



OPTIONS FOR IMPLEMENTATION OF THE ALTERNATIVE MODEL

General Comments:

Health Services have multiple accreditation processes. In time we would support the broadening of the reform to the other parts of the health sector i.e. Aged Care, Home & Community Care, Disability, Drug & Alcohol and Mental Health.

COMMISSION'S CRITERIA	VHA'S INPUT
<p>1. Separation of safety assurance and quality improvement assessment processes</p> <p>The commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The appropriateness and effectiveness of separating assurance and quality improvement; • Timeframes for the implementation of a separation of safety assurance and quality improvement; and • The resource implications of this change and funding options that should be considered. 	<ul style="list-style-type: none"> • Whilst minimum safety standards for all registered health practitioners are a good idea, it will be hard to differentiate what sits in the safety standards and what is a quality standard i.e. Use of Interpreting, Cultural Awareness Training, etc. • Need to balance risk with compliance burden when determining what is included.

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| | <ul style="list-style-type: none">• Whilst the proposal is to separate standards there is still a need to recognise that they are part of a continuum.• With current expansion of MBS to private allied health and dental practitioners, it is good to have a system to ensure minimum safety standards for these contracted services.• With the health system now servicing increasing numbers of people with chronic illness across a continuum of care, having common standards for safety will help build trust between agencies, which in turn will help break down barriers for clients and minimise service fragmentation.• Given that the health system is striving for an environment of open-disclosure, the sector needs to be highly involved in standards development so that they feel some sort of ownership of the final product.• Need to ensure that health funds, indemnity insurers and relevant government funding agencies are involved in setting safety standards as this is generally their focus already and may lead to a decrease in duplication of reporting over time.• There is a risk with increasing levels of control over agencies that innovation in practice will be stifled.• Suggest that mapping current standards that relate to safety to help build ownership of final product.• Suggest that introduction of new safety standards accreditation should concentrate on high-risk non-accredited services first, for example dental service.• Timeframes will need to be communicated well ahead of implementation so agencies don't experience high costs due to fast tracked implementation.• Once safety standards are developed, it would be good to introduce them as part of the normal accreditation cycle for agencies already involved in accreditation. This should give them a minimum of three years to adapt. |
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	<ul style="list-style-type: none"> • Implementation will increase the cost of compliance for agencies that currently don't meet any standards. This will need to be recognised as will the impact to the consumer and the taxpayer. • Use of national safety standards will help to identify inadequacies in infrastructure and equipment funding which will drive up costs of services.
<p>2. Separation between safety standards development and assessment of health services</p> <p>The commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The mechanism for achieving this change; • Timeframe for the implementation; • The resource implication of these changes and funding options that should be considered. 	<ul style="list-style-type: none"> • General agreement that consumers would see separation of standards development and assessment more positively. • Currently a number of our Members are accredited under the QIC standards. This is an example of an existing model of separation that works well. • As highlighted above, VHA believes that mapping current standards will assist with implementation and ownership of a new common set of safety standards, particularly from agencies that provide staff as surveyors.
<p>3. Accreditation of all settings of care where services are provided by registered health professionals</p> <p>The commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The appropriateness of including services provided by registered professionals, where they are registered in only one or two states and territories; 	<ul style="list-style-type: none"> • VHA agrees that including service provided by registered professionals is appropriate, especially given the move toward national accreditation. Linking to this process could

<ul style="list-style-type: none"> • Transition arrangements required to implement the assessment of national minimum safety standards in all settings of care; • A prioritisation process for the staged implementation of changes for services that are not currently accredited; • Timeframes for the implementation of safety assessment processes; • The resource implication of these change and funding options that should be considered; and • Incentives that could be considered. 	<p>be used to identify new and emerging workforce models with an expanding scope of practice.</p> <ul style="list-style-type: none"> • Suggest a risk management approach to implementation based on targeting those practitioners not currently accredited. However in doing this, the Commission needs to recognise that many will need significant support to achieve these standards. There is a risk that this will lead to some practitioners ceasing practice due to the burden on compliance i.e. part-time practitioners, aging practitioners. This is not a desired outcome given current and growing workforce shortages. • Need to develop new and innovative ways of supporting new agencies. • Need to create significant financial incentives such as those for GPs (not all GPs are accredited). These incentives may need to be increased. • Resources: there will be a cost to solo practice providers which will flow on to the consumer and this will increase costs. • Could implement the Grandfather Model for existing accredited agencies, were willing to assist partner or contracted agencies reach standards by sharing of systems and processes.
<p>4. National minimum safety standards that apply across all settings of care</p> <p>The commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The criteria and processes for determining national minimum safety standards. For example, the National Entity could develop standards directly (using working groups of technical experts, 	<ul style="list-style-type: none"> • As mentioned, mapping existing standards would be a good approach with input from the stakeholders suggested plus existing accreditation bodies.

