



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

**COMMENTS ON THE DISCUSSION PAPER
NOVEMBER 2006: NATIONAL SAFETY AND
QUALITY ACCREDITATION STANDARDS**

Presented to the Australian Commission on Safety and Quality in Health Care

Prepared by the

Australian Physiotherapy Association

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INTRODUCTION

The Australian Physiotherapy Association (APA) welcomes the opportunity to comment on the Discussion Paper 'National Safety and Quality Accreditation Standards' released by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in November 2006.

The Association is actively committed to safety and quality in health care and requires members to abide by a Code of Conduct and undertake continuing professional development.

The Association was an early leader in the field of accreditation for private practices and is currently developing the 8th edition of APA Standards for Physiotherapy Practices.

The APA is in a partnership arrangement with Quality in Practice (QIP), a subsidiary of Australian General Practice Accreditation Limited, under which QIP accredits private physiotherapy practices against standards developed by the Australian Physiotherapy Association. Both organisations work together to promote the benefits of accreditation.

ABOUT THE APA

The Australian Physiotherapy Association (APA) is the voice of the physiotherapy profession in Australia. Physiotherapists must be eligible for registration with the Physiotherapists Registration Board in their respective state or territory to be eligible for full APA membership. The APA has more than 12,000 members excluding students. The APA's vision is for all Australians to have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Further information on the APA is available at www.physiotherapy.asn.au.

APA POSITION ON REFORM PROPOSALS

In general, the APA supports the short term reform proposals to streamline and harmonise existing accreditation processes.

The medium term reform proposals may be problematic for private physiotherapy practices because unannounced surveys may prove unreasonably disruptive and tracer methodology may prove too complex for patients moving to and from primary care services such as private practice physiotherapy.

The APA would like to see a lot more debate on the long term proposal before lending its support to the mutual recognition of standards and accreditation processes.

APA RESPONSES ON ACCREDITATION ISSUES

1. Effectiveness in identifying poor performance

1a. What core processes or systems need to be in place to ensure poor performance is detected? Is this necessarily part of an accreditation process?

A fundamental requirement for the detection of poor performance is a set of standards and assessment indicators that document clear expectations about what constitutes good performance, and what evidence will be required to demonstrate good performance including the safety and quality of clinical services as well as the efficiency and effectiveness of a provider's systems.

The assessment indicators against which standards are judged need to be reviewed and refined on a progressive basis to accommodate a range of dynamic understandings and expectations, including those of consumers.

Whilst the core elements of accreditation relate to safety, peer review and continuous quality improvement, detection of poor performance is also an important component of accreditation. Concerns about the validity of the link between acceptable structures, systems and policies and the quality of health care outcomes should be minimised where accreditation standards – like those of the Australian Physiotherapy Association – also focus on clinical services and client feedback on those services.

The APA believes that accreditation standards should be backed up by a comprehensive range of support systems that enable facilities to achieve desired standards and address poor performance relating to one or more specified standards as necessary.

1b. Where there is a systems failure, how should the accreditation body respond?

The response of an accreditation body should be aligned to the consequences, actual and potential, of the systems failure and could range from voluntary or compulsory training to the suspension of accreditation with or without further penalty.

2. Transparency

2a. What is essential to ensuring all accreditation processes are open and transparent?

Each stage of the accreditation process needs to be clearly spelt out including eligibility for accreditation, the mechanism by which applications are evaluated and approved and an appeal process. There should be an independent voice on accrediting committees to communicate a sense of open and honest decision making.

Health care providers need to be consulted in the development of accreditation processes to ensure the processes are and are perceived to be meaningful, workable and trustworthy.

Plain language information about accreditation needs to be made available to health care consumers to promote a sense of confidence in service delivery and to provide advice about how to proceed if they consider health care standards are not being met.

2b. What minimum information should be publicly available on the accreditation status of health services?

Consumers should have access to:

- an easily understood rating system
- the current accreditation status of a health service
- disaggregated information on units within large organisations such as one hospital within a regional network or one practice within a corporate grouping of practices.
- information about the organisation which developed the standards relevant to the accreditation of a particular health service
- information about the standing of the accrediting body.

3. Governance

3a. What governance issues must be addressed by organisations setting standards, training surveyors or accrediting health services?

There should be a clear separation between the setting of standards and a process of accreditation against those standards and both these processes should be open to scrutiny.

There should be transparent processes for training surveyors and monitoring their performance, and documented policies for declaring conflicts of interest.

4. Duplication and overlap

4a. What needs to be done to integrate and streamline overlapping accreditation processes?

