



AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

*The national professional organisation representing radiographers,
radiation therapists and sonographers*

Registered Office:
1st Floor
32 Bedford Street
Collingwood Vic 3066

07/30/3/30

30th March 2007

Professor Diana Horvath AO
Chief Executive Officer
Australian Commission of Safety and Quality on Health Care
GPO Box 5480
Sydney NSW 2001

Dear Prof Horvath,

**Re: Discussion paper- National Safety and Quality
Accreditation Standards.**

The Board of Directors of the Australian Institute of Radiography (AIR) is pleased to be involved in the consultations on the Discussion Paper produced by ACSQHC in relation to safety and quality accreditation. The following points are submitted to the Commission for consideration:

The AIR supports the concept of accreditation reforms to improve safety and quality in health care but emphasises that these reforms must provide better care for the general public. The accreditation must encompass both the public and private sectors. This reform must not create unnecessary duplication of processes and to an extent it should assist in reducing the duplication that already exists. It should not increase the financial and resource burden placed on any of the organisations or the public. The current proliferation of mandatory accreditations has produced an "industry within an industry" and is not productive as well as being costly both financially and from a resource aspect.

Attached please find specific responses to the questions raised throughout the discussion paper from one of our advisory panels. (Attachment 1)

Those from the AIR who attended the consultations felt that the questions asked were not quite the same as those posed in the document. The Board would therefore be concerned as to the reliance placed on the data gained during these sessions as it was felt the answer bias could have been manipulated and skewed by the nature of the process. It was felt the questions were such that a desired answer would be obtained and that the answer was not reflective of the discussion at the consultation. It gave the feel of 'push polling' and therefore not a true outcome of the consultation.

As **medical imaging and radiation therapy** are areas of high technology and primarily cater for outpatient services within the health care system, most of the current accreditation formats do not accommodate these areas well. Consideration needs to be given to areas which are outpatient services and which use the high technology equipment when developing any new and all encompassing accreditation scheme.

The AIR would be interested in understanding how the accreditation for medical imaging and radiation therapy departments through the RANZCR and Commonwealth Department of Health and Ageing will be included into the new reformed accreditation system for health care.

The AIR looks forward to continued stakeholder involvement in this process and would appreciate the inclusion of our points in any of the proposed outcomes.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'E.M. Badawy', is written over a horizontal line that extends across the width of the signature.

E.M. Badawy
Executive Officer.

Attachment 1
RTAP Response: Discussion Paper National Safety and
Quality Accreditation Standards
(Australian Commission on Safety and Quality in HealthCare)

6. Accreditation Issues.

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

Under current accreditation processes poor performance may not necessarily be detected since accreditation is a planned process. Accreditation processes are, however, obtained in the interest of quality health care. Detection of poor performance is not necessarily a part of accreditation processes as poor performance may occur between accreditation cycles that are typically 3-5 years. Accreditation does, however, aim to set minimum standards that minimise the risk of poor performance and hence are a preventative measure.

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

It would be important in cases of system failure to support any internal systems review that a health service may have in place. An accreditation body would then have a role to support and educate the health service involved in the aim of improving the service to prevent further poor performance.

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

To ensure the process is open and transparent the process needs to be a positive process clearly aimed at improving and maintaining quality of health services. Accreditation needs to be flexible to ensure that different approaches to quality health care are acceptable.

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

Information made publicly available must be easily understood by the public. The detail of assessment is not necessary as a lay person may misinterpret it. Instead, statements that indicate that all minimum regulatory requirements are achieved and the minimum standards of care are met would be more appropriate.

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

The process must retain an element of independence from health care providers to ensure quality of accreditation. Standards setting organisations need to retain expertise and control of standards for their area of expertise to ensure maintenance of standards quality. Accreditation surveyors must have clear understanding and experience of the health care sector that they are assessing. This is of importance in ensuring quality of process and maintenance of standards.

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

The components of accreditation that overlap should be assessed once only. An examination of all accreditation process is needed to determine areas of overlap. These could either be separated into a core unit of accreditation used by all accreditation bodies or each accreditation body needs to recognise other accreditation assessments completed by an alternative organisation allowing concentration on only those aspects of accreditation not covered by other methods.

6.5. How can accreditation be made more cost efficient and effective?

Accreditation processes must directly enhance quality service delivery. The proliferation of accreditation organisations and processes has been rapid and leaves little time for health professionals to understand the process. Accreditation processes should aim to support health professionals and organisations to provide quality care. Current processes that require resource intensive preparation of documentation are not seen to be supporting the health professional and can be seen as a barrier to providing quality health care as resources are taken from direct service delivery in order to comply with accreditation requirements.

6.6. What must be done to ensure inter-observer reliability? What strategies need to be put in place to ensure there is available a sustainable supply of credible and competent surveyors?

Accreditation processes must be measurable and assessment criteria unambiguous to ensure inter-observer reliability. Standards documents could provide examples of acceptable evidence for standards surveyors and health services to follow.

Surveyors must be compensated for their roles as surveyors. Quality surveyors should ideally remain active within the health sector to retain current knowledge of health care within their area of expertise to retain a clinical grounding. This means that organisations that employ surveyors require compensation for the absence of a worker who is fulfilling a surveyor's role to ensure that health service delivery is not compromised due to staff shortage.

