

Consumers' Health Forum of Australia



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of Australia

**Submission to the Australian Commission on Safety and Quality in  
Health Care**

**National Safety and Quality Accreditation Standards Review**

**October 2007**

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**Executive Summary**

The Consumers' Health Forum of Australia (CHF) has developed this submission to the Australian Commission on Safety and Quality in Health Care (Safety and Quality Commission) national safety and quality accreditation standards review based on a range of consultations with its members. It comments on overarching issues for consumers and key components of the Safety and Quality Commissions alternative model for safety and quality accreditation of health care.

***Overarching issues for consumers***

**Link safety standards with quality improvement**

Consumers overall confirm that accreditation must be designed to promote the safety and quality of the Australian Health system. Historically, the aim of accreditation has been to assess both the levels of safe delivery of a health service and how effective the service applies those outcomes to improve quality. CHF strongly supports the continued linkage of safety standards assessment and quality improvement, believing a separation of these two processes would increase risk. Whilst measurement of safety and quality improvement may require the use of two different tools, to maximise patient safety it is essential that these two processes continue to inform each other.

**Consumers essential for health service improvement**

The participation of consumers both in their own care and at a system wide level is essential to improve the quality and accountability of health care services. It is part of ongoing CHF advocacy to ensure consumers are active, equal partners in processes designed to shape safety and quality in health care in Australia. Consumers bring a different perspective and focus. They must be involved in safety and quality improvement accreditation processes at all levels including their development, implementation, assessment, monitoring and evaluation. Systemic changes must be made to support and resource this involvement. The Safety and Quality Commission alternative model recognises that consumers must be active participants in the reform process. It must specify how this will happen.

**Include communication in accreditation**

Communication has a crucial role in the effective provision of safe, good quality health care. Effective communication, whether it is between consumers and providers, between multidisciplinary care teams or students and their teachers, is essential for the successful implementation of safety and quality standards. CHF recommends the alternative model of accreditation is developed further to establish processes for measuring and maintaining effective communication within and between health services.

**Support accreditation processes with time and resources**

The introduction of standards will not be effective unless there are systems in place to translate them into improvements on the ground. Support must be provided for those health services not currently subject to accreditation for the gradual introduction of any new accreditation processes. It is essential that these processes focus on building the capacity of the health service rather than imposing a large administrative burden that may undermine its sustainability. The introduction of national standards for safety and quality improvements will

require considerable time and resources, and must also include an extensive community awareness program and ongoing health professional development.

### **Tell consumers about accreditation outcomes**

CHF advocates for accessible, consistent, national public reporting of accreditation outcomes. Consumers need to know the accreditation status of a health service, that the safety standards are enforceable and that consequences will be imposed on a health service if it fails to achieve accreditation. The alternative model must clarify how this will be achieved.

### ***The alternative model for safety and quality accreditation of health care***

#### **Value professional commitment but open up the processes**

In the past, accreditation of health services was largely a self regulated, peer reviewed process. CHF supports strategies that will improve the transparency and reliability of safety assessment including the separation of responsibility for safety standards development from accreditation assessment of health services. Health services compliance must continue to be assessed by experienced health professionals and users.

#### **Accreditation should add credibility across health services**

CHF agrees that all settings of health care, both public and private, where services are provided by a registered health professional must be subject to accreditation. However, other settings of care that provide much needed services should also receive the support and scrutiny of nationally agreed accreditation processes over time. Community based support services, aboriginal community controlled health organisations and complementary medicine health services all provide well used health services, but there is not necessarily a registered health professional on the premises.

#### **Encourage maintenance of levels of safety beyond the minimum**

CHF is concerned that the introduction of a set of national minimum safety standards across similar settings of care may result in a lowering of current safety standards by identifying a lowest common denominator. The alternative model must include strategies to encourage and support health services to maintain and improve the levels of safety and quality of their service beyond mandatory minimum levels. It must also include processes to ensure that setting specific safety standards are established and adhered to.

