26 March 2007

National Safety and Quality Accreditation Standards
GPO Box 5480
Sydney
NSW 2001

Dear Sir/Madam

The Australian Nursing and Midwifery Council is pleased to enclose its comments relating to the discussion paper '**National Safety and Quality Accreditation Standards'**. Please do not hesitate to contact us if further clarification is required.

Yours faithfully

Karen Cook
Chief Executive Officer

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Response to the Discussion Paper:

<u>'National Safety and Quality Accreditation Standards'</u>

March 2007

The Australian Nursing and Midwifery Council (ANMC) is the peak national body established for the purpose of bringing a national approach to the regulation of the disciplines of nursing and midwifery. The ANMC works in collaboration with the state and territory nursing and midwifery regulatory authorities (NMRA) in the development of national standards for statutory nursing and midwifery regulation. The goal is to establish standards that are flexible, effective and responsive to the health care requirements of the Australian population. Standards developed include competencies for registered and enrolled nurses, midwives and nurse practitioners, codes of professional conduct and ethics, national accreditation standards, and decision making frameworks for clinical practice. The ANMC also produces national guidelines and position statements on a broad range of issues for the professions. ANMC works closely with other peak nursing and midwifery organisations, and consults widely with the professions when developing these standards. The ANMC is also an assessing authority for the Department of Immigration and Citizenship and in that role conducts assessment of the qualifications of internally qualified nurses and midwives for the purpose of migration.

Whilst it is acknowledged that in developing the discussion paper, standards that relate to education and training of health professionals are excluded, the ANMC believes that its comments are based on extensive knowledge and understanding of the issues surrounding accreditation processes and standards that apply to health services. Our responses are directed only to those questions where we have specific comments.

General Comments

1. In the introduction of the report, the authors describe the fact that the defining characteristic of a health service is no longer a location such as, for example, a hospital, but is a point of care where there is patient interaction. ANMC agrees that there are gaps in the accreditation of health services, and we suggest that as well as the examples given, the increasing use of Telehealth call centres to provide patient advice should also be considered in the development of the model.

2. The ANMC recognises that aged care facilities have existing accreditation processes, however, it has concerns that this paper states that residential care in an aged care facility is **not** health care. Increasingly, as the healthy aged population is able to stay at home longer, the level of care provided to the elderly in aged care facilities has increased, and includes provision of direct health care, and the employment of registered and enrolled nurses to provide this care. We believe that the model resulting from this research **should**

be extended to include residential aged care facilities. Existing standards for aged care could be harmonised to link with the new model.

3. Whilst education standards are excluded from this report, the ANMC proposes that in light of the COAG initiative relating to the introduction of national accreditation processes for health professionals in 2008, consideration be given to the development of a model which harmonises with existing and future national processes for accreditation of health professionals. As existing processes of accreditation by some health professional groups currently require site visits to health services, the incorporation of a model which considers current standards for the education of health professionals, would reduce replication of accreditation processes.

4. The ANMC, and other nursing organisations such as Royal College of Nursing, Australia is omitted from the list of standards setting bodies on pages 2, 11 and 12. In particular, standards set for nurse practitioners, and the various guidelines produced by the ANMC have relevance to this paper.

Comments related to specific questions posed in the discussion paper. (Not all questions have been addressed)

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

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

Standards of health services are developed as a result of effective leadership. The new model should incorporate processes to support and encourage leadership at all levels, and promote internal continuing review processes. This should be evidenced by excellent care outcomes for patients/clients. Where systems fail, the accreditation body should have flexible processes in place to decide actions based on the likelihood of this directly affecting client outcomes .

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

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

The accreditation process and its outcomes must be transparent to direct stakeholders (i.e. the health service provider and its employees) so that the validity and appropriateness of decisions are apparent. The accreditation process and its outcomes should also be transparent to other stakeholders and the public as long as appropriate confidentiality and protection of privacy is maintained.

The accreditation processes must accord with principles of procedural fairness. Health service providers should have early access to the criteria for accreditation (which should be public and accessible) and be provided with full information about the process of accreditation. Opportunity must be available for providers to correct or add factual information, and to respond to evaluative judgments. Criteria for accreditation should be interpreted and applied fairly and without bias, and the reasons for decisions made clear to those affected. There should be appropriate opportunities for review or appeal. All participants in the process should be treated equitably. (These comments are based on the ANMC standards for accreditation of nursing and midwifery education programs, approved February 2007).

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

Currently, within the nursing and midwifery professions, standards are set by the regulatory authorities. Whilst this may change as a new national registration and accreditation model is introduced in 2008, the dual role has been of benefit in being able to streamline processes and ensure that the standards set are contemporary and articulating with the requirements of the professions. Conflict of interest has not been an issue, since governance structures at jurisdictional board levels have been appropriate to deal with any perceived or actual instances.

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

The new model should consider the development of a series of generic principles and a template for meeting the principles, including the incorporation of existing professional or specialist standards. This would enable existing standards to be embedded within the accreditation framework. A process for reviewing and considering existing standards from other organisations (a 'mutual recognition' process) should be implemented.

How can accreditation be made more cost efficient and effective?

The model should include processes for continuous internal review, and the establishment of mutual recognition systems to avoid replication of accreditation procedures.

What initiatives are required to coordinate and harmonise standards development?

The ANMC supports the introduction of processes to support the standardisation of guidelines and standards. As noted above, existing specialist and profession specific standards could be incorporated into a national database under a mutual recognition process. A similar process to this is used by several specialist nursing groups, where the existing ANMC National Competency Standards for the Registered Nurse are used as a template for the development of specialist standards. (See the Competency Standards for Nurses in General Practice **http://www.anf.org.au/nurses_gp/resource_03.pdf**)

What minimum information should be publicly available on accreditation standards?

See comments above relating to transparency and openness.

How do you ensure the standards being assessed are appropriate?

Standards should be developed following extensive consultation with stakeholders, and a process of testing and evaluation be undertaken. Standards should be regularly re-evaluated to ensure they are still contemporary.

Register of accreditation bodies –

What needs to be in place to make this approach feasible?
Which organisation is best placed to manage the registration of accreditation bodies?

The ANMC proposes that a national register of health care accrediting bodies should be implemented and managed by the Commission. Links should be established with proposed new bodies such as those being developed as part of COAG's initiative to establish national accreditation processes for health professionals.

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

This work should be co-ordinated by the Commission, but involve extensive research of existing language and definitions. The ANMC proposes that the resulting standardisation and definitions should consider international work which has been done in this area. For example, there is a well established international nomenclature for the nursing and midwifery professions.

Standards Reform Strategies – registration of sets of health care standards

What needs to be in place to make this approach feasible? Which organisation is best placed to manage the longer term register of standards?

The Commission would be the appropriate body to guide this work to manage the register.

What are the barriers to standardisation of language and definitions?
Who needs to be involved in this standardisation process?

Standardisation will be difficult where existing standards and definitions may vary between professional groups. Some standards and definitions may also be linked to jurisdictional legislation.

Cross professional national working groups should be established to develop agreed national standards and definitions based on current evidence, in consultation with a broad cross section of stakeholder groups.

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

Existing data relating to safety issues should be utilised to identify key areas where failure to meet standards currently occurs. As well as focusing on these identified priority areas, others include issues relating to failure to meet acceptable standards of patient/client outcomes, governance, clinical practice and professional issues should be identified as a priority.