health care organizations or to health care professionals. However, it declares its interest in the Discussion Paper as an organization capable of providing external accreditation of Australian bodies, if this becomes a requirement for registration of accrediting bodies as proposed in the Paper.

## International Perspective

The push to review accreditation processes and systems in Australia is being mirrored in several other countries. For example:

In Ireland, the establishment of the Health Information and Quality Authority, HIQA, will see changes to the functioning of the Irish Health Services Accreditation Board, IHSAB, and the Social Services Inspectorate, both of which will be integrated into the new Authority. Initial information indicates there will be changes to the current accreditation processes incorporating at least some of the regulatory features of the Healthcare Commission in the UK.

In France, a new law was passed in August 2004 for the creation of La Haute Autorité de Santé reporting directly to the French Government with the purpose of strengthening autonomy, impartiality and credibility of evaluation systems within the French healthcare system. ANAES, the French national accreditation body which previously reported to the Minister of Health, is now incorporated within HAS as the HAS standards and accreditation arm for the evaluation of HCOs.

In Canada, the Canadian Council on Health Services Accreditation, CCHSA, is going through a process of review with one of its goals being to de-emphasize the survey. To that end, they are trialing a diagnostic tool applied to focus areas, and piloting a modified version of tracer methodology. CCHSA have looked seriously at introducing unannounced surveys but have decided to defer that approach for the time being at least, as while several of their clients/stakeholders were supportive, many viewed it as a process designed to find fault or 'catch them out'.

The Netherlands Institute for Accreditation of Hospitals, NIAZ, has a slightly different approach to awarding accreditation. Following survey, the hospital uses the survey report and recommendations to formulate an action plan. On the basis of the action plan, NIAZ decides if the institution satisfies the necessary conditions for accreditation. If it does, an accreditation certificate is granted for one year at which time some members of the team return to monitor the implementation of the action plan. If considered satisfactory, an accreditation certificate is then granted for four years. NIAZ does not prescribe how quality systems should be developed or which quality model should be used. The NIAZ focus is on assessing the effectiveness of whatever system is in place.

Much of this review of current processes stems from the need to more scientifically demonstrate that accreditation makes a positive difference to the quality of care. There is consensus that these programs have been influential in creating and maintaining certain standards of care and introducing new concepts, as noted in the WHO report, "The Contemporary Use of Standards in Health Care".

In the last few years there has been more interest in researching aspects of this very complex process, and more studies are underway, but efforts are hampered by the difficulty in competing for available research funds.

ISQua's Accreditation Council, which comprises national accreditation organizations from 14 countries, has been collating current research efforts and is developing a web site, to be hosted by CCHSA, which is expected to be available within the next 3 months.

## **Recent History**

The predecessor of the current Commission, the Australian Council for Safety and Quality in Health Care, undertook a major examination of accreditation.

In July 2003, the Council published 'Standards Setting and Accreditation Systems in Health: Consultation Paper'. Its importance lies in the fact that it was an industry-wide exercise and achieved major consensus.

While the Commission's Discussion Paper reflects more recent approaches, the 2003 Paper provides much that remains relevant. In particular:

- It discusses issues relating to accreditation systems, which are considered to comprise 5 elements:
  - (i) a governance or stewardship function
  - (ii) a standards setting process
  - (iii) a process of external evaluation of compliance against those standards

- (iv) action on the outcome of that evaluation
- (v) promotion of continuous quality improvement
- It identifies 13 principles that should underpin a national approach to accreditation systems in health:
  1. Enhancement of stakeholder confidence in the rigour of accreditation systems and the reliability of responses to significant non-compliance
  2. Utilization of varying regulatory and funding options for achieving greater national consistency to encourage accreditation of health services
  3. Effective engagement of consumers
  4. Efficient administration of accreditation
  5. Standards against which compliance is assessed must be capable of adaptation to varying health environments, but remain firm and credible
  6. Surveying against standards must be credible, robust and consistent
  7. Accreditation processes must encompass both assessment of compliance with minimum standards and encouragement of continuous improvement
  8. Standards setting and accreditation process must be externally validated
  9. Assessment options must be flexible
  10. Responsibility for taking action on accreditation outcomes must be clearly defined
  11. Accreditation processes and outcomes must be transparent
  12. Information learned from accreditation should be used for system wide improvement
  13. The direct and indirect relationship between accreditation and safety and quality in health care must be evaluated through research.
- It recommends a national framework for accreditation systems in health, outlines the features that should be covered by the framework, and suggests the role could be conducted by a National Health Accreditation Advisory Council, NHAAC, which could be carried out either by an existing organization or by the establishment of new infrastructure.

A body such as this could take on over-arching responsibility for the issues raised in the Discussion Paper including maintaining the register of accrediting bodies, and sets of standards.

## **Reform Strategies**

The proposals for all accreditation providers to introduce unannounced surveys and tracer methodology, will have the most impact on both providers of accreditation services and the recipients of those services.

Both of these processes are now components of the Joint Commission's, formally JCAHO, accreditation program, but they are not stand-alone components, rather

they are part of a multifaceted set of building blocks. A thorough examination of the interconnection between those blocks will be important before any introduction in Australia.

For example, tracer methodology was not implemented in the US as an option from a larger menu. The larger menu was developed, rigorously tested and implemented in the aggregate.

Tracer methodology is a complex tool but could certainly be modified for use in Australia. It uses a priority focus tool that utilizes a variety of data inputs (sentinel event data, demographic data, indicator data etc). The algorithm assigns point values to particular data inputs, including performance measurement data.

Feedback from facilities in the US that have been subject to the use of tracers as part of the accreditation process, has been generally positive, including from physicians. It is considered by many to have enhanced the survey process, as it is interactive and educational. As a consequence, some hospitals now have their own internal teams trained in the use of the methodology, who conduct regular tracers throughout the year and use the results for ongoing quality improvement.

The use of either or both, unannounced surveys and tracer methodology, has considerable potential. Detailed modification to Australian conditions, rigorous pilot testing and careful implementation will be crucial to achieve successful outcomes.

## Summary

In summary, ISQua believes:

- Accreditation must always have an element of continuous improvement
- The benefits of existing self-regulatory approaches must not be lost as a consequence of system reform
- Mandatory standards will only ever be basic minimum standards and should be reviewed regularly to avoid 'the lowest common denominator' syndrome
- The training of surveyors/ assessors, and regular performance review, underpin successful accreditation programs
- Maintenance of adequate numbers of appropriately skilled surveyors will require additional resources
- There is a need to recognize and cater for a range of healthcare settings and specialist services
- The introduction of reforms will not save money. The likelihood is that considerable additional funding will be required, but the cost benefit will markedly increase
- Support for ongoing research in the area is of vital importance.