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Adjunct Professor Margaret Banks
Policy Team Leader
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Margaret

Thank you for the opportunity to provide a submission to the Australian Commission on Safety and Quality in Health Care's Discussion paper on the proposed alternative model for Accreditation of Safety and Quality in Health Care.

Attached is UnitingCare Health's submission that addresses the Discussion paper.

Please contact me if UnitingCare Health can assist the Commission further on this important matter.

Yours sincerely

A handwritten signature in black ink, appearing to read "Richard Royle".

RICHARD ROYLE
Chief Executive Officer

RESPONSE TO THE DISCUSSION PAPER FOR AN ALTERNATIVE MODEL FOR SAFETY AND QUALITY ACCREDITATION STANDARDS

The Commission's discussion paper proposes a new model for accreditation of safety and quality of health services. The alternative model recommends a separation between mandatory safety standards, quality improvement processes and non-clinical and regulatory review. The paper provides limited detail on what this would look like which makes an informed response difficult. While recognising the paper's intent is to form the basis of discussion, the following comments are made within this context. It is UnitingCare Health's belief that significantly more consultation and engagement with the industry would be required before any detailed model was finalised, and would be happy to be involved in future consultation.

Standards duplication

UnitingCare Health would like to reinforce their view, as submitted 29 March 2007, that with the scope of the review limited to Accreditation programs, it is difficult to identify what the benefits of wholesale change to the existing system is without reform to the broader concerns related to standards setting given the resource implications of any change on the industry.

The burden of compliance with standards, state and national legislation, and contract requirements for private hospital providers is significant. Accreditation, licensing, health fund, hospital insurer and statutory entities establish requirements for, and review compliance against, a range of regulatory, standards and contract obligations. This is compounded by a number of these entities having established similar standards but with entity-specific variations, which result in increased resource demands (personnel and financial) to ensure compliance with auditing and reporting requirements rather than advancement of the quality and safety agenda. Private providers of hospital services across two or more states incur significant state variation compounding the compliance burden for these providers.

The proposed alternative model offers nothing to reduce this burden. The paper identifies that the model cannot address all aspects of duplication in reporting and safety and quality compliance and that unless relevant organisations accept that the national minimum safety standards and quality improvement framework meets their needs, these requirements will continue. There is no indication that any reduction would be achieved in reality and the model could conceivably add to the burden through separating submission of data and review of compliance to independent bodies for safety standards and quality improvement.

The optional module approach suggested for quality improvement requirements is of particular concern. It is unlikely that every health fund and State and Territory regulator would accept a potential lowering of current standards and could address any such occurrence through development of their own requirements. Any optional quality framework would also result in increased variation of standards within the industry and therefore increase gaps in accreditation standards.

The discussion paper (page 10) notes that compliance with the model could be ensured through legislation or regulatory mechanisms however does not identify whether this is at Commonwealth or State and Territory level. If there is scope for State and Territory variation, there is potential to impose significant additional resource demands without achieving a consistent national model.

Separation of safety assurance and quality improvement standards

Having actively pursued a strategy of integrated risk and quality management in accordance with international models of good governance, it is challenging for UnitingCare Health to identify how the Commission could separate mandatory safety standards from an optional quality improvement process. Defining standards that would constitute safety requirements versus quality improvement requirements would result in an arbitrary separation of standards that would not reflect practical application.

UnitingCare Health believes that any issue identified as being safety relevant would be required to be considered and evaluated in the context of an improvement framework. For example, should reporting of unexpected death and mortality reviews be identified as a mandatory requirement this should not be

considered only in terms of compliance to undertake a review but should lead to process change and improvement. This is not an either/or issue but requires both a risk management and quality improvement focus to improve outcomes.

By defining minimum 'safety' standards and accrediting organizations against these, there is a risk that the community could infer that any organization or individual that meets these standards is 'safe'. UnitingCare Health has great difficulty in identifying what would constitute a safety standard as a stand alone separate requirement that would give this type of confidence. For example, would human resource management be considered a mandatory safety requirement? Failure to ensure appropriately skilled, competent staff deliver care and services would have patient safety ramifications, and attraction and retention of staff is a significant risk for the industry. No alternative regulatory-based safety organization such as emergency services, occupational health and safety or environmental safety agencies make such a declaration following audit, and to do so for patient care delivery would be misleading at best, and dangerous at worst.

Defining minimum safety standards as separate from a quality improvement framework could also result in some organizations or individuals working to achieve minimum compliance rather than commitment to improvement. ie organizations could meet the standard, but do no more.

UnitingCare Health supports mandatory standards that apply to all healthcare services and providers, however does not support mandatory safety standards and an optional quality improvement framework. Including safety and risk management principles as the basis of development for all standards, regardless of whether designed for safety or quality improvement is recommended.

Pass or Fail

A pass or fail requirement as noted, implies that there is either a single evidenced based option for complying with the standard and/or a clearly defined outcome with limited variables beyond the control of the organization such as patient compliance or co-morbidities. The reality of the industry is that there is very few such black and white requirements. Services are provided by human beings, to unwell human beings and managing associated human factors is challenging.

