



The Royal
Australian and
New Zealand
College of
Radiologists

RANZCR submission to the Australian Commission on Safety & Quality in Health Care's National Safety and Quality Accreditation Standards Consultation Paper: *An alternative model for safety and quality accreditation of health care* (August 2007)

OPTIONS FOR THE IMPLEMENTATION OF THE ALTERNATIVE MODEL

Separation of safety assurance and quality improvement standards and assessment processes

The College notes that the first key element of the alternative model proposes separating safety standards setting (and processes to assess them) from quality standards setting (and processes to assess them). Safety assurance and quality improvement would be subject to different compliance and reporting requirements, and would be prescribed through minimum safety standards. Quality improvement would be delivered within a framework which encourages continuous improvement.

The College believes that this key element of the alternative model is at odds with most accepted modern studies of health care quality that have concluded that quality and safety are interdependent and inseparable. Quality care is a fundamental prerequisite for safe care, and quality tools and processes that explore measure and evaluate the objectives of healthcare quality (e.g. effectiveness, efficiency, affordability, adequacy, accessibility, acceptability, appropriateness, continuity, patients and providers' satisfaction) with their respective tools, indicators, criteria and standards are the basis for quality and therefore safety. Safety is generally considered to be a consequence of good health care quality.

The work of Dr Avedis Donabedian, widely recognized for his structure-process-outcome formulation for quality assessment activities, set the framework for most contemporary quality measurement and improvement activities. His professional work focused on the systemization of knowledge throughout health care organizations, especially with respect to quality assessment and monitoring. Donabedian in his modern studies of health care quality did not separate quality from safety and concluded rather that these two notions are linked by many relationships.

The College notes the document published by the former Australian Council for Safety and Quality in Health Care, "Standards setting and accreditation literature review and report (July 2003)". This document includes (on Page 12) comment on "Separating out core safety standards", concluding that "It is therefore difficult to separate out a core set of standards that would specifically address patient safety issues, to be applied across the health care system. Given that the key objectives of all health care facilities and services are to provide high quality care and ensure patient safety, any set of standards incorporated into a system of quality assurance and improvement will have the overall aim of achieving such outcomes."

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It is widely accepted that the aim of accreditation is to assess whether the minimum safe level of service delivery is met and how effectively the service applies those outcomes to improve quality. The linkage of assessment of safety with assessment of achievement in quality improvement is required to maximise patient safety; where it is absent there is the risk that they will simply not inform each other. The proposed alternative model constitutes a significant shift in approach. It proposes a clear separation of the process designed to assess the safe delivery of a health service from the process that establishes and assesses achievements in quality improvement.

The College does not in any way support the proposal to separate the setting of safety standards and assessment processes from quality standards setting and assessment processes, and does not agree that it will achieve the stated aim of improving the ability of accreditation to assure safety and productively promote quality improvement.

In light of this position, no further comment on timeframes and resource implications are provided.

Separation of Standards Development and Assessment

The College considers that there must be contestable separation between the body developing standards and the body assessing services against those standards. This separation, however, can be achieved through a variety of means. There can be complete separation whereby the standards activity is undertaken by one corporate entity while the assessment activity is undertaken by a second corporate entity. For example, this is the case with the RANZCR/NATA Accreditation Program, although there is a clear partnership between the College and NATA so that neither activity takes place in isolation.

There can also be effective separation such as the ACHS arrangements whereby standards and assessment activity are carried out by one corporate entity, but with internal corporate governance arrangements that maintain effective separation.

Registration Status of Individuals and Eligibility for Accreditation

In principle, the College supports the notion of accreditation of health services; however, rather than determining eligibility or necessity for accreditation by the registration status of a professional group in each jurisdiction, the College believes it would be more appropriate and relevant to identify what types of services need to be accredited and which professional groups therefore need to be captured.

The COAG proposal to establish a national registration system for health service providers could be expected to address the current inconsistencies across jurisdictions in registration arrangements for health service practitioners.

Transition Arrangements

The implementation of such a large scheme would require extensive operational transition arrangements. These would need to allow for:

- A Registration period which would award 'provisional accreditation'
- Self-assessment to assist services in preparing for site assessment
- Site assessment which would lead to the award of accreditation

These could be supported by allowing within standards for mandatory and non-mandatory requirements.

Incentives for Participation

Ministers would need to determine whether the system needs to operate on a 'carrot' or 'stick' basis. Practice incentive payments have proven to be beneficial and successful for the General Practice sector; the Pathology accreditation system is effectively mandatory through its link to eligibility for Medicare rebates and the forthcoming Radiology accreditation scheme will follow a similar Medicare-related structure.