Health care services should not be required to undergo multiple accreditation processes. In an ideal world, there would be mutual recognition of comparable standards and open disclosure of information to another accreditation body where a health care provider requested it.

5. Resource Requirements

5a. How can accreditation be made more cost efficient and effective?

Standards should be workable in day-to-day circumstances in the field. Standards should assist a provider to deliver safe, high quality health care and run a viable business at the same time.

Accreditation bodies should provide support services that enable health care providers to deliver safe, high quality health care, run a viable business and successfully prepare for an accreditation survey.

The application process should be as streamlined as possible to avoid unnecessary paperwork and bureaucracy. Australian General Practice Accreditation Limited (AGPAL) reports a very positive uptake of accreditation software – soon to be utilised by physiotherapists – that has significantly reduced the time taken to complete an application for accreditation.

6. Surveyors

6a. What must be done to ensure inter-surveyor reliability?

Reliability can be better assured by having:

- agreed competencies
- consistent and regular training and retraining
- minimum workload thresholds
- regular validation through monitoring of performance
- availability of peer support
- regular professional development activities
- documented conflict of interest policies.

6b. What strategies need to be put in place to ensure there is available a sustainable supply of credible and competent surveyors?

The strategies outlined in 6a are vital. In addition, surveyors should receive reasonable remuneration to acknowledge their expertise and experience.

7. Information to support accreditation

7a. What needs to be in place to allow accreditation data to be collected at a national level?

Health care services would need a clear undertaking on the primary purpose of any national collection of accreditation data, and this purpose would need to be explicitly related to global learning and development as opposed to punitive action at the level of a particular service provider.

Regulations or policies on the security, confidentiality and accessibility of data would need to be in place as well as minimum agreed data sets and suitable IT infrastructures.

7b. What needs to be in place to allow accreditation data to be made available?

The kind of protections outlined in 7a.

APA RESPONSES ON STANDARDS ISSUES

1. Proliferation of standards

1a. What initiatives are required to coordinate and harmonise standards development?

More debate is needed among the various health care professions and consumer groups to establish a consensus position on the possible benefits of co-ordinating and harmonising standards development.

The Australian Commission on Safety and Quality in Healthcare could usefully initiate this kind of debate among the professions such as physiotherapy, which have already developed accreditation standards.

2. Access to Standards

2a. What minimum information should be publicly available on accreditation standards?

Standards should be readily accessible to all stakeholders including consumers. The APA Standards for Physiotherapy Practices (8th edition) which are currently under development, will be accessible on the Association's website as soon as they have been formally approved.

3. Process of developing standards

3a. What aspects of Australian health care standard development should be standardised for more streamlined, effective and efficient standards development?

Subject to the kind of inter-professional debate proposed under point 1, the APA believes it could be useful to standardise a consultation process, a structure, themes for core modules, a drafting process, guidelines for field testing and guidelines for the regular review of standards.

4. Appropriateness of standards

4a. How do you ensure the standards being assessed are appropriate?

As indicated in an earlier response, the APA believes standards should be workable in day-to-day circumstances in the field. Standards should assist a provider to deliver safe, high quality health care and run a viable business at the same time.

The outcomes of field testing with health care providers are an important indicator of the appropriateness of accreditation standards. Likewise, client feedback is an important component in the test of appropriateness because it can provide indirect feedback on particular standards via assessment indicators that include mandatory fields within client questionnaires.

A standardised standards development process including regular review mechanisms should also help to ensure the ongoing relevance and appropriateness of standards.

APA RESPONSES ON SYSTEMS AND PROCESSES

Accreditation Reform Strategies

1. Register of accrediting bodies

1a. What needs to be in place to make this approach feasible?

There would need to be documented criteria for being considered an 'accrediting body' and some kind of infrastructure – possibly under the auspices of ACSQHC - to evaluate applications for listing on a register.

1b. Which organisation is best placed to manage the registration of accreditation bodies?

At this stage ACSQHC would appear to be best placed.

2. Standardise accreditation language and definitions

2a. Who needs to be involved in the standardisation of language and definitions?

The APA notes the Discussion Paper relies on the definition of accreditation developed by the former Council – as opposed to that developed by Standards Australia - and understands the Commission's preference for a definition that encompasses 'the full range of accreditation processes that operate in the health care system' to advance the current debate.

The APA would like to see standardised definitions for accreditation and related concepts developed through consultation with a wide range of stakeholders including health care providers, consumers, third party purchasers, professional associations and reputable accrediting bodies.

It would be useful for such consultation to be initiated under the auspices of ACSQHC.

3. Training and competency testing of surveyors

3a. What are the essential skills, competencies and attributes that surveyors need?

