



Department of Health
Government of Western Australia

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Dear Professor Baggoley

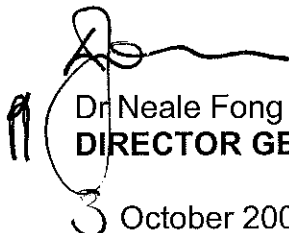
**AN ALTERNATIVE MODEL FOR SAFETY AND QUALITY ACCREDITATION
OF HEALTHCARE**

Thank you for the opportunity to provide a submission in response to the Australian Commission for Safety and Quality in Healthcare (The Commission) Consultation Paper *'An Alternative Model for Safety and Quality Accreditation of Healthcare.'*

The attached submission highlights Western Australia's position in relation to the issues raised in the Consultation paper.

Western Australia is pleased to comment on this consultation paper and looks forward to reviewing other submissions and the Commission's final report.

Yours sincerely


Dr Neale Fong
DIRECTOR GENERAL
3 October 2007

**Australian Commission for Safety and Quality in Healthcare
An Alternative Model for Safety and Quality Accreditation of Healthcare**

Submission from the Department of Health, Western Australia

1. KEY PRINCIPLES

Western Australia has the following comments to make about the key principles of the consultation paper an 'Alternative model for safety and quality accreditation of healthcare.'

(a) Balance costs against benefits for proposed changes

- Many of the proposed changes to current accreditation arrangements will inevitably incur additional financial costs to States/Territories and healthcare organisations. For example, significant additional financial costs will be incurred at the national level to support the establishment and operations of the proposed new national standard setting body.
- In addition, WA believes that the States/Territories will incur additional costs from taking on potentially new responsibilities in terms of establishing new monitoring and reporting systems, undertaking compliance reviews of public/private hospitals and providing reports on the performance of WA hospitals to the Commonwealth government. WA believes that the Commission needs to ensure that these costs do not outweigh the benefits.
- WA believes that these costs need to be fully detailed in the Commission's final report to Australian Health Ministers' Advisory Council (AHMAC) and the Australian Health Ministers' Conference (AHMC) before being endorsed.

(b) Jurisdictions retain responsibility for the regulation of health services

- WA believes that the proposed national body should have responsibility for standards setting and oversight/regulation of the accreditation system across Australia. This function would be similar to the role of the Joint Commission on Accredited Health Care Organisations (JCAHCO) in the USA.
- With respect to the regulation of health services, WA believes that the alternative model must recognise that State/Territory jurisdictions have responsibility for funding public hospitals in each State/Territory and for licensing of private hospitals.
- Given this role, WA believes that it is imperative that State/Territory jurisdictions retain responsibility for the regulation of health services and responsibility for implementation of sanctions/penalties if standards are not met.

2. COMMENTS ON THE PROPOSED STRUCTURE AND GOVERNANCE OF ACCREDITATION IN AUSTRALIA

The Western Australian Department of Health has consulted widely with industry stakeholders and has the following comments to make about the proposed structure and governance arrangements outlined in the Commission's discussion paper on the 'Alternative model for safety and quality accreditation of healthcare.'

(a) Separation of safety assurance and quality improvement processes

- The separation of safety assurance from quality improvement processes is supported. Stakeholders were keen, however, to highlight the difficulty in trying to separate safety assurance and quality improvement because they are invariably interrelated e.g. quality improvement processes will often underpin and drive the attainment and

maintenance of minimum standards. Nevertheless, the advantage of separating the two processes, particularly in relation to safety assurance is that states/funders/consumers will be able to measure whether or not a hospital is providing safe healthcare. A weakness of the current accreditation system is that it focuses essentially on quality improvement processes.

- Therefore, WA believes that with the separation of the two processes the proposed minimum safety standards must be underpinned by appropriate quality improvement indicators.

(b) Separation between safety standards development and assessment of health services

- The separation of standards development and assessment of health services is supported.
- WA recommends that the Commission adopts the governance model that has been adopted by the National Pathology Accreditation Advisory Council (NPAAC), which is managed by the Australian Government Department of Health and Ageing (<http://www.health.gov.au/npaac>).
- The pathology accreditation model, as the preferred accreditation model for Australia, separates the role of NPAAC as the standards-setting body, and NATA as the accrediting/conformity assessment body.
- NPACC is responsible for the development and maintenance of standards and guidelines for pathology laboratories. Audits against these standards and guidelines are conducted by the National Association of Testing Authorities, Australia (NATA).
- NATA audit assessment reports are considered by the Medicare Australia in determining access to the Medicare Benefits Scheme.
- The NPAAC is governed by a Constitution that has been enacted by an Order of Council of the Commonwealth of Australia.
- If the proposed accreditation body is enacted under similar regulations as NPAAC, its role and functions will need to be independently evaluated on a regular basis, in order to retain ongoing legislative protection.

