

SHPA Submission on the Discussion Paper: National Safety and Quality Accreditation Standards

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In response to Discussion Paper dated November 2006 released by the Australian Commission on Safety and Quality in Health Care (S&Q)

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SHPA FEEDBACK IN POINT FORM

Summary

1. The most important feedback is that the current S&Q review is extremely broadly based. Whilst this may be an ambitious initial approach, the topic is so massive that for useful outcomes to be achieved from the great effort that is being expended, SHPA recommends that a clear focus be developed following this initial exploratory period. The S&Q commission should articulate a clear focus that 'value adds' to the current system, improves on what is currently done or helps to overcome gaps.
2. The S&Q approach should have achievable deliverables that are supported by the health sector and that are linked to a clearly articulated aim. Much effort is already expended (and positively supported) within the health system to improve the processes of health care and importantly the 'culture', so that overall care continuously improves and is made safer and more effective. The S&Q aim could be to facilitate enhancement based on the current efforts and thus avoid duplication by any 'new' approaches. At this stage there is a risk of a lot of consultancy work being done and resources expended with perhaps no 'real' outcomes achieved.
3. SHPA wishes S&Q well in the current endeavour and welcomes further discussion as the project unfolds.

Specific feedback

4. SHPA should be acknowledged as one of the pharmacy organisations that develops standards of practice.

Clearly SHPA would seek to be included on any register of accreditation bodies. SHPA has developed a substantial list of standards, as follows:

Standards of Practice for Clinical Pharmacy August 2004, J Pharm Pract Res 2005; 35 (2): 122-46

Standards of Practice for the Community Liaison Pharmacist May 1996, Aust J Hosp Pharm 1996; 26: 570-2

Standards of Practice for the Practice of Psychiatric Pharmacy 2000, Aust J Hosp Pharm 2000; 30 (6): 292-5

Standards of Practice for the Provision of Clinical Oncology Pharmacy Services 2002, J Pharm Pract Res 2002; 32 (2): 115-18

Guidelines for Counselling Patients Receiving Drugs Used in the Treatment of Neoplastic Disease: A Pharmacist's Guide to Advisory Labels and Patient Information October 2000, Aust J Hosp Pharm 2001; 31 (1): 51-5

Standards of Practice Guidelines for Hospital Pharmacy Outpatient Services September 2006, J Pharm Pract Res 2006; 36 (3): 220-4

Standards of Practice for the Provision of Consumer Medicines Information by Pharmacists in Hospitals February 2007, J Pharm Pract Res 2007; 37 (1): 56-8 (in press)

Standards of Practice for Drug Information Services May 1998, Aust J Hosp Pharm 1999; 29 (3): 171-6

Standards of Practice for Australian Poisons Information Centres May 1999, (*currently under review*)

Standards of Practice for Critical Care Pharmacists February 2006

Standards of Practice in Emergency Medicine Pharmacy Practice June 2006, J Pharm Pract Res 2006; 36(2): 139-42

Standards of Practice for the Provision of Palliative Care Pharmacy Services November 2006, J Pharm Pract Res 2006; 36(4): 306-8

Standards of Practice for the Safe Handling of Cytotoxic Drugs in Pharmacy Departments August 2004, J Pharm Pract Res 2005; 35(1): 44-52 and Appendix 1
March 2005 edition of J Pharm Pract Res

Standards of Practice for the Transportation of Cytotoxic Drugs from Pharmacy Departments March 1999, Aust J Hosp Pharm 2000; 30 (3): 116-17

Practice Guidelines for Aseptic Dispensing Services May 1996, Aust J Hosp Pharm 1994; 24 (6): 509-12 (*currently under review*)

Standards of Practice for the Distribution of Medicines in Australian Hospitals June 2006, J Pharm Pract Res 2006; 36(2): 143-9

Standards of Practice for Parenteral Therapy in Home Health Care September 1998

SHPA Standards of Practice for Drug Usage Evaluation in Australian Hospitals May 2004, J Pharm Pract Res 2004; 34 (3): 220-3

SHPA Guidelines for Self-Administration of Medication in Hospitals and Residential Care Facilities August 2002, J Pharm Pract Res 2002; 32 (4): 324-5

