



29 March 2007

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

Dear Dr Horvath

**Re Australian Commission on Safety and Quality in Health Care's "*National Safety and Quality Accreditation Standards Discussion Paper*"**

Please find enclosed the Victorian Quality Council (VQC) response to the Australian Commission on Safety and Quality in Health Care's "*National Safety and Quality Accreditation Standards Discussion Paper*".

The VQC have deliberated on each of the reform proposals and agree in principle, however, clarification is sought from the Commission in relation to a number of issues. A detailed response paper is attached which articulates concerns raised by our members.

Due to the importance of the proposed reforms, the VQC wrote to Chief Executive Officers (CEO) of Victorian public health services and invited them to contribute to VQC's response. A detailed CEO response paper is also included for your information.

The VQC looks forward to feedback from the Commission about the outcomes of the Discussion Paper.

Should you require additional information on the VQC response, please contact Maureen Willson, Manager, Victorian Quality Council on 03 9096 1387 or email [maureen.willson@dhs.vic.gov.au](mailto:maureen.willson@dhs.vic.gov.au).

Yours sincerely



**Associate Professor Christine Kilpatrick**  
Chair  
Victorian Quality Council



## VICTORIAN QUALITY COUNCIL

### NATIONAL SAFETY AND QUALITY ACCREDITATION STANDARDS – DISCUSSION PAPER

#### - RESPONSE PAPER -

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The Australian Commission on Safety and Quality in Health Care (the Commission) has prepared a discussion paper on the National Safety and Quality Accreditation Standards' (the Discussion Paper). The Discussion Paper proposes a number of reforms to the current accreditation processes for health services across Australia to generate discussion about the proposed model including a proposed set of core safety and quality standards and performance indicators broadly applicable across the health sector.

The Victorian Quality Council (VQC) has committed to providing the Commission with a response to the Discussion Paper. The VQC undertook lengthy discussions regarding the reform options proposed in the Discussion Paper at its meeting on 19 February 2007. The outcome from the VQC discussion was that VQC supported '*in-principle*' the proposed reforms. However, there were a number of issues that were raised which are identified below in the summary of the VQC discussions.

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#### **Timelines of proposed reforms:**

Clarification is sought regarding the timelines for the proposed reforms, as it is difficult to assess feasibility without a clear indicator of the value of short, medium and long term as described in the Discussion Paper.

#### **Data and Information to support accreditation:**

- The paper indicates a move away from monitoring of continuous quality improvement and a stronger focus on performance measurement (page 26). It appears that there will be an expectation for surveyors to have a broader knowledge and increased ability to analyse data extensively, given the proposed amount and scope of data to be collected.
- Concern was expressed about the ability of accreditation bodies to fulfil this role. There are implications for surveyor training in data.
- If the data is presented able to be interpreted easily with clear expectations around acceptable levels, surveyors might not need specialised skills in data interpretation. This may be achieved by having data interpretation contracted to an external organisation with appropriate skills in identifying significant variations from acceptable practice. Methods for ensuring the quality of the data submitted would also be important.



- With the establishment of core safety and quality standards and collection of related data, there is a need to find appropriate ways to use this data to assist with driving improvements in health services and facilitate benchmarking.
- Benchmarking would be helpful in allowing sites to identify high performing organisations so that successful practices can be identified and adopted by more broadly.
- The requirements for data collection varying between different bodies may be problematic as health services may need to collect several data sets to fulfill requirements, which can negatively impact on the ability to drive improvements due to the resources being consumed by data collection rather than undertaking quality improvement activities.

### **Standards:**

- The VQC supports the development of national standards and notes that there are international standards that can inform their development.
- However, the current accreditation emphasis on continuous quality and performance improvement needs to be maintained, rather than health services just complying with standards.
- Accreditation should be based on achieving a given standard. Consideration should be given to a standard relating to systems and processes designed to ensure continuous improvement.

### **Register of accreditation bodies:**

- The relationship between accreditation bodies and the registration body requires further clarification, as does the use of data collected by the registration body.
- There appears to be a great multiplicity of accreditation bodies, some of which accredit the same services, which causes confusion regarding which process is the appropriate one to follow.