(c) Accreditation of all settings of care where services are provided by registered health professionals will need to comply with national minimum safety standards

- The accreditation of all settings of care where services are provided by registered health professionals is supported. WA recommends that the following comments from a stakeholder are considered in the final report:-
 - From a hospital point of view, all registered health professionals should meet the minimum safety standards and be working towards best practice standards within their area of expertise.
 - It is recommended that the Commission works with key Allied Health Professions to develop appropriate minimum safety standards for these groups.
 - There needs to be more clarification about what is being assured, the settings or professional/workforce groups or services. In many instances a service in a country setting may fluctuate in its capacity to deliver services. Agreeing on a service standard rather than a site standard in clinical service delivery may be more appropriate.

(d) National Minimum Safety Standards

- The introduction of a set of national minimum safety standards is supported. However, in order to fully streamline accreditation arrangements across the Australian health care system, WA believes that consideration should be given to the application of the minimum safety standards across other key areas such as: primary care, public health, social care and aged care.
- The following specific comments have also been identified by stakeholders:
 - Minimum safety standards require clear definition
 - Concerns that minimum safety standards might undermine the achievement of high standards and the valuable work being done to incorporate safety and quality into every day clinical practice.
 - The standards must not have a strictly metropolitan/territory focus. This means recognising that safety can be impacted by issues beyond the control of a service provider e.g. there needs to be explicit recognition of specific factors impacting on delivering services in rural and remote settings.

(e) Assessment of non-clinical and technical compliance

- Mutual recognition between assessment bodies is fully supported.
- WA believes that a process adopted in the UK should be considered. The Healthcare Commission in the UK has implemented a number of strategies to reduce the burden of healthcare inspection and monitoring. Actions taken include the signing of a Concordant between bodies responsible for inspecting, regulating and auditing healthcare.
- Other comments by stakeholders:-
 - Non-clinical assessment should be rolled in with the national minimum standards and not be seen as separate.

(f) Development of a national framework for quality improvement

- There is recognition for the need to develop a national quality improvement framework because quality improvement processes essentially underpin attainment and maintenance of minimum safety standards. However, priority should be given to the development of minimum safety standards with clear outline of those quality improvement processes that will need to exist in order for them to be attained. Also, it is imperative that a healthcare organisation's quality improvement framework is fully aligned with their risk management plan.
- Other comments provided by stakeholders in WA included:
 - In terms of a national framework for quality improvement the successful features of ACHS EQulP Version 4 Framework is supported as a sensible and logical way forward.
 - The focus of the quality improvement framework should remain on the continuous improvement and organisational development rather than punitive sanctions or be linked to funding arrangements. Separation of Safety and Quality as separate assessment processes would ameliorate this to some extent.

(g) Establishment of a national entity

- WA recommends that the national entity should be a new body that is independent and statutory, enacted under appropriate Commonwealth legislation or corporations law and add measurable value to the system.
- The success of the Pathology accreditation model in Australia has been discussed previously in this submission (section 2b). WA strongly supports the new national body

modelling itself on the successful features of the Natational Pathology Accreditation Advisory Council (NPAAC).

- The key benefits of the pathology model is that it combines regulation with experts in the field of pathology who set the standards, provide education and support and advice to ministers about accreditation. This is reflected in its membership which includes Commonwealth, state and territory health jurisdictions, peak pathology and peak laboratory medicine bodies.
- Other comments from stakeholders: when standards are not met, the national body will need to provide support and resources in order to achieve these with an agreed process.
- To ensure an objective approach the standards set by the national entity will need to be externally assessed and compared with international standards.

(h) Priority areas

- WA supports the following associated reforms as a high priority for action and includes comments from stakeholders:
 - *Unannounced Surveys to assess the national minimum safety standards* - There is a move internationally towards unannounced visits and this is supported, as it would be the expectation of the national entity that all hospitals should be complying with its standards at all times.
 - *Piloting of tracer methodology* – the patient journey needs to start at the point of referral and review until point of discharge from clinical care.
 - *Review of surveyor training* - surveyors need to meet specific competencies and be assessed on a regular basis. Health services should be involved in surveyors training.
 - Best practice guide to standard development
 - *Public reporting of accreditation outcomes* (timing and format) - caution must be made so that reporting does not turn into meaningless 'league tables' or generate any perverse incentives in accrediting processes.
 - Mutual recognition of accreditation processes and outcomes.