6.7. What needs to be in place to allow accreditation data to be collected at a national level? What needs to be in place to allow accreditation data to be made available?

No answer – not area of knowledge.

Standards Issues.

7.1 What initiatives are required to coordinate and harmonise standards development?

Firstly state and national standards need to be complimentary and should be mutually recognised. Secondly standards that can be proven to be applicable across all health services could be contained in a single set of standards that can be universally applied

and accepted. (e.g. minimum requirements for data collection and data storage, privacy)

Standards that are related to specialist area of health care must remain separate so that they can be easily applied in relevant health care services only. Standards used to assess a health care service must be relevant to that service.

7.2. What minimum information should be publicly available on accreditation standards?

There is significant cost associated with standards development and ongoing review. These costs must be covered on an ongoing basis. The easiest method is by the sale of standards however if compliance with standards is mandatory, the cost of purchase of standards by a health care provider must not be a barrier to any size health care organisation. The need for public access to standards is questionable, as there is often a need for a level of expertise and understanding of the health care sector to which a set of standards applies in order to appreciate the meaning of health care standards. Public access may be better served by ensuring access to standards of recognised patient advocacy groups who may have resources available to allow for correct interpretation and understanding of standards.

7.3. What aspects of Australian health care standard development should be standardised for more streamlined, effective and efficient standards development?

Only those aspects that are applicable across all health services.

7.4. How do you ensure the standards being assessed are appropriate?

The use of industry experts to evaluate standards is required to ensure standards are appropriate to the health industry. A means of feedback from health services that have undertaken accreditation process needs to be developed to ensure that standards remain current and appropriate for that particular health care sector.

Future Systems and Processes.

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

Not in the reviewers area of experience to comment.

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

Standards writers and standards setting bodies need to be involved in standardisation of language and definitions. This work would need to be initiated by a body that is independent to stakeholders in the standards setting process however there would be a clear need to involve industry representatives in the process to insure the standards remain relevant and appropriate to the industry.

8.3. What are the essential skills, competencies and attributes that surveyors need?

Most importantly, a clear understanding and knowledge of both applicable standards and of the specific health care service under assessment is needed. Surveyors need to be able to understand and interpret different methods of achieving relevant standards that will be present in different organisations and be able to recognise when a particular standard is not relevant to a particular service provider.

A degree of diplomacy and an ability to teach and suggest improved methods is also desirable in order to ensure that accreditation can be a positive process.

8.3. What needs to be in place to train and assess surveyors effectively?

Reviewer not qualified to respond to this question.

8.4. How can the available data sets be best used to inform accreditation processes?

With limited knowledge of what data is available, some form of data that allows health service providers in their own evaluation and accreditation processes would be useful. It can be useful for organisations to benchmark against other, similar organisations in order to improve quality.

8.5. Which health services should be accredited as a priority, and how can this be best achieved?

Without detailed knowledge of which health services are already accredited by some means, this is difficult to assess. It would seem logical, however, that health services that are not covered by an accreditation scheme be considered first so long as standards are developed to a standard suitable to be used as an assessment tool. The standards for Radiation Oncology are an example of works not yet suitable for this purpose.

8.6. What needs to be done and by whom, to introduce unannounced surveys in a timely and effective way?

Before unannounced surveys are introduced, and to ensure these surveys can be effective, health care services need at least one initial accreditation survey in order to allow for standards to be met, particularly if the service is one which is not currently covered by an accreditation scheme. Unannounced surveys needed to be carefully designed to ensure that they do not impact adversely on the provision of health care and it would be difficult to ensure a full accreditation survey is completed under these conditions. It may be that unannounced surveys are restricted to a number of mandatory components or to check on areas that required improvement since these would occur between planned accreditation visits.

8.7. What needs to be done and by whom, to introduce tracer methodology in a timely and effective way?

Tracer methodology presents an innovative method of tracking a patient across a number of health care providers. Care would be required to ensure that tracer methodology and unannounced surveys did not detract or slow a patients care and that

the patient remains the focus not the assessment. Further examination of the US model is needed to first assess its feasibility and effectiveness within the Australian health care system before any form of pilot is trialed. Widespread education across all health service providers would be required for this type of methodology to be considered.

Standards Reform Strategies.

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

The philosophy of this approach sounds logical and would assist both health care providers and standards organisations to determine what standards are applicable to a particular organisation and would also ensure the ongoing quality of standards.

Determination of the approach and organisation suited to this purpose is beyond the expertise of this reviewer.

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

Comment on barriers to standardisation of language and definitions is outside the area of reviewer's expertise, however standards setting bodies, accreditation organisations and key stakeholders need to be involved in this process.

8.10. Who needs to be involved in this mapping process?

The mapping process also needs to include the commission, standards setting organisations and key stakeholders.

8.11. What priority areas should be included in core safety and quality standard?

Core areas of safety and quality standards should include patient care and patient satisfaction, privacy and patient ID and adherence to regulatory Occupational Health and Safety standards.

Mutual Recognition of Standards and Accreditation Processes.

What is required to implement mutual recognition of standards and accreditation processes in the Australian health care system?

It is unclear to the reviewer what specifically would be required however the accreditation processes must be streamlined urgently. It could be suggested that accreditation bodies move to recognise each other's processes and are possibly best suited to answering this question.