

Feedback on Alternative Model for Safety and Quality Compliance and Accreditation

Consultation Paper, Australian Commission on Safety and Quality in Healthcare. - Mercy Health and Aged Care - Health Services

Proposal		Health Services comments
1. Separation of safety assurance and quality improvement assessment processes	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 will be subject to different compliance and reporting requirements. Safety assurance will be prescribed through minimum safety standards, while quality improvement will be delivered within a framework which encourages continuous improvement.	We support this proposal. The separation of the two sets of standards provides for a more focused approach. Safety Standards should be well defined and measurable. There should be minimum standards for safety which all services should meet (or exceed). Quality improvement should be seen as a continuous process and extend beyond simply answering yes or not in an audit tool.
2. Separation between safety standards development and assessment of health services.	The alternative model proposes there be a separation of safety standards development and assessment of health services.	We support this proposal.
3. Accreditation of all settings of care where services are provided by registered health professionals.	The alternative model proposes that health services provided by any registered health professional will comply with national minimum safety standards and implement the quality improvement framework. For services where no accreditation system currently exists, the initial requirement will be compliance with national minimum safety standards and regulatory compliance only. A staged introduction of compliance with the quality improvement framework will follow.	We support this proposal. All healthcare facilities and providers should be required to conform to national minimum safety standards. Consumers should be assured that the professional treating them is registered and assessed against a minimum standard of safety.
4. National minimum safety standards that apply across all settings of care	The alternative model proposes a process to develop national minimum safety standards, endorsed by Health Ministers, that sits within a national minimum safety standards framework.	We support this proposal. There is the need for a minimum standard of safety for all healthcare facilities and workers. These should include the known safety risks such as hand hygiene, credentialing, patient identification etc.
	The alternative model recognises that health	We support this proposal. The non-clinical

<p>5. Assessment of non-clinical and technical compliance</p>	<p>services will continue to be required to comply and be assessed against jurisdictional regulation. Non-clinical and technical compliance standards will need to be identified and mechanisms developed to ensure recognition of these processes as part of a broader mutual recognition of accreditation which reduces duplication.</p>	<p>regulations such as food safety, building regulations, chemical storage etc all need to be included as part of the assessment of the safety of the healthcare facility. Where a service has an alternative established, robust and accepted accreditation system in place (eg. NATA for Pathology) it might be considered that standards should be cross-referenced in order to demonstrate compliance.</p>
<p>6. Development of a national framework for quality improvement</p>	<p>The alternative model proposes that a national quality improvement framework be developed for endorsement by Health Ministers and implementation by health services.</p>	<p>We support this proposal. The endorsement by Health Ministers will increase the likelihood of compliance and continuing improvement.</p>
<p>7. Establishment of a National Entity to lead and coordinate changes</p>	<p>The alternative model proposes that a National Entity be established to provide coordination and leadership of accreditation nationally. The National Entity will report to</p> <ol style="list-style-type: none"> 1. Health Ministers; 2. industry; 3. community; and 4. the Australian Commission on Safety and Quality in Health Care in relation to safety and quality matters. <p>It will manage the processes of standards development, assessment of safety assurance, monitoring and reporting.</p>	<p>We support this proposal. The National Entity responsible for accreditation should be an advisory body and have links to international accreditation bodies (as appropriate). There should be a standardised approach to how and when accreditation takes place. There should be consideration as to how the National Entity will share best practice observed during accreditation visits</p>
<p>8. Review of surveyor training</p>	<p>The alternative model proposes that there be a review of surveyor training and assessment across the range of accreditation programs.</p>	<p>We support this proposal. Experience with other audit programs suggests that surveyor knowledge, interest and focus can vary. The establishment of robust and standardised training program which identifies and accommodates these variances should ensure that there is a more standardised approach to audit and reporting.</p>

9. Associated Reforms

In addition to the changes in the alternative model there are a number of reforms that could be progressed as part of the implementation of broader reforms or as separate projects, as described above. These include:

- using unannounced surveys to assess the national minimum safety standards, (after appropriate piloting);
- piloting tracer methodology (patient journey);
- developing a best practice guide to standards development and review;
- mapping of standards;
- developing appropriate mechanisms, timing and format for public reporting; and
- developing a process for mutual recognition of accreditation processes and outcomes.

We support the principle of this proposal. However, many of the reforms listed are a quantum leap away from where we are currently situated with respect to accreditation and quality improvement. Once the minimum safety standards are established, unannounced surveys would be an excellent form of assessment. Public reporting is also a noble aspiration; however, factors such as the method of communication, frequency, language used, etc, etc would need to be carefully considered prior to doing so. There should be appropriate timescales and lead-in time for these to ensure organisations are appropriately prepared.