



OPTOMETRISTS
ASSOCIATION AUSTRALIA

CONSULTATION PAPER:

**AN ALTERNATIVE MODEL FOR SAFETY AND QUALITY ACCREDITATION
OF HEALTH CARE**

Submission from Optometrists Association Australia

October 2007

Optometrists Association Australia thanks the Commission on Safety and Quality in Healthcare for the opportunity to comment on the Alternative Model of National Minimum Safety Standards.

Prior to answering the questions raised by the Commission in their last discussion paper, the Association wishes to raise two points.

The first is that the minimum safety and quality framework that is adopted can only be very general and each profession will need to have its own arrangements.

The second point relates to cost implications. Current accreditation costs are a considerable imposition on practitioners. It is unreasonable to expect practitioners to bear the cost of infra-structure behind a Government enforced accreditation system. The safety and accreditation system is a public health measure and as such should be financed by Government and not by individual practitioners or members of the public.

1. Separation of safety assurance and quality improvement assessment processes

- *Appropriateness of separating safety and quality*

The Association believes that safety and quality standards can be separated but that it could be a difficult process as the division between safety and quality issues are not clear cut and separation into the two components will often be arbitrary.

For health services where there are currently no standards, development of separate safety and quality standards is seen as a step forward.

However, for health services with combined standards, division into safety and quality standards is seen as a retrograde step because the combined standards already provide both a safety framework and an opportunity for improved quality of services. Further, the process to divide the standards would be time-consuming and costly.

- *Timeframe and Resource implications*

The Association is unable to comment on the timeframe to separate safety and quality standards for professions other than optometry.

In the case of optometry, the development of the alternative model in which safety and quality standards are separated would require a complete review of the existing standards and could not be implemented in less than a year. Such a process would involve considerable inconvenience and expense to the profession. It is estimated that one staff member would need to be employed part-time for at least one year.

2. Separation between safety standards development and assessment of health services

- *Mechanism for achieving change*

In the optometry model, there is already separation of safety standards development and assessment of health services. The profession, through Optometrists Association Australia, establishes standards while the assessment process is managed by an external body that employs independent optometry surveyors.

- *Timeframe for the implementation*

In optometry, safety and quality standards and assessment processes are in operation and could immediately be adopted in a Government sponsored program. If separation of safety and quality standards was required then we estimate implementation would require more than one year.

- *Resource implications*

If the current system for standards development and assessment for optometry is maintained, there are no resource implications for development of the system to Government. There could be considerable implications both to the profession of optometry and to the Government should the alternate system be adopted.

If some form of accreditation becomes compulsory there may need to be subsidies from Government to help practices meet the costs of accreditation. Optometrists fees are fixed by the Commonwealth Government and the costs of accreditation cannot be offset by adjusting fees as they can by other health service providers.

3. Accreditation of all settings of care where services are provided by registered health professionals

- *Appropriateness of including professions registered in one or two states or territories*

Any health service where there are safety implications in the work the health professional undertakes should be subject to safety and quality standards.

- *Transition arrangements required to implement the assessment of minimum safety standards*

It is essential that the adoption of the new standards is well publicised so that practitioners are aware of their obligations. This is of particular importance for practitioners who have never been involved in an accreditation process.

- *Prioritisation process for professions 'not currently accredited'*

Until the full nature of the scheme is decided upon, it is difficult to answer questions regarding prioritisation, timeframe and resources.

- *Incentives that could be considered*

Accreditation is an expensive and time consuming process. When there are no incentives, practitioners find the process unappealing and the benefits intangible. There has been minimal uptake of accreditation in optometry because the benefits of accreditation to the practice are difficult to quantify and the costs of undergoing accreditation are significant.

Accreditation is expensive and the costs of undertaking the process and certification are normally incorporated into the costs of running a practice or health service. Ultimately if there is no productivity benefit to the practice or health service, the costs of accreditation are passed on to the public in the form of higher fees. In the case of optometry, accreditation does not have productivity benefits and leads to higher costs of running a practice. Optometrists cannot pass on these extra costs as the fees that optometrists may charge are controlled under the Medicare arrangements by the Commonwealth Government. Should accreditation become mandatory it becomes incumbent on the Commonwealth to adjust Medicare fees to compensate optometrists for the extra expense in running their practices.

There should be penalties for non-compliance with standards where non-compliance could be a serious risk to safety. For other matters, bodies already exist that are responsible for deregistration, imposing fines and imprisonment, eg. the registration boards, Workcover and the Department of Public Prosecutions.

4. National minimum safety standards that apply across all settings of care

- *The criteria and processes for determining national minimum safety standards*

Standards across the board are not practical as each profession needs its own standards to address its unique situation.

Attached is a copy of the Practice Standards for the profession of optometry in Australia. These standards have been developed by the profession for the profession and are used as the basis for an accreditation process.