The size and scope of services provided within the health industry vary significantly. Ensuring the standards are broad enough to apply to individual practitioners, large and small public & private hospitals, day surgeries, mental health and dentists, account service differences and human factors and have only a pass or fail requirement would have potential to significantly impact on services provided. Would one case of non-compliance equal failure? Is three events a pass, but not four? Would you fail if you have recognized the issue and started resourcing resolution but not yet resolved? The outcome options for any standards need to be transparent, applied equally to all providers (public and private) but allow for individual circumstances while ensuring safety is not compromised.

Non-clinical and Technical Requirements.

Separation of non-clinical technical and regulatory requirements from the mandatory safety and quality improvement processes and is confusing. The existence of a regulatory requirement does not necessarily mean that organizations comply, or that there is national standardization of requirements. The current process requires evidence of compliance, however does not impose the regulatory obligation with is set by the Commonwealth and State and Territory legislators. Any alternative model would need to consider the impact of removing an additional, independent review of these systems.

The current accreditation process has been of value in Queensland in reducing multiple regulatory inspections and audits required for OHS . Workplace Health and Safety Queensland has accepted the third party review of Accreditation as one method of industry review and limited industry inspections to targeted audits and incident and complaint investigation. Removal of health and safety as a non-clinical or regulatory requirement could result in increased regulatory intervention as a result.

While clinical care delivery is the core business of the industry, hospitals can not achieve this without non-clinical functions working effectively and managing risks. Being financially sustainable, ensuring safe plant, equipment and buildings, having effective human resources management, information systems, food safety programs, cleaning processes are all required to safe and appropriate care. For example, failure of operating theatre air-conditioning plant would delay patient surgery, delivery of the wrong food to a diabetic patient, or feeding a patient who is nil by mouth can have clinical implications. Failure to manage risks and quality within these services can have patient safety impacts and should be included in any industry quality framework.

Establishment of a National Entity to lead and coordinate changes

UnitingCare Health supports the establishment of a national body to lead and coordinate national standardisation of accreditation. The current system of where standards are established and reviewed by private providers (ie a non-government entity) provides an approach to standards development that is independent of government intervention. The system allows for some degree of a barrier to be established to minimize standards development becoming a political tool to address the latest issues being raised by the media rather than the highest risk issues which should be retained.

Any national body should be independent of government and ensure stakeholder consultation is representative of services and sectors within the industry and that employees have contemporary expertise from both the public and private sector. Reduction in the duplication of safety and quality requirements should be a major focus of the national body and performance of the body assessed in the context of adoption of standards as acceptable by other standard setting entities.

Review of surveyor training

Consistent interpretation and application of standards and equity in consequences for all sectors of the health care industry has been a key concern of the current system. The challenge for the industry and the Commission is how to address this in a cost effective manner and maintain an adequate Surveyor base. Currently organizations pay an annual fee for membership, which is supplemented by many organizations through provision of senior staff as Surveyors. This helps manage the cost of membership.

With this in mind and assuming a cost-benefit analysis of what this would mean for providers is available for analysis UnitingCare Health supports improved education of surveyors to develop audit skills, understanding of the requirements of the standards, application in different sectors of the industry and the specific issues being reviewed (credentialing requirements and application to the private sector vs. public sector). Regular update training should be a requirement for all surveyors. Guidance material should be developed for Surveyors and organizations to ensure interpretation of standards in a consistent and transparent way.

Increasing the demand on surveyors may not only add costs but has potential to deter surveyors as would increase training time required and therefore time away from their organizations to meet the standards set. Any impact on the Surveyor workforce and subsequent capability to maintain national auditing demands should be considered. The paper is also not clear on whether there is intent for the member organizations to fund the Surveyor workforce through provision of senior employees.

Unannounced surveys

UnitingCare Health supports the piloting of unannounced surveys. If unannounced surveys are to be introduced however, this must not create an extra burden in addition to current survey processes. While there may be value in assisting to improve quality systems with unannounced issue specific reviews this value is not as easily identifiable as it is for full surveys. Any pilot should not compromise any existing Accreditation status of pilot sites. Evaluation should be transparent and include pilot sites feedback and a cost/benefit analysis.

Tracer Methodology

UnitingCare Health supports the piloting of Tracer Methodology. If unannounced surveys are to be introduced however, this must not create an extra burden in addition to current survey processes. While there may be value in assisting to improve quality systems with unannounced issue specific reviews this value is not as easily identifiable as it is for full surveys. Any pilot should not compromise any existing Accreditation status of pilot sites. Evaluation should be transparent and include pilot sites feedback and a cost/benefit analysis.

Developing a best practice guide to standards development and review

UnitingCare Health supports the development of a best practice guide to standards development and review.

Mapping of standards

UnitingCare Health supports the mapping of existing standards and all other safety and quality requirements as a priority for any reform of accreditation.

Developing a process for mutual recognition of accreditation processes and outcomes

UnitingCare Health supports the development of a process for recognition of accreditation processes and outcomes.