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

National Safety and Quality Accreditation Standards Review - DHSV's response

Thank you for the opportunity to provide comment on the review of the National Safety and Quality Accreditation Standards. As an oral health service provider, Dental Health Services Victoria (DHSV) has a vested interest in accreditation and the processes involved in maintaining such standards. This document was circulated to members of the Quality Unit and the Chair of the Board Quality Committee within DHSV for feedback.

Although DHSV notes the content and intent of the review associated with, and generally supports the intent and content of the Standards we wish to provide the following comments, based on the feedback that was provided:

1. Separation of safety assurance and quality improvement
This is supported. There has been a focus on the mandatory/minimum standard and the public should have access to this information. However there is a risk that there will be too much focus on the safety assurance and limited focus on quality improvement. There is confusion with stakeholders who responded to the consultation and they are the 'interested' in the health care industry. Communicating these concepts at the coal face will be a challenge.
2. Separation of standards development and accreditation
Supported. This is logical but there will be resource implications in that certain bodies currently perform both functions.
3. Accreditation of all health care settings
Supported. This has particular implications for DHSV as dental practices are generally not accredited and DHSV 'purchases' services from private dentists through the Victorian General Dental Scheme, Victorian Emergency Dental Scheme and Victorian Denture Scheme voucher system.
4. Development of minimum safety standards
Supported. The qualification here is that the standards should be applicable to **both** the setting **and** the practice of the service.

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5. Assessment of non clinical and technical competence
Supported. There is currently duplication and at times confusion when certain areas are surveyed, particularly by interstate surveyors. The relevant jurisdictional requirements should prevail.
6. Development of a national framework for QI
Supported.
7. Establishment of a national body to lead and coordinate change
Supported. Although this will add to costs, the required changes will not happen unless there is an authoritative venue to consult, negotiate, formulate policy and guidelines and direct the process.
8. Review of surveyor training
Supported with qualification. One of the strengths of the ACHS program has been the participation of peers as surveyors and this should be considered as an 'element' in the preparation of surveyors for the health care industry.
9. Associated reforms
Supported with qualification. Regardless of the other elements, the majority of the proposals in this section will add value in terms of understanding and clarifying terminology and process.

Unannounced surveys are not supported. What evidence is there to indicate that this process will improve the quality of health service delivery? It is noted that the proposal is to trial this concept. What will these reforms achieve? This is potentially very disruptive, particularly in smaller organisations where there is reliance on part time staff and many staff have multiple responsibilities, including direct patient care.

DHSV would welcome the opportunity to provide further input to advance the development of these Standards, and/or any other policy relevant to the provision of quality dentistry.

Yours sincerely

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