

Summary of NATA's Submission to the Australian Commission on Safety and Quality in Healthcare Discussion Paper

Accreditation Issues

1. The assessment of both a facility's management system and its technical requirements is strongly recommended to ensure poor performance is detected, ie. accreditation as opposed to certification as per ISO definitions.
2. Response to a systems failure should be prompt and commensurate with the degree of risk the public is exposed to.
3. A means for a facility to appeal a decision regarding an assessment outcome or recommendation should be defined.
4. Consideration should be given to accrediting the accreditors.
5. Define the publicly available information of a facility's accreditation status, limiting it to an identifier, accreditation granted and the scope to which it applies. Not to include a report on a facility's "performance".
6. Consistency of language is paramount and international definitions recommended to facilitate Australia's standing in the international community.
7. Consider modularizing the elements of healthcare facilities and establishing mutual recognition of each components accreditation status.
8. An avenue to improve the effectiveness of accreditation is education of all people involved in the accreditation process, in particular clinicians.
9. Assessments to be conducted with a lead assessor assigned from the accrediting body to monitor and ensure consistency between assessments.
10. We encourage the use, if at all possible, of volunteer peers who practice in the same disciplines they are actually assessing rather than paid assessors.
11. Accreditation data needs to be robustly de-identified and can then be used to identify trends, weaknesses or even gather targeted information.

Standards Issues

1. Establishment of a standards steering group or committee with representatives from across healthcare sectors including accrediting bodies.
2. Standards should not be prescriptive unless warranted.
3. Justify the accessibility of standards to the public.
4. Following this development phase, a series of pilot assessments be conducted prior to accreditation being introduced nationally.
5. The standards themselves need to be regularly reviewed.
6. The development of area specific supplements to the standards should be considered.

Future Systems and Processes

1. The proposed register of accreditation bodies take the form of a list managed by the DOH or its agencies.
2. The standardisation of language should be addressed by stakeholders and particularly including those implementing the standards.
3. Training of assessors needs to be formal but time-efficient, a suggested approach is included in the full submission.
4. Suggest looking at existing certification arrangements to identify any areas of need in order to prioritise the implementation of accreditation.
5. NATA does not support unannounced surveys unless they are applied in extreme situations, but not the norm.
6. Tracer methodology needs further thought, research and consideration before it can be commented on.
7. Recommend a thorough review of existing healthcare standards.
8. Core safety and quality standards are appropriate and may be elucidated by further consultation with interested parties.
9. Mutual recognition of standards and the accreditation process needs continued legislative support and the adoption of appropriate consistent language.