The report resulting from the current accreditation process may contain a number of Essential Actions Required before a practice can be granted accreditation. If the practice meets all of the required standards it may be granted accreditation but a number of Continuous Quality Improvement activities may be recommended.

The Association does not believe that safety standard working groups are appropriate forums for consumer input. There are many technical issues that lay-people cannot be expected to comprehend. Furthermore, it is envisaged that any obvious safety hazards that a member of the public could identify could also be identified by experts in the field. Minimising the parties involved in the working groups will expedite the standards setting process.

- *Priority order for the development of standards*

A priority order for the development of standards cannot be commented on until the full nature of the scheme is decided upon. The priority order will also be expected to differ between professions.

- *Assessment outcome – pass or fail*

A conditional rating may be more acceptable than a fail unless there are dangerous practices that could immediately jeopardise patient and staff safety. It is suggested that there be a timeframe in which the facility can address any areas where they do not pass on a first attempt.

- *When should a facility fail?*

The main reason that a facility should fail is if there are dangerous practices in place that could jeopardise patient and staff safety.

- *Consequence of failure*

It is felt that the consequences of not meeting the standards should be dependent on the seriousness of the misdemeanour.

- *Sanctions or penalties for failure*

Amongst the penalties for failure could be reduction or removal of funding and temporary closure of a facility or a section of a facility. Before closure of a facility is enforced, consideration should be given to the financial and social costs to the public and how closure will impact the immediate welfare of the patients who would normally be treated at the facility.

- *Options for assessing national minimum safety standards; mechanisms to reduce the subjectivity of the outcome and inter-assessor reliability.*

The Association considers that unannounced surveys will be disruptive to optometric practice. Desk-top audits may be a suitable starting point but need to be supplemented by the provision of material to indicate how a standard has been met. Furthermore, practices should be subject to a structured review with scheduled visits by a surveyor.

Surveyor training and provision of clear interpretive statements for each standard are required to reduce the subjectivity of the outcome and inter-assessor reliability.

- *Information assessment bodies will be required to provide to the National Entity on assessment outcomes against the national minimum safety assurance standards*

Assessment bodies should be required to advise the National Entity of the outcome of each assessment process, in terms of pass/fail/conditional outcome. Information sufficient to allow statistical analysis should be provided to the National Entity.

- *Timeframes for the development and implementation of national minimum safety assurance standards*

The Association is unable to comment on the situation for other professions. A framework is already in place for optometric practice.

5. Assessment of non-clinical and technical compliance

- *Timeframe for the identification of non-clinical and technical compliance requirements*

The timeframe for identification of the various compliance requirements is dependent on what professions currently have available. In the case of optometry, standards addressing these areas are already in existence. Further, these standards also cover clinical ability of the practitioners within the practice through a combination of consideration of practice records and patient feedback, rather than a process of direct observation.

6. Development of a national framework for quality improvement

- *Implementation issues that may arise*

Consideration should be given to practices that have already gone through a different, time-consuming and costly voluntary process.

7. Establishment of a National Entity to lead and coordinate changes

- *Issues that may arise in the establishment of a National Entity*

The National Entity needs to recognise that there are different standards and requirements for different professions. Processes for a particular profession should be overseen by knowledgeable people from that profession. It is essential that the National Entity be representative and not controlled by any particular profession or organisation. Further, the Entity will need to comprise members with expertise in the areas of standards development, setting and assessment, accreditation and surveyor training.

- *Mechanisms for ensuring stakeholder representation, particularly consumers*

Optometrists Association Australia is deeply involved in the areas of standards development and practice accreditation. The Association represents almost all optometrists in Australia and understands the current issues affecting optometric practice, and is therefore an appropriate source of advice to the National Entity.

The Association does not consider that there is a role for members of the public to voice their opinion in this arena. Many of representatives from the professions likely to be involved in the process will themselves be consumers of other services. This may be a sufficient mechanism for the necessary checks and balances provided there is general representation from a range of professions.

- *Timeframe for the establishment of a National Entity*

Establishment of a National Entity is a priority and should be the first step in the entire process. The Association is not in the position to comment on the timeframe required to establish a National Entity.

- *Resource implication of establishing a National Entity and funding options that should be considered*

Establishment of a National Entity requires considerable funding to ensure that the Entity is representative as there are many stakeholders who should have the opportunity to provide input. The Entity should be resourced and funded by Government, not the professions or fees from accreditation.

8. Review of surveyor training

- *Priority of review of surveyor training*

Surveyor training is critical to the process. All possible efforts should be made so that surveyors are of the highest standard and have the knowledge and skills needed for their role. Surveyor training is essential to ensure consistency in assessment against standards. The Association considers that it would be inappropriate to have anyone other than an optometrist survey clinical aspects of optometric practice.

9. Associated Reforms

Optometrists Association is reluctant to comment on the associated reforms at this stage. These are details that need to be addressed once the broad plan has been developed.