#### **National standards need national coordination**

CHF supports the need for the national consistency of accreditation of safety and quality improvement processes in health care in Australia. The establishment of a national body, that includes a strong consumer presence to lead and coordinate the changes, must support efforts to minimise the duplication of accreditation processes. Simplifying the system should lead to more consistent levels of safety and quality improvement, less confusion, reduced administrative burdens on providers and increased protection for consumers.

#### **Making it happen - a holistic approach**

CHF supports a holistic national approach to accreditation of safety and quality improvement. However, the national accreditation reform process must go one step further. CHF recommends that the national accreditation reforms be developed with strong links to other national projects being coordinated by the Safety and Quality Commission. Establishing strong links between the accreditation reforms and other national initiatives will result in a strengthening of safety and quality of health services, improved patient outcomes and a more active role for consumers in their own health care.

## **Key Recommendations**

### **Recommendation 1**

Safety standards assessment and quality improvement must remain linked and continue to inform each other to improve patient outcomes and promote the safety and quality of the Australian health system.

### **Recommendation 2**

Consumers must be involved in safety and quality improvement accreditation processes at all levels including development, implementation, assessment, monitoring and evaluation.

### **Recommendation 3**

The role of communication in the implementation of effective safety and quality improvement accreditation must be better identified.

### **Recommendation 4**

The proposed changes to accreditation must be well resourced and supported by an extensive community awareness and ongoing health professional development program.

### **Recommendation 5**

Public reporting of accreditation outcomes must be accessible and consistent nationally.

### **Recommendation 6**

The responsibility for development of safety standards and accreditation assessments of compliance with safety standards should be separated to improve the transparency and reliability of the process.

### **Recommendation 7**

All settings of health care where services are provided by a registered health professional must comply with the national minimum standards of safety. However, a strategy must be developed to ensure other settings of care are also included over time.

### **Recommendation 8**

National minimum standards of safety must result in the raising of levels of safety of a health service. For this to be achieved, they must be introduced concurrently with setting specific safety standards and ongoing quality improvements.

### **Recommendation 9**

A national body should be established to lead, support and coordinate nationally consistent accreditation of safety and quality improvement processes within the Australian health care system. It must include a strong consumer presence.

### **Recommendation 10**

The proposed national accreditation reforms must be closely linked to other national safety and quality initiatives.

*'Accreditation of health services needs to be primarily about patient care with less emphasis on organisational structure. It must be consumer focused and fully inclusive of consumers at every stage of the process.'*<sup>1</sup>

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<sup>1</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

## **Introduction**

Safety and quality in health care is one of three priority areas for advocacy for the Consumers' Health Forum of Australia (CHF). The CHF Safety and Quality Project 2007-08: 'It's all about communication' is a specially funded project CHF is conducting with the Australian Commission for Safety and Quality in Health Care (Safety and Quality Commission). It is part of ongoing CHF advocacy to ensure consumers shape safety and quality in health care in Australia. The project aims to engage and involve health consumers across Australia in improving the safety and quality in health care services.

The Safety and Quality Commission is conducting a national safety and quality accreditation standards review, including proposing an alternative model for safety and quality accreditation of health care. CHF is working closely with the Safety and Quality Commission to maximise consumer participation in the review.

CHF has developed this submission to the Safety and Quality Commission national safety and quality accreditation standards review based on a range of consultations with its members.

### **How the CHF consultation was done**

CHF has conducted extensive consultations with its members on the Safety and Quality Commission proposed accreditation reforms. The CHF submission is based on responses to two CHF Information Papers on Safety and Quality and on Accreditation, and two National Consumer Representative Workshops on Safety and Quality and Accreditation. It builds on earlier consultations that formed the basis of the initial input to the Safety and Quality Commission on accreditation in April 2007. As consumer involvement in the current debate about accreditation has increased, CHF has revised its accreditation policy principles as a work in progress, for release in October 2007.

## **Overarching Issues**

### **Link safety standards with quality improvement**

Accreditation must be designed to promote the safety and quality of the Australian Health system. Historically, the aim of accreditation has been to assess both the levels of safe delivery of a health service and how effectively the service applies those outcomes to improve quality. There are diverse views amongst the CHF membership regarding whether safety assurance and quality improvement processes should be measured by different tools. However, CHF members are united in their strong support for the ongoing linkage of these two processes in order to maximise patient safety.