### **Introduction of unannounced surveys:**

- It was acknowledged that unannounced surveys might encourage health services to embed quality systems and processes more effectively.
- However the VQC is aware that this methodology has only recently commenced in the USA and evidence on its effectiveness or benefits are as yet unknown. It would be appropriate to have outcomes from a thorough evaluation before recommending the inclusion of this process in accreditation. Consideration should be given to piloting of this process to determine its effectiveness in Australian health services and to evaluate the potential costs and benefits that it may bring.
- The VQC noted that accreditation forms only one indicator of the quality of care provided by health services and questions remain as what additional outcomes can be expected from introducing unannounced surveys within the accreditation framework; would unannounced surveys replace current accreditation processes



or supplement them? Would notice be provided to health services in relation to unannounced surveys? Would the scope of the survey be limited or targeted?

- The VQC recognised that unannounced surveys could cause concern amongst health service staff and that it is unlikely that all appropriate health services' staff and resources will be available, to support surveyors at short notice.
- One suggestion was that if planned well, random audits might be more suitable rather than unannounced surveys, which may be very unpopular.

### **Introduction of tracer methodology:**

- It was noted that adopting this methodology may increase consumer awareness of accreditation.
- However the VQC is aware that the Tracer methodology has only recently commenced in the USA and evidence on its effectiveness or benefits is as yet unknown. It would be appropriate to have outcomes from a thorough evaluation before recommending the inclusion of this process in accreditation.
- It was unclear when this methodology would be applied by accrediting bodies, that is, is it retrospective? Would patients and their carers be interviewed? Would staff be interviewed?
- If the methodology is retrospective, it may not be possible to interview staff relevant to the episode of care under review due to resignations, rotations and leave arrangements.
- There are ethical considerations in relation to interviewing patients and their carers, should the methodology be applied during the patient's episode of care.

### **Training & competency testing of surveyors:**

- The VQC discussed the issue of surveyors being competent and consistent and raised concerns about current surveyor inter-rater reliability. It was acknowledged that the training needs of surveyors are considerable and the increasing analyses of data proposed in the reforms will further add to the burden of surveyor training and competency assessment.
- Concern was raised about the current lack of surveyors to support current accreditation processes. How would this new model of accreditation address the shortfall of surveyors? It was recognised that many surveyors commit much time and effort to the accreditation process.
- Concern was raised about the range of experience that is needed by surveyors to fully understand the environment in which they will conduct surveys. One possibility is employing professional surveyors along with recruiting specialised skills to survey in more technical areas such as IT, engineering etc. rather than utilising health service employees to undertake the surveys.
- Technical surveys need not occur at the same time as the broader survey as they would have a narrower focus but recommendations could be managed through the same systems.
- It would be appropriate to ensure that surveyors base their assessments and recommendations on current evidence based guidelines.



**Other comments:**

- VQC is supportive of any process that improves quality; however, the question of the effectiveness of accreditation was raised. The discussion paper assumes accreditation reform is necessary but does not address the issue of whether the process itself adds value. Purpose of accreditation needs to be clarified.
- Instances of health services being accredited during periods when serious risk existed were noted.
- There is an opinion from consumers that accreditation is not seen as useful or relevant in making decisions about their health care provision, as decisions regarding which health service they go to are primarily based on referral patterns from other health care providers.