SHPA Standards of Practice for Pharmacy Investigational Drugs Services March 2006, J Pharm Pract Res 2006; 36 (1):46-53

SHPA Code of Ethics February 2006

5. The S&Q paper states that “safe environment standards are excluded” from the review. However, several SHPA standards are directed to the achievement of a safe environment. This is fundamental for the protection of patients, staff and environment during the provision of all cancer chemotherapy treatments, so clearly these aspects must not be excluded. Similarly safe environment considerations are fundamental to the preparation by pharmacy of both non-sterile and very importantly, all sterile preparations (including eye drops, injections, intravenous nutrition solutions for intensive care and neonates etc.). Similarly, they are critical to infection control procedures.
6. Largely the S&Q paper and the face-to-face sessions are silent on the role of the Australian Council on HealthCare Standards (ACHS). SHPA supports the continuance of the role of ACHS in its accreditation of health care facilities. S&Q may be able to recommend areas whether ACHS standards or actions may be improved. If shortcomings are identified in ACHS's methods, then SHPA strongly suggests that existing networks and methods should be enhanced or further developed to overcome any clearly identified shortcomings, rather than being ignored or dismantled. SHPA contends that all methods will have shortcomings.
7. S&Q has recognised that health care settings are evolving and that the review includes all care settings and yet has excluded certain care settings from review e.g. residential care, domiciliary care etc. SHPA has recognised the diversity of present and future care and contends that practice standards that are relevant for the provision of safe and effective use of medicines should apply regardless of whether the service is being delivered in a hospital, community pharmacy, aged care home, consumer's home etc.
8. Accreditation of facilities is already being undertaken for pharmacy at both hospital (via ACHS) and community practice settings (via the QCPP system). Professional practice standards for pharmacy exist to support these efforts. The pharmacy profession also follows other government guidelines such as those developed by the Australian Pharmaceutical Advisory Council.

9. For professional areas where accreditation is not presently available e.g. small private practices (other than pharmacy), then S&Q could develop some recommendations to overcome gaps.
10. All professional groups could move to differentiate between minimum (or core) standards and optimal achievable or best practice standards. SHPA has acknowledged these issues and in recent years has endeavoured to make those distinctions clear within each document, as they are updated. However, a 'language' has not yet been systematically adopted.
11. SHPA considers that whilst accreditation processes may be able to detect poor performance that this will not always be possible. However, the overarching aim of accreditation processes should seek to improve overall performance, the health care system 'culture' and adopt approaches that will support these outcomes.
12. SHPA recommends that if surveyors are used who are external to the profession involved, then they need a good understanding of the overarching aims of each professional service and the standards that are commonly used. The current ACHS accreditation system places much expectation on the surveyors to understand the wide range of nuances from each area they visit.

Perhaps accreditation could occur at two levels. Firstly each specialised area could be subject to peer review against standards accepted by the profession and conducted by colleagues who understand the issues. Then a team that focuses specifically on the patient's progress through the hospital, similar to a variation of tracer methodology could review activities. In this second review it would be expected that the team members would understand healthcare, but focus on the experience of the patient's journey. The team for a hospital might include a GP, nurse, other health professionals, patient / consumer / carer, administrator.

13. Whilst the S&Q aim of an "increased focus on patients, rather than processes, protocols and policies" is understood, it must be recognised that these are in place as measurable surrogates and / or essential pre-requisites for good patient care or outcomes.
14. Actually measuring patient outcomes in many cases is extremely difficult. Notwithstanding this, SHPA supports the ongoing measurement of meaningful key performance indicators (KPIs). Rather than duplicating effort, SHPA is currently liaising with the NSW Therapeutic Advisory Group that is developing a revamped list of outcome indicators that would be useful for benchmarking. However as with all indicators, the work involved in collection needs to be relatively simple – ideally routinely via some electronic means.
15. SHPA is used to unannounced surveys as they may be undertaken by the various pharmacy boards. However, time constraints may be an obvious hindrance to in-depth discussion.
16. Throughout the paper, S&Q canvasses the need to register bodies, standards, achieve national consistency etc. Albeit that these are laudable aims, they are massive aims. As already stated, SHPA suggests that S&Q should focus on some clear deliverables, should harness existing processes and aim to facilitate some improvements.