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AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE

*NATIONAL SAFETY AND QUALITY  
ACCREDITATION STANDARDS REVIEW*

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

**August 2007**

**SUBMISSION IN RESPONSE TO CONSULTATION PAPER**

**From**

**Quality Improvement and Community Services Accreditation  
(QICSA)**

**5<sup>th</sup> October 2007**

## Introduction

Quality Improvement and Community Services Accreditation (QICSA), as a licensed provider of the Quality Improvement Council (QIC) Standards and Accreditation program in Victoria, welcomes the opportunity to respond to the Consultation Paper proposing options for alternative models for the Australian Accreditation System that achieve the outcome of 'a plan to enhance the role of accreditation in both quality improvement and in the implementation of agreed national standards' (AHMC 2005, as quoted in the consultation paper). QICSA supports the accreditation reform agenda, and commits to working with the Commission to achieve best outcomes in safety and quality in health services through quality and accreditation frameworks.

As a stakeholder committed to safety and quality in healthcare, QICSA requests that the following feedback be considered.

## Detailed Response

### *General comment*

#### **1. Scope of sector coverage under the terms of the Commission's review**

In defining the scope of developing national minimum safety standards that would apply 'across all sectors of the health system in which registered health professionals practice, including private and public sectors providing institutional, ambulatory or primary care' (from the Consultation Paper Aug 2007), QICSA strongly urges Commission to consider the effect a possible new model would have on those organisations whose scope of service extends beyond those parameters. Examples in the Victorian context alone would include community health services, divisions of general practice who offer direct services to community members, non-government organisations who provide a diverse service mix and the like. Should the new model pose additional accreditation requirements, as it appears it may well, this would increase the burden to organisations of multiple accreditation reviews and documentation requirements beyond the current experience; this is a barrier to effective continuous quality improvement (CQI) frameworks within which organisations manage their accreditation requirements. This model potentially has major impacts where organisations offer both health and community services, where these organisations may continue to have state and/or federal registration or accreditation requirements in addition to proposed National Safety and Quality Standards, if mutual recognition is not negotiated. There is an overt challenge here to simplify processes without sacrificing client outcomes, to better manage multiple accreditation requirements. Further work in evaluating the human resource costs of multiple accreditation requirements is encouraged.

This Consultation Paper explicitly states that the model cannot address all aspects of duplication in participation and reporting of safety and quality compliance; however, unless clear and transparent criteria and indicators are established to support mutual recognition across shared and multiple requirements, organisational burden is likely to be unacceptable in terms of appropriateness, efficiency, effectiveness and accountability. QICSA advocates for the Commission to consider and address these issues in its final recommendations.

## **2. Safety and quality standards in a continuous quality improvement framework**

There is an apparent dichotomy in the underlying framework, philosophy and principles of minimum versus aspirational standards, which may be seen as quality assurance versus quality improvement standards. Further, there is lack of clarity about what constitutes minimum acceptable standards, and who determines their acceptability. Is this societal or technical in approach, or a combination of both? Further development of an explicit statement is warranted.

A CQI framework and approach enables the tailoring of accreditation to the requirements and operating environment of individual organisations, while still ensuring that minimum safety and quality standards are met.

Whilst the Consultation Paper has a strong focus on standards development, it is relatively weaker in exploring the requirements that enable consistency, rigour and robustness in assessment, beyond review training and the accreditation of accrediting bodies. Any mutual recognition process, and the credibility and analysis of consolidated assessment data, must consider both the standards and their implementation in assessment practice, to be valid and reliable. Transparent consideration of contributing criteria will facilitate confidence in the rigour of the assessment process.

There is a strong emphasis throughout the Consultation Paper relating to the link between accountability at regulatory and funder level with accreditation process, and the role of government in safety assurance and safety regulation; other stakeholders will have different imperatives for the role of accreditation and standards, and this needs to be further explored. It would be to the detriment of client outcomes and sector development if quality were seen to be secondary in importance to being 'risk averse'. Accreditation should not be seen as the police force for safety on behalf of funders and regulators, as accreditation cannot, nor should it, be seen as a guarantee of minimum safety. The Consultation Paper seems to provide conflicting statements relating to the 'guarantee' inherent in accreditation; this needs to be addressed.

## **3. Consumer focus**

The Commission has given a strong commitment to focussing on consumers; however the consumer is not well-defined in the Consultation Paper, nor is a high level of current and ongoing consumer participation in the development of the model apparent.