Realistically, a link to eligibility for Medicare rebates cannot be considered an accreditation 'incentive' to service providers. Further, the linking of accreditation to Medicare benefits does not capture those services which are provided outside the Medicare system. Determining appropriate incentives for participation in such a scheme requires detailed definition of what services would be captured under the scheme and what entities within those services will be responsible for accreditation. It may be that there will need to be a range of incentives to suit the no doubt large range of service types that will be subject to such accreditation. For example, the incentive for a physiotherapist will be quite different to that which might be relevant for a dentist and different again to that for a physician.

National Minimum Safety Standards

As stated previously, the College does not support the separation of safety and quality standards and associated assessment processes. There is a risk in developing a set of generic safety standards that can be made applicable to all healthcare settings whereby they may need to be 'watered down' to such a degree that they would in effect be meaningless. Therefore, the College considers it would be preferable for Ministers to:

- Identify and define the range of health services that will be subject to the accreditation program;
- Establish a set of safety principles that must be addressed in relation to the delivery of such services;
- Require existing setting-specific standards to address the safety principles in a manner appropriate to the service setting;
- Determine which professional groups represent the providers of these services, and identify through a standards mapping activity whether these groups have developed standards and accreditation processes, and whether they have addressed the safety principles;

Consistency of Assessment

It would be important to establish some generic principles that would need to be applied in all health care accreditation assessments. This may be the most practical means by which consistency in assessment might be achieved, certainly in the implementation phase of any national accreditation framework.

In terms of the processes for assessment, self-assessment is generally regarded to be a crucial component in the accreditation assessment process. The College would strongly recommend that self-assessment be a component therefore of any health service accreditation process. In terms of the accreditation process, it may be preferable to have an initial on-site assessment in order to establish a benchmark for each service being accredited. It may then be useful to adopt a

random audit or, depending on the sector, a sampling framework for maintenance of accreditation.

Recognition of Accreditation Bodies

The College would in principle support an approach previously raised by the Commission whereby a register of accreditation bodies would be maintained by the Commonwealth (or an appropriate agency on its behalf). It would make sense to require some form of external verification of such bodies by organisations such as ISQua, although it must be noted that ISQua accredits such bodies once they have established their processes; therefore, it would be important to require such accreditation bodies to meet certain criteria that would include external accreditation of their services by ISQua or JASANZ within a certain timeframe.

The registration criteria for such bodies would need to include minimum requirements for the competence of assessors, although obviously this would differ across health sectors and therefore it would be preferable to have certain generic requirements such as assessor training and review systems.

Similarly there would need to be some criteria as to how accrediting bodies would feed back and report on assessment, to whom, how regularly and to what degree of detail. This would need to be de-identified data, and one would expect it would include some information on the degree of compliance against standards, with identification of trends in difficulty meeting certain standards that might be sector-specific.

Non-clinical and Technical Standards

This is dependant on the field of practice as some 'technical' requirements in one setting may be considered to be interdependent with clinical standards in another. In Radiology, clinical and some technical standards are interdependent.

Mutual recognition arrangements would be appropriate to manage compliance with existing jurisdiction arrangements for Occupational Health & Safety compliance, building code compliance (including fire safety) etc.

Quality Improvement Framework

The College does not support any separation of quality improvement from safety.

Quality improvement must be required within a set of standards and could be structured to allow for quality improvement through mandatory and non-mandatory indicators. This would make it feasible to establish a reporting system to identify how high the compliance rate is to allow for corresponding amendments to policy, training and/or infrastructure to address identified difficulties or obstacles in services achieving quality improvement

Representation of Stakeholders

Any National Entity that might be established would need to include the expertise of a wide range of professional groups and other bodies. The establishment of safety principles to be addressed by standards would need to reflect the varying needs of the professional groups who would be included in an accreditation scheme that covered all health service settings.

As proposed earlier in this submission, a standards mapping process would identify the range of stakeholders who would need to participate in such a body.

It would appear that the consultation process undertaken to date by the Commission has attracted active participation from a wide range of stakeholders (including consumers). Depending on what activity is finally undertaken by such a body, there may need to be a range of processes to ensure representation by these stakeholders.

Review of Surveyor Training

The College believes that further detail on the standards and scope of the accreditation program need to be defined before consideration can be given to a review of surveyor training. As stated previously, it may be preferable to establish a set of generic principles to apply to surveyors across the accreditation framework. This would involve determining:

- what criteria need to be in place for assessments to be conducted appropriately,
- what corresponding surveyor competencies are essential for such assessments and
- the training processes that need to be in place.

Conclusion

The College recommends that further work needs to be undertaken to amend the proposed model for accreditation before any of the above issues can sensibly be considered or progressed.