The following selection criteria for physiotherapy surveyors illustrate the kind of skills, competencies and attributes the APA considers essential:

- be a registered physiotherapist working at least 11 hours per week in private practice physiotherapy
- have at least three years experience in private practice physiotherapy
- be a member of the APA in good standing
- have a demonstrated interest in practice accreditation and/or professional standards and/or quality processes
- be working in a practice that is either accredited or committed to undertake accreditation by the end of 2008
- be prepared to undertake a minimum of ten survey visits per year in a variety of locations across Australia including local, intrastate or interstate

- be prepared to undertake continuous training and professional development on accreditation, quality improvement and the APA Standards for Physiotherapy Practices (8th edition)
- be computer literate and have ready access to email, the internet and either a laptop or tablet.

3b. What needs to be in place to train and assess surveyors effectively?

The fundamental basis of effective surveyor training and assessment will be sets of standards and assessment indicators that are clearly documented and that explicitly focus on the delivery of quality health care as well as the efficiency and effectiveness of a provider's systems.

A set of core competencies and core training and assessment modules for accreditation surveyors would be beneficial to underpin intra and inter surveyor reliability.

4. Better use of data for evaluation of health service performance

4a. How can the available data sets be best used to inform accreditation processes?

The APA supports the strategies mooted by the Commission. It is imperative that credible research be undertaken to explore the link between accreditation and the quality of health care outcomes and to identify trends in safety and quality issues.

5. System wide accreditation against safety and quality standards

5a. Which health services should be accredited as a priority, and how can this be best achieved?

Health services for vulnerable populations should be accredited as a priority. For example, health services in the acute care sector, primary care sector and aged care sector should be required to undertake accreditation as a priority to cover populations with the greatest risk of mortality, morbidity or disability. A multitude of physiotherapy services would fall under this priority umbrella.

The regulation, funding and policy levers mentioned in the Discussion Paper would be required to achieve compliance.

6. Introduction of unannounced surveys

6a. What needs to be done and by whom, to introduce unannounced surveys in a timely and effective way?

The Commission would need to consult widely with key stakeholders, including professional associations such as the APA, to outline the 'compelling economic and safety and quality arguments for expanding the use of unannounced surveys across all health services'.

The APA agrees that unannounced surveys should only be undertaken once the initial accreditation assessment has been completed.

Although the concept of unannounced surveys may have merit in principle, the APA believes such surveys could prove unreasonably disruptive to small health services, such as private physiotherapy practices. The concept requires further debate.

7. Introduction of tracer methodology in external accreditation reviews

7a. What needs to be done and by whom, to introduce tracer methodology in a timely and effective way?

At this stage it is not clear how tracer methodology would work for patients moving to and from primary care services such as private practice physiotherapy.

The concept of tracer methodology tracking an individual's experience of health care within and between health services sounds admirable in principle, but may prove problematic in the face of multiple funding streams and accountabilities.

The APA notes the new methodology recently introduced in the USA focuses on operational systems. Clearly Australian stakeholders would benefit from watching the impact of the American experiment and then debating the feasibility of a comparable client experience feedback system in our own health care environment.

Standards Reform Strategies

8. Registration of sets of health care standards

8a. What needs to be in place to make this approach feasible?

Consensus support for the proposal followed by regulation, funding and policy levers.

8b. Which organisation is best placed to manage the longer term register of standards?

The Australian Commission on Safety and Quality in Healthcare in the first instance.

9. Harmonisation of health service standards

9a. What are the barriers to standardisation of language and definitions?

Many organisations have invested considerable resources in the development of accreditation standards. The sheer cost of reworking existing standards and related accreditation systems in the interests of standardising language and definitions could be a significant barrier unless a suitable lead time is allowed.

9b. Who needs to be involved in this standardisation process?

The APA would like to see consultation with a wide range of stakeholders including health care providers, consumers, third party purchasers, professional associations and reputable accrediting bodies such as Australian General Practice Accreditation Limited (AGPAL) and its subsidiary Quality in Practice (QIP).

10. Detailed mapping of standards

10a. Who needs to be involved in this mapping process?

The Commission in consultation with all key stakeholders.

11. Identification of core safety and quality areas

11a. What priority areas should be included in core safety and quality standards?

- Rights and needs of patients including informed consent
- Service delivery including medical records and co-ordination of care
- Management including human resource management, health information systems and risk management
- Physical environment
- Quality health care.

12. Mutual Recognition of standards and accreditation processes

12a; What is required to implement mutual recognition of standards and accreditation processes in the Australian health care system?

A lot more debate among key stakeholders including the Commission, as a first step.