## Responses from Victorian Public Health Services' Chief Executive Officers

Topic	Issue	Response
	<p><b>Register of accreditation bodies</b></p>	<p><i>West Gippsland Healthcare Group</i> It is important that there is a register of accreditation bodies, accreditation standards and accreditation surveyors.</p> <p><i>Maryborough District Health Service</i> There should be recognition that there is a big difference between an accrediting body that is part of an overall professional body such as the ACHS, and Australian College of Midwives and for profit organisations that largely fill an educational and training role eg ISO.</p>
	<p><b>Standardise accreditation language</b></p>	<p><i>Peter MacCallum Cancer Centre</i> In an effort to streamline accreditation processes it would be useful to work towards standardising language and definitions of standards, as well as coordinating generic and specific accreditation processes.</p>
<p><b>Accreditation Issues</b></p>		<p><i>Maryborough District Health Service</i> Need for universal definitions that meet the needs of all aspects of the health care system eg: What is accreditation? What is a standard? What is a criteria?</p>
	<p><b>Training and competency testing of surveyors</b></p>	<p><i>West Gippsland Healthcare Group</i> To have more flexibility in the surveyors workforce I would support sharing surveyors across accreditation programs providing there is a good training and competency program in place credentialing all surveyors.</p> <p><i>Mercy Health &amp; Aged Care</i> We have concerns about Surveyor training, consistency and competence and this needs to be standardised and Surveyors need to have experience and an understanding of the industry.</p>
	<p><b>Data Linkages for Accreditation and Services Performance</b></p>	<p><i>Peter MacCallum Cancer Centre</i> Support the idea of organisations having access to accreditation results for benchmarking purposes. However, it is doubtful that the information would be useful in its current format. Thought needs to be given to the primary purpose of accreditation when considering benchmarking opportunities as hospitals would probably be required to provide information in a different format, which may increase the onerous nature of the accreditation process.</p>

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Topic	Issue	Response
		<p><i>West Gippsland Healthcare Group</i></p> <p>Important to reduce the multiple accreditation systems</p>
		<p><i>West Gippsland Healthcare Group</i></p> <p>There needs to be a process where accreditation bodies recognise the accreditation of the various accreditation systems.</p>
		<p><i>West Gippsland Healthcare Group</i></p> <p>Accreditation must remain a voluntary process.</p>
		<p><i>West Gippsland Healthcare Group</i></p> <p>It should be recognised that ACHS has developed a successful framework, which is well supported and recognised in the health industry. I would suggest using ACHS to develop new systems, pilot new programs - building on the existing ACHS strengths.</p>
		<p><i>West Gippsland Healthcare Group</i></p> <p>The accreditation process is only one tool used to improve quality and safety and should not be seen as the be all and end all in ensuring that bad performance is eradicated.</p>
		<p><i>Peter MacCallum Cancer Centre</i></p> <p>In relation to the accrediting body's role in informing the funding body of the outcomes of the accreditation process, we believe this is the role of the health organisation. However, to assist this process a timeline for notification could be introduced for organisations with high recommendations.</p>
		<p><i>Mercy Health &amp; Aged Care</i></p> <p>Support for reforms to the current Quality and Safety Standards for Hospitals and Health Services. We believe that National Standards should be in place and organisations should ensure an emphasis on continuous quality improvement and not merely compliance with Standards.</p>
<b>Accreditation Issues</b>	<b>Accreditation - Other</b>	

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Topic	Issue	Response
		<p><i>Mercy Health &amp; Aged Care</i> There should be a standard and autonomous Accreditation Agency.</p>
<p><b>Accreditation Issues</b></p>	<p><b>Accreditation - Other</b></p>	<p><i>Maryborough District Health Service</i></p> <p>Need to decrease fragmentation of accreditation. Currently this organisations is accredited by Australian Council on Healthcare Standards, The Aged Care Standards and Accreditation Agency Ltd., HACC and community aged Care, Baby Friendly Accreditation, and we have to ensure that out private contractors are also accredited eg: NATA. It would be far more beneficial to have only one accreditation body and this would also be more financially viable particularly for small facilities with limited resources.</p>
		<p><i>Maryborough District Health Service</i></p> <p>Any accreditation process must be able to identify its effectiveness when it comes to identifying sub standard performance and it must be transparent otherwise it loses credibility.</p>
		<p><i>Maryborough District Health Service</i></p> <p>The organisation must be able to have the right of reply to the results of any survey undertaken and that this will be accepted in good faith by the accrediting body.</p>
		<p><i>Maryborough District Health Service</i></p> <p>EQUIP 4 as rolled out by the ACHS is certainly a big improvement on EQUIP 3, with a much greater emphasis on patient care and safety, and if only one accreditation body was used it would be preferable to go with what we and the majority of public health services in Australia use already and build on it to accommodate our residential care and sub acute facilities by having this as another function.</p>