QICSA is concerned that there is no explicit community participation strategy as an element of the model. Further discussion on a range of consumer related issues is sought. As an example, how are consumers going to be adequately informed about developments and outcomes, and what level of consumer involvement is desired (and who determines this?) to ensure that the processes undertaken and the outcomes achieved meet consumer and community wants and expectations. Has the appropriate mix of consumers been considered, to gain a comprehensive understanding of their diverse perspectives across all the dimensions of culture — age, ethnicity, gender, rurality, to name but a few.

There is also concern that perceived 'efficiency gains' may engender reductions in equity, fairness and appropriateness of service delivery. Evidence-based practice and its methodology often lack a robust consumer perspective.

QICSA requests that further consideration be given to exploring the benefits of a considered and overt consumer participation strategy through all stages of the review.

## ***Specific feedback on elements of the model***

### **1. Separation of safety assurance and quality improvement assessment processes**

The Consultation Paper indicates the intention to separate both standards and assessment processes for the two dimensions that are the focus of this review — safety and quality improvement. QICSA is concerned that this appears to send a message that minimum compliance relating to safety is sufficient, rather than an organisation being aspirational about its safety systems within a quality improvement framework.

Further QICSA is concerned that this element of the proposal appears to be at odds with the stated objective of reduced compliance burden and improved efficiency, in having two separate processes for safety and quality.

QICSA believes that it is possible to have a set of minimum requirements or quality assurance indicators relating to safety embedded within a set of systems-based standards developed within a CQI framework; thus giving assurance that both technical and societal expectations are met relating to safety and quality, whilst maintaining a focus of CQI, organisational learning and development which all contribute to better client outcomes.

The impact statements indicate clearly that safety is a first priority, and that quality improvement standards and assessment is a secondary priority. If better client outcomes, achieved in a safe way, are the key driver for change, then QICSA would argue that aspects of the quality of the service being provided (e.g. congruence with accepted good practice in the field in terms of effectiveness, appropriateness, accessibility and the like) are equally important to consumers, and integrally linked with safety. Further, QICSA suggests that organisations (particularly those not currently accredited) would be better enabled to achieve sustained compliance with minimum safety standards through self- and external- assessment and planning for required improvements within an embedded CQI framework than without such structural mechanisms to promote organisational learning and development.

Given that safety and quality improvement are strongly linked within the continuum of quality and quality standards, and share many overlapping systems and processes, our experience would indicate that there would be a high degree of repetition in the assessment processes for these separate components, and the perceived benefits in terms of effectiveness and efficiency seem unlikely to be realised. Tracer methodology, for example, could be used to assess against both safety and quality standards in separate assessment processes; on the other hand, the same methodology could provide information against multiple standards in one well integrated assessment process, with a much higher level of efficiency. Having an integrated assessment process for both safety and quality standards would not proscribe the reporting of results related to a suite of agreed indicators, both qualitative and quantitative, to regulators, consumers and other interested parties.

Compliance has not been found to be a driver for improvement, nor does it promote robust, well-integrated workplace systems; hence QICSA requests that the Commission conducts further research and consultation in this area prior to making its final recommendations.

Regarding the role of surveyors, QICSA supports the development of established benchmarking criteria for the training and support of surveyors, to ensure consistent and rigorous standards of assessment are maintained within both quality assurance (QA) and quality improvement (QI) frameworks. QICSA believes that surveyors can fulfil both QA and QI roles within a peer review framework, given appropriate training, support, systems, protocols and operating platforms.

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

In developing **and reviewing** the proposed standards, QICSA believes that it will be important to undertake a comprehensive consultation process that involves **all** stakeholders, to ensure that the standards fulfil both technical (from a range of stakeholder perspectives) and societal/consumer expectations and wants. In this way, all stakeholders are more likely to agree on the appropriateness of the standards, and have a sense of collective ownership for the standards and responsiveness to the standards. This stakeholder consultation should include standards setting and standards assessing bodies, to understand the issues that relate to standards interpretation and assessment, as assessing bodies are well-placed to provide intelligence in this area. Standards developing bodies and assessing bodies have considerable expertise across a range of settings to inform the development of standards and related processes. This provides opportunities for the streamlining of the current multiplicity of service specific quality standards, against which organisations are required to be assessed and accredited. Relating to stakeholder input, see also our comments regarding consumer participation.

QICSA endorses in principle the separation of standards developer/owner and assessing body. This is the model in which we currently operate and QICSA believes that this model demonstrates a transparency of process that achieves the stated aim of this proposed reform strategy.