- consumers and other stakeholders);
- The areas to be addressed by the standards and the coverage of each standard;
 - The priority order for the development of standards, which may be risk-based;
 - Whether the assessment outcome against minimum safety standards should be pass or fail;
 - What a failure would mean for a health service;
 - Sanctions or penalties that would result;
 - Mechanisms to ensure mandatory compliance against national minimum safety standards. Detailed consultation with jurisdictions on how to most effectively implement mandatory compliance will be undertaken by the Commission;
 - Options for assessing national minimum safety standards and mechanisms to reduce the subjectivity of the outcome and inter-assessor reliability. For example, they may be suited to assessment through desk top audit and complemented by unannounced surveys;
 - Mechanisms to recognise bodies to assess against national minimum safety standards. For example, the approval process could include agreement by the assessing body to provide assessment information to the national entity and for them to be externally accredited by independent bodies such as ISQUA and JASANZ. There may also be specific requirements about the training, competence assessment, performance management, experience and reliability of assessors;
 - Information assessment bodies will be required to provide to the National Entity on assessment outcomes against the national minimum safety assurance standards;

- Areas that need to be addressed are:
 - Infection control;
 - Medication safety;
 - Client and staff communication; and
 - Audit against practice guidelines for high risk, high volume conditions (increasing risk for clients with chronic conditions that treatment / checks are not undertaken rather than what is done to them).
- Priority for development of standard should be risk based.
- Pass or Fail – this should be based on a judgement on a standard by standard approach. Needs to be a period of grace and support in the first instance to help agencies achieve the standards.
- There should be more proactive and supportive response rather than sanctions/penalties for services that do not meet standards. Such as providing additional resources and/or expertise to assist agencies that fail.
- Sanctions or penalties in the longer term – access to funding to address failures.
- Safety Funding Sanction – only those who continue to fail should face a penalty.
- There should be an option for a desktop audit by DHS and spot audits for some high-risk areas i.e. infection control. Need to learn from other sectors i.e. OHS approach.
- Needs to be a minimum set of competencies for surveyors and an on-going credentialing process.
- Unannounced Surveys – this can be hard on small agencies as it has the potential to cause operational disruptions and interruptions to patient care. If this is done, it needs to be carried out on small points and targeted areas rather than generally.
- Information assessment bodies – VHA agree that there has to be some link between funding bodies and accreditation

<ul style="list-style-type: none"> • Timeframes for the development and implementation of national minimum safety assurance standards; and • Resource implication of these changes and funding options that should be considered. 	<p>bodies.</p>
<p>5. Assessment of non-clinical and technical compliance</p> <p>The Commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The appropriateness and effectiveness of assessing separately non-clinical and technical compliance of a health service; • Timeframe for the identification of non-clinical and technical compliance requirements; and • The resource implication of these changes, if any and funding options that should be considered. 	<ul style="list-style-type: none"> • VHA believe that this criterion is adequately satisfied.
<p>6. Development of a national framework for quality improvement</p> <p>The Commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • The structure and content of a quality improvement framework; • International or local examples of a quality framework that could be considered in the development of an Australian improvement framework; • Timeframe for the development and implementation of a national framework for quality improvement; • The impact of these reforms on the accreditation service industry and their capacity to make the proposed 	<ul style="list-style-type: none"> • VHA believe that the new framework should build on existing state based frameworks that many agencies have already linked to. These have been developed based on international and local input. • Whilst the Alternate Model separates out the Safety Standards, these should still be part of the final framework. • Once again, once the framework is agreed to, where possible the existing quality standards should be mapped to it. This will minimise the initial impact on the accreditation service

<p>changes;</p> <ul style="list-style-type: none"> • Implementation issue that may arise; and • The resource implications for development of, and compliance with, a national quality framework and funding options available. 	<p>industry and then allow for incremental change.</p>
<p>7. Establishment of a National Entity to lead and coordinate changes</p> <p>The Commission is seeking stakeholder input on:</p> <ul style="list-style-type: none"> • Issues that may arise in the establishment if a National Entity; • Options for the establishment of a National Entity. For example, whether it should be establishment within as existing body, as a secretariat, or by the creation of a new body. The National Entity could operate as a statutory body, an incorporated body or as an advisory body in the way the Australian Commission on Safety and Quality in Health Care (the Commission) operates; • Mechanisms for ensuring stakeholder representation, particularly consumers; • Timeframe for the establishment of a National Entity; and • The resource implication of establishing a National Entity and funding options that should be considered. 	<ul style="list-style-type: none"> • VHA believes that this entity should be part of Australian Commission of Safety and Quality rather than creating yet another body. This would make it easier for agencies in navigating and accessing quality and safety information. • An advisory group from peak bodies across the health system could act to link agencies and the commission. This should include consumer peak bodies such as the Consumers Health Forum. • Formation of this body should be a priority for the reform to ensure stakeholder engagement is timely and comprehensive.

8. Review of surveyor training

The Commission is seeking stakeholder input on:

- The priority of carrying out such a review;
- The scope of the review of surveyor training and assessment;
- The timeframe for the review; and
- The resource implication of this review.

- VHA believes that such a review should be a priority for the Commission, as it would add value to the current system as well as working toward the Alternative Model.
- There should be a minimum set of competencies for surveyors and annual credentialing. This will lead to greater credibility of surveyors with agencies.
- Surveyor training should be accredited by ACSQHC in a manner similar to course conducted for health professionals.

9. Associated Reforms

The Commission is seeking stakeholder input on:

- The priority of carrying out each of the proposals;
- The scope of each of the proposals;
- The timeframe for the implementation of each of the proposals; and
- The resource implication of the proposals

- VHA believes that mapping of standards is essential and will support the move to mutual recognition of accreditation processes and outcomes.
- It is important to have a clear definition of best practice in standards development and review, linked with the above action; this could lead to overall improvement.
- The unannounced surveys should focus on safety therefore cannot commence until the standards and assessment processes are developed.
- Whilst the tracer methodology piloting could be interesting within organisations, given the evidence that quality breaks down at interfaces, it would be interesting to extend this approach to interagency quality and safety systems.