

<b>Alternative Model – Proposals</b>	<b>Osborne Park Hospital, WA- Views</b>
1) A separation of safety standards setting (and processes to assess them) from quality standards setting (and processes to assess them).	We don't agree on the separation of safety and quality in this review. We strongly believe that both go hand in hand and complement each other for the best outcomes for both patients and the organization. We must ensure that there are mandatory criteria for both safety and quality in the new model. If there is a split then there will need to be additional resources to manage the separate processes.
2). Separation between safety standards development and assessment of health services.	This is not supported for the same reason as above. We would prefer as one assessment for the health service.
3) Accreditation of all settings of care where services are provided by registered health professionals will need to comply with national minimum safety standards (where no accreditation system exists, the initial requirement will be compliance with national minimum safety standards).	From a hospital point of view we agree that all registered health professionals should meet the minimum safety standards and be working towards best practice standards within their area of expertise.
4). National minimum standards that apply across all settings of care.	These should be incorporated in to the process of alternative quality accreditation processes undertaken by the health service. How would these standards be measured? Would you envisage self-assessment with spot checks or an alternative model? We don't believe that this should be the minimum standard that a health service should only have to achieve and we strongly believe that this would be a negative change and run the risk of losing the great work currently being done to incorporate safety and quality in to every day clinical practice.
5). Assessment of non-clinical e.g. fire safety, chemical storage, food safety and technical e.g. pathology, radiology- will be addressed through system of mutual recognition. There will be no duplication of assessment and reporting.	Non-clinical assessment should be rolled in with the National minimum standards and not see as a separate. It is difficult to comment when we are not sure of the National minimum standards at this point in time.
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6. Development of a national framework for quality improvement.	Agree on this proposal but we need to make sure that it sets national mandatory criteria for all health services to follow during any accreditation process.
7. Establishment of a national entity to lead and coordinate accreditation nationally. The national entity will report to health ministers and manage process of standards development, assessment of safety assurance, monitoring and reporting.	Would this not be the responsibility of the ACSQHC? The national entity would need to be robust and flexible to ensure that it meet the needs of the consumers and health services. In view of the proposal for tracer methodology and unannounced surveys.
8. Review of Surveyor Training. The	Yes they would need to meet specific competencies and these would need to be

model proposes that there be a review of surveyor training.	assessed on a regular basis. There would need to be consistent in their approach to each health service and the health services should be a part of the creation of the surveyors training.
<u>9. Associated Reforms</u>	
a) Unannounced surveys to assess national minimum safety standards	For national minimum standards we would support this proposal as long as that is all they come to survey.
b) Piloting tracer methodology (patient journey)	Agree with this proposal but we need to ensure that the patient journey starts at the point of referral and review until point of discharge from clinical care. This may take a number of months to follow entire patient journey!
c) Developing a best practice guide to standards development and review	Agree and it should be a national guide.
d) Public reporting	Of what? If it was just National minimum standards we would have not issue of public reporting and we should consider current health service's accreditation status.
e) Mutual recognition of accreditation processes and outcomes.	No issue with this proposal.