The impact statement for standards setting bodies appears to indicate two parallel processes for the development of quality improvement standards — one through a range of standards setting bodies and a second through the proposed national standards body. QICSA suggests that there needs to be explicit overarching policy, and agreed stakeholder input, criteria and scope of practice for the two bodies, to minimise duplication of both effort and accreditation requirements, increase consistency and congruence of standards and related assessment processes and ensure timely review of standards to maintain currency with accepted good practice at both societal and technical levels. This is of benefit to the standards bodies, the public purse, health service organisations and, ultimately, consumers.

## **3. Accreditation of all settings**

An alternative way of considering the issue of irregularities in registration requirements as a barrier to defining the scope of the proposed accreditation model is to prescribe the service types which will fall under this proposed model, without reference to the registration requirements. It would seem that services delivered by an occupational therapist, for example, present equal safety and quality concerns irrespective of jurisdiction in which the therapist practices, when one considers that the requirement for registration does not proactively assess or monitor the standard of service provided. In parallel with these reforms, the Commission might consider making recommendations regarding registration requirements based on a hierarchy of agreed criteria to the Health Ministers.

Relating to settings, there is another issue that QICSA would raise for consideration — that of a consistent and transparent approach to defining the scope of accreditation for consumers and other stakeholders within a setting. A case example in the proposed system could be a community health service which has both registered health professionals and a range of other service providers. In stating whether the proposed national safety standards were met by such a service, there is no explicit process in place at present, under this proposal, to ensure that the services provided in that setting by other service providers meets the minimum standards set for registered health professionals; hence the scope of accreditation is open to misinterpretation. QICSA suggests that further work needs to be undertaken in this area.

QICSA would also caution that accreditation is not a guarantee that a service in a particular setting is safe (as was suggested in p. 5 of the consultation paper), any more than registration guarantees that the care provided by a registered professional in that setting is safe. Both processes however do give a degree of assurance to consumers that there is a level of monitoring of compliance with agreed standards and professional ethics/practice.

#### **4. Development of national minimum safety standards that apply across all (similar) settings of care**

It has been an ongoing challenge to establish a single set of standards which apply across all settings of care. The diversity of registration requirements across Australia is a case example of this, and would, we believe, require some parallel review to facilitate achievement of this objective.

The criteria and processes for determining such a set of standards requires extensive consultation across all stakeholders and settings, to ensure that the diverse range of perspectives are understood and included in the decision-making. This engagement process should determine the scope of the areas to be addressed in the standards themselves, the process of assessing against the standards, priorities for standards development, the criteria and consequences of meeting or failing to meet the requirements, the level of reporting of results to the different stakeholder groups, the (extensive) level of resources required to implement the agreed model, the criteria for recognition as an 'accredited' assessing or standards developing body and minimum requirements to be 'accredited' as a surveyors. QICSA does not believe that this new model can be achieved in a sustainable way, with strong support from all stakeholders, unless such a participative process is undertaken.

QICSA supports the proposal to develop clear criteria to explicitly document why specific subject areas relating to safety are included or excluded, where these criteria are based on a dataset that is inclusive of the relevant factors that impact on safety (e.g. setting, service/intervention type, target population, target health issues and the like).

It is of concern that the proposal intends to limit the scope of standards setting to *'address key safety and quality issues where there is a compelling case for mandating compliance'*. Two issues arise — firstly that the proposal does not consistently include or exclude quality in the discussion about national minimum safety standards and secondly, that a compelling case for mandating compliance appears to be not yet well-defined. At first analysis, this seems to indicate a likelihood that sentinel events would determine the compelling case; this might prove problematical in a range of settings where the occurrence of sentinel events are less frequent or poorly related to causation, as might occur in a community setting where sentinel events may not re-present.

The commitment to *'early development of processes to ensure safety standards remain current over time'* is supported, as is the involvement of a wide range of stakeholders in the process. The history of standards development and review in Australia indicates that many standards developers perform poorly in the domain of maintaining currency of standards in line with the range of perspectives which influence an understanding of the appropriateness and currency of standards.

QICSA would support the further exploration of consumer expectations and rights relating to the notion of 'potential to harm', as lack of care or non-intervention can result in harm just as can inappropriate or ineffective care. The dimensions of 'potential to harm' would benefit from further exploration. A concentrated focus on high risk safety areas at the expense of other dimensions of safety has the potential to diminish the value of the standards set.

In addition to the regulating body receiving consolidated national minimal safety standards reports, feedback from accrediting bodies relating to, at a minimum, inter-assessor reliability, process and interpretation issues should be considered as part of the



body of knowledge informing the review process. Clarity around the evidence requirement, moderation between assessing bodies, surveyor supervision, mentoring, training and benchmarking all contribute to more consistent and reliable assessment outcomes.