The Safety and Quality Commission alternative model for safety and quality accreditation of health care constitutes a significant shift in approach. CHF acknowledges that the measurement of safety and quality of these two processes may require different methods of assessment, however, safety accreditation outcomes must always inform the development of quality improvement processes. If a mistake is made, necessary actions should be taken to prevent the mistake happening again, be it better human resource management, better equipment, better procedures or better communication.

*'If the decision is made to separate them, there needs to be a clear strategy and agreed process in place to make sure strong linkages between the two to ensure they continue to inform each other.'*<sup>2</sup>

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<sup>2</sup> Consumer response to CHF National Accreditation Workshop, September 2007.

***Key issues for consumers***

- If the assessment of safety is not linked to the assessment of achievements in quality improvement, there is greater risk that they will not inform each other.
- Consumers want to make sure that, when they experience difficulties and mistakes in health care, changes are made to prevent them recurring for others.
- Safety and quality improvement may be measured by different processes provided they continue to inform one another.
- Separation of safety assurance and quality improvement processes may increase barriers to consumer involvement.

***Recommendation 1***

Safety standards assessment and quality improvement must remain linked and continue to inform each other to improve patient outcomes and promote the safety and quality of the Australian health system.

**Consumers essential for service improvement**

The participation of consumers both in their own care and at a system wide level is essential to improve the quality and accountability of health care services. It is part of ongoing CHF advocacy to ensure consumers are active, equal partners in processes designed to shape safety and quality in health care in Australia. Consumers bring a different perspective and focus. They must be involved in safety and quality improvement accreditation processes at all levels including their development, implementation, assessment, monitoring and evaluation. Systemic changes must be made to support and resource this involvement.

*'Consumers must be involved in accreditation and treated as equal. The accreditation process must be inclusive of consumers at every stage of the process.'*<sup>3</sup>

***Key issues for consumers***

- The role of consumers in the alternative model has not been clearly identified.
- Consumers are concerned that they will be excluded from the accreditation process.
- Consumer participation in accreditation will add value to the process.
- Consumers must be involved at all levels of accreditation from development of standards and processes through to evaluation.
- Consumer participation must be supported by systemic changes, training and resources.

***Recommendation 2***

Consumers must be involved in safety and quality improvement accreditation processes at all levels including their development, implementation, assessment, monitoring and evaluation.

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<sup>3</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

### **Include communication in accreditation**

Communication has a crucial role in the effective provision of safe and quality health care. Without effective communication, whether it is between consumers and providers, between multidisciplinary care teams or students and their teachers, safety and quality improvements standards will be obsolete. Quality of care depends upon good communication. CHF recommends the alternative model of accreditation establish processes for measuring and maintaining effective communication within a health service.

*'Effective ongoing open communication is the basis of safe and quality care.'*<sup>4</sup>

#### ***Key issues for consumers***

- Consumers expect to receive a safe and high quality level of care from all health services.
- Effective communication between all those involved in care is essential to the safe provision of health care.
- Safety standards will not be effective without effective communication.
- Processes to measure and improve communication must be included in the alternative model of accreditation.

#### ***Recommendation 3***

The role of communication in the implementation of effective safety and quality improvement accreditation must be better identified.

### **Support accreditation processes with time and resources**

The introduction of standards will not be effective unless there are systems in place to translate them into improvements on the ground. Support must be provided for the gradual introduction of accreditation processes to those health services not currently subject to accreditation. It is essential that this process focuses on building the capacity of the health service rather than imposing a large administrative burden that may undermine its' sustainability. The introduction of national standards for safety and quality improvements will require considerable time and resources, and must also include an extensive community awareness and health professional development program.

#### ***Key issues for consumers***

- The accreditation process must support health services to provide safer levels of care.
- The implementation of accreditation processes may be a burden on some health services, strategies must be developed to ensure that the accreditation process does not reduce access to health services for consumers.
- Consumers need to be able to recognise and understand the implications of the accreditation status of a health service.
- Staff professional development processes need to be established that support the accreditation process in both safety and quality improvement.