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Topic	Issue	Response
	<p style="text-align: center;"><b>Accreditation - Transparency</b></p>	<p style="text-align: center;"><i>Peter MacCallum Cancer Centre</i></p> <p>To support the notion of transparency health services could report accreditation outcomes to a central national body, such as the Commission or alternatively at a State level, for example the Department of Human Services in Victoria. This would enable consumers or other health services to access information. Consideration would need to be given to the format of this report to ensure it is written in a manner accessible to consumers. The difficulty will be providing the context for this information.</p>
<p style="text-align: center;"><b>Accreditation Issues</b></p>	<p style="text-align: center;"><b>Accreditation - Resource Requirements</b></p>	<p style="text-align: center;"><i>Maryborough District Health Service</i></p> <p>The biggest issue is undoubtedly the issue of duplication and overlap as pointed out on pages 16 &amp; 17 of the discussion paper.</p>
	<p style="text-align: center;"><b>Introduction of best practice models model for the development of health service standards</b></p>	<p style="text-align: center;"><i>West Gippsland Healthcare Group</i></p> <p>I have not seen any real advantage in separating accreditation reviews from the setting of accreditation standards. To do this in my opinion would further fragment the accreditation process. In setting standards there is a need for broad consolidation and input.</p>
<p style="text-align: center;"><b>Standards Issues</b></p>	<p style="text-align: center;"><b>Identification of core safety and quality standards and performance indicators</b></p>	<p style="text-align: center;"><i>Maryborough District Health Service</i></p> <p>Performance indicators should also be standardised.</p>
	<p style="text-align: center;"><b>Access to Standards</b></p>	<p style="text-align: center;"><i>Maryborough District Health Service</i></p> <p>The high cost of purchasing standards is also an issue and these have proliferated enormously in the last few years. It is difficult for example to buy an Australian standard that you have to benchmark yourself against for under \$100-\$180 each. Multiply that by the numerous standards you are expected to meet and this is a very expensive process. The validity of these standards also needs to be transparent and be based on the latest evidence based practice or best practice.</p>

## Responses from Victorian Public Health Services' Chief Executive Officers

Topic	Issue	Response
<p><b>Medium Term Proposal Issues</b></p>	<p><b>Introduction of unannounced surveys</b></p>	<p>Although we are interested in the concept of unannounced surveys, particularly if this leads to a reduction in time required preparing for accreditation, it would require substantial consultation to develop a framework and methodology to meet the needs of health services.</p> <p>Unannounced surveys are to be supported - but the focus of such surveys needs to be clearly understood and there should be pilot projects around this.</p>
<p><b>Medium Term Proposal Issues</b></p>	<p><b>Introduction of unannounced surveys</b></p>	<p><i>Peter MacCallum Cancer Centre</i></p> <p><i>West Gippsland Healthcare Group</i></p> <p><i>Mercy Health &amp; Aged Care</i></p> <p>There is minimal evidence to demonstrate this is effective. We would suggest random audits in areas of low compliance instead.</p>
<p><b>Medium Term Proposal Issues</b></p>	<p><b>Introduction of Tracer Methodology in external accreditation reviews</b></p>	<p><i>Peter MacCallum Cancer Centre</i></p> <p>We support the concept of tracer methodology as a method for increasing consumer involvement in the accreditation process. However, this could be a very onerous process for staff, patients and families. Considering this methodology has been utilised in the United States, it would be interesting to see the outcomes of this intervention prior to its introduction in Australia.</p>
<p><b>Long Term Proposal Issues</b></p>	<p><b>Mutual Recognition of Standards and Accreditation Processes</b></p>	<p><i>Maryborough District Health Service</i></p> <p>Page 8 provides a good point, "As a result of the United Kingdom's investment in reform to achieve consistent safety and quality standards across the health care system, and to remove duplication of accreditation and inspection processes, a code of objectives and practices has been developed. This code has facilitated the coordinating and mutual recognition between accrediting organisations." This allows for these bodies to work together and remove unnecessary duplication and bureaucracy.</p> <p><i>Maryborough District Health Service</i></p> <p>Need for limited sets of standards that are complimentary and can be used across all health care settings eg: ACHS, ISO, Standards Australia or that are recognised by the accrediting body. There are way too many different accreditation bodies, for example Palliative Care Australia standards for palliative care could be built into existing framework eg EQUIP.</p>

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