#### **5. Assessment of non-clinical and technical compliance**

Again, further development of agreed criteria for decision-making relating to separate compliance assessments, assisted by mapping of the existing standards and processes for non-clinical and technical compliance for areas of congruence, would be of benefit. Where technical compliance is quite targeted to discreet departments or programs within an organisation, separate assessments may be preferred; however, an alternative model would be to look at technical experts assessing against these standards within a broader whole of organisation accreditation assessment process. The relative merits of each approach should be further explored.

It is uncertain from an organisational or consumer perspective whether the efficiency gains and cost benefits will be realised, as organisations report that the human resource cost of assessment, preparation and documentation costs for the multiplicity of compliance/accreditation requirements is the greatest cost factor, and this appears unlikely to be reduced in this model.

#### **6. Development of a national framework for quality improvement**

It appears that this element of the proposal is largely reflecting the status quo, in that organisations currently do have high levels of '... flexibility in what, how and when they invest in quality improvement'; a whole-of-organisation accreditation is but one quality activity within the armamentarium available. Arguably, effective accreditation systems which are underpinned by strong quality improvement principles encourage and support organisations to address issues of priority to their organisation and community of interest. One significant area of impact would be on funders/government, which have in recent years developed a plethora of standards in an attempt to better regulate and monitor the performance of the organisations they fund. These multiple sets of standards have arisen with little apparent thought for congruence or overlap between standards sets, with limited expert knowledge about the efficacy of the processes set up to support the standards implementation, and little consideration of the burden on organisations who are providing diverse and complex service mixes.

The structure and content of the desired quality improvement framework is again, an area for further consultation and analysis. There are a number of quality frameworks that could form the foundation for ongoing discussion — the Victorian Quality Council framework is but one of these. A targeted literature review and analysis would provide a wealth of information on which to base further discussion.

QICSA would support the development of a set of underpinning principles and elements that are required in a quality improvement framework, to inform the endorsement of existing or new quality improvement standards, irrespective of the developing body. Consumer participation in this process is strongly supported, as is the stated consumer focus and commitment to best practice.

#### **7. Establishment of a national body to lead and coordinate change**

Many of the responsibilities assigned to the national body are supported. QICSA would strongly encourage a significant weighting towards consumer participation in the national body — both in its establishment and in its ongoing work. The relative merits and risks of expanding the role and scope of an existing body or bodies, rather than creating a new bureaucracy, should be explored. Again, stakeholder consultation will assist in informing the best mix of expertise that should constitute this body, to achieve maximum confidence in its integrity.



The national entity is encouraged to investigate and endorse existing mechanisms for 'accrediting' the accrediting bodies, such as JAS-ANZ and ISO certification or ISQua accreditation, and determine whether these awards will be recognised by the national body, and under what conditions.

Public reporting against both safety and quality improvement standards is an opportunity to present transparent and relevant information to the community to inform decision-making about care choices. As well, consolidated data identifies issues for inclusion in the future research agenda in the health sector relating to safety and quality, and has the potential to inform policy development and refine training requirements for health professionals, both in undergraduate level and in continuing education.

### **8. Surveyor training and competence**

Again, there are opportunities in this area to explore current recognition processes, such as JAS-ANZ, ISO or ISQua accreditation, of surveyor training programs, as well as the range of mechanisms employed by assessing bodies to enhance surveyor competencies; these include (but are not limited to) ongoing professional development, re-credentialing, moderation processes and supervision. The Commission should, at a minimum, map existing competency requirements of recognised assessing bodies, open this for discussion and make recommendations about required competencies as a basis for ongoing discussion and decision-making.

QICSA would suggest that the review might also consider workforce planning and sustainability issues, as well as workforce training and development requirements, as there are human resource implications for this additional or alternative layer of accreditation.

### **9. Associated reforms**

As discussed in the previous section relating to the national body and its roles and responsibilities, this review is ideally placed to contribute to informing the research agenda in quality and safety, as many of the potential areas of reform noted here have limited published research to inform decision-making. A robust mechanism for mapping standards (and the concomitant assessment process) is, for example, not yet well explored.

## **Conclusion**

Sustainable improvements in standards and accreditation programs across the health sector are strongly supported, and QICSA welcomes this opportunity to respond to the Commission's work thus far, and into the future. Australia has a unique opportunity, through the work of the Commission, to develop a strong and enduring partnership for quality and sector learning that will influence consumer outcomes across the health sector and beyond. QICSA registers its ongoing intention to be an active stakeholder in the reform agenda.