#### ***Recommendation 4***

The proposed changes to accreditation must be well resourced and supported by an extensive community awareness and health professional development.

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<sup>4</sup> Consumer response to CHF National Accreditation Workshop, September 2007.

### **Consumer access to reporting of accreditation outcomes**

CHF advocates for accessible, consistent, national public reporting of accreditation outcomes. Consumers need to know the accreditation status of a health service. That the safety standards are enforceable and that consequences will be imposed on a health service if it fails to achieve accreditation. The alternative model must clarify how this will be achieved.

#### ***Key issues for consumers***

- To make informed choices about their care, consumers need to have access to reliable, consistent information about the accreditation status of a health service and how it compares with other services.

#### ***Recommendation 5***

Public reporting of accreditation outcomes must be accessible and consistent nationally.

### ***The alternative model for safety and quality accreditation of health care***

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

In the past, accreditation of health services was largely a self regulated, peer reviewed process. There is a potential for conflict of interest where those responsible for the development of safety standards are also responsible for their assessment. There is now an increasing demand from consumers for greater transparency in the safety assessment process. CHF supports strategies that will improve the transparency and reliability of the safety assessment process including the separation of responsibility for safety standards development from safety standards assessment. However, CHF is concerned that the alternative model does not define the process for how assessors will be appointed. This process must be transparent and rigorously monitored.

Assessment of safety standards must always be performed by assessors that are informed and independent. CHF supports the development of a process that ensures that standards assessors have both the technical knowledge to understand the implications of their assessments and also the independence to ensure their assessments are unbiased and reliable.

*'Assessment has to be made by people who understand what is being assessed.'*<sup>5</sup>

#### ***Key issues for consumers***

- Consumers need to know that the safety standards process is reliable and transparent.
- Separation of responsibility for standards development and standards assessment should minimise conflict of interest.
- Developers and assessors of safety standards need to understand the practical implications of their decisions for health professionals, service providers and users.

#### ***Recommendation 6***

The responsibility for development of safety standards and accreditation assessments of compliance with safety standards should be separated to improve the transparency and reliability of the process.

<sup>5</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

### **Accreditation of all settings of care where services are provided by registered health professional**

A key priority for consumers is that there are consistent processes for safety assurance and assessment all health services within Australia. Consumers want to know that all health services have been subject to independent monitoring of their levels of safety and quality improvement. CHF agrees that all settings of health care where services are provided by a registered health professional, both public and private, must be subject to accreditation. However, the alternative model does not address accreditation of other settings of care that provide much needed services but do not necessarily include registered health professionals. These services should also receive the support and scrutiny of nationally agreed accreditation processes over time. They include but are not limited to, community based support services, Aboriginal community controlled health organisations and complementary medicine health services.

*'Accreditation must include any service providing any form of health treatment and care.'*<sup>6</sup>

#### **Key issues for consumers**

- Consumers need to know the accreditation status of individual health services and the impacts of those standards not being met on their own health care.
- Consumers want to know that all health services maintain a minimum level of safety.
- The alternative model does not address the issue of accreditation of health services provided by health practitioners outside the current registered professions.
- The introduction of the proposed model of accreditation may have significant financial impact on smaller health service providers, particularly in rural, remote and outer urban areas.

#### **Recommendation 7**

All settings of health care where services are provided by a registered health professional must comply with the national minimum standards of safety. However, a strategy must be developed to ensure other settings of care are also included over time.

#### **National minimum safety standards across similar settings of care**

CHF supports efforts to establish national consistency in safety standards development and accreditation assessment including the development of a set of national minimum safety standards that apply across all settings of care. However, CHF is concerned that the introduction of a set of national minimum safety standards across similar settings of care may result in a lowering of current safety standards by identifying a lowest common denominator.

The alternative model must include strategies to encourage and support health services to maintain and improve the levels of safety and quality of their service beyond mandatory minimum levels. It must also include processes to ensure that setting specific safety standards are established and adhered to. The alternative model must clearly define which standards are mandatory and which are voluntary and the sanctions and penalties for non compliance. The alternative model must include a comprehensive, well resourced process to ensure that consumers and staff are well informed about the accreditation process and its implications.

*'There is concern that national minimum standards will lead to a reduction of accreditation of safety to the lowest common denominator.'*<sup>7</sup>

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<sup>6</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

***Key issues for consumers***

- Consumers need to know and understand what minimum standard of care they can expect to receive.
- To make informed choices about their care, consumers need to know the accreditation status of a health service.
- The alternative model must encourage and support health services to maintain and improve safety and quality improvement beyond mandatory minimum levels.
- Application of minimum safety standards will only be effective if it occurs within the context of a comprehensive organisational and professional development process.
- National minimum standards of safety and quality improvement will require a significant investment of time and resources.

**Assessment of non-clinical technical compliance**

CHF recognises that some aspects of a health service will always need to meet state based, non-clinical regulations such as fire and food safety regulations and specific external technical compliance processes such as radiation controls and laboratory assessment. CHF supports strategies that aim to reduce duplication of all safety assurance processes by recognising pre-existing external assessment processes and regulations within its national minimum safety standards framework.

***Key issues for consumers***

- Consumers want there to be greater consistency and streamlining of accreditation compliance processes and recognise that this should lead to safer health services.

***Recommendation 8***

National minimum standards of safety must result in the raising of levels of safety of a health service. For this to be achieved, they must be introduced concurrently with setting specific safety standards and ongoing quality improvements.

**National framework for quality improvement**

CHF supports the proposal for the development of a national framework for the monitoring and implementation of quality improvement processes across Australia. Its aim must be to encourage, provide guidance and support for health services to achieve best practice in quality improvement activities. CHF hopes that this will increase levels of participation of health services in quality improvement processes. Prompt endorsement of an agreed set of national standards for quality improvement must be a priority.

Consumers were divided in their views as to whether quality improvement processes should be mandatory or voluntary. However, they all agreed that quality improvement was part of a health services core business and essential to the ongoing provision of a safe health service. CHF supports the gradual introduction of national mandatory quality improvement standards that are complementary to the mandatory national minimum safety standards. However this process will require significant time and commitment of resources for professional development and systems change.

*'Reliability, integrity and workability is the key to effective quality improvement. Its processes must be national, uniform and consumer focused.'*<sup>8</sup>

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<sup>7</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

<sup>8</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

***Key issues for consumers***

- Consumers want to know that if something goes wrong that action will be taken to fix it, that a system exists to facilitate change.
- Consumers support a consistent, national approach to quality improvement that will result in better or improved health care services for consumers.
- National quality improvement standards should include a process by which the performance of health services in applying quality improvement is rigorously monitored and publicly reported.
- The separation of accreditation of quality improvement standards from safety standards does increase the risk that they will not effectively inform the other.

**National body to lead and coordinate changes**

CHF supports the need for the national consistency of accreditation of safety and quality improvement processes in health care in Australia. The establishment of a national body, that includes a strong consumer presence to lead and coordinate the changes, must support efforts to minimise the duplication of accreditation processes. There is a risk that the introduction of a new national accreditation body will increase the administrative burden on health services. It is essential that the focus of the national body is to reduce duplication and streamline the accreditation process. Simplifying the system should lead to more consistent levels of safety and quality improvement, less confusion, reduced administrative burdens on providers and increased protection for consumers.

*'Fragmentation creates barriers to change. One national accreditation body would offer a consistent approach. However, consumers must be equal partners in a national body – full participation, nothing less.'*<sup>9</sup>

***Key issues for consumers***

- Consumers must be actively involved in the proposed national body for safety and quality accreditation.
- The national body must engage with the health professional registration and training accreditation bodies.
- The national body must ensure consistent public reporting of accreditation outcomes.

***Recommendation 9***

A national body should be established to lead, support and coordinate nationally consistent accreditation of safety and quality improvement processes within the Australian health care system. It must include a strong consumer presence.

**Review of surveyor training**

CHF supports processes that facilitate consumers becoming more informed and involved in accreditation processes including standards assessment. Involving consumers as members of accreditation surveyor teams is one method for achieving this. The role of consumer surveyors in the mental health sector provides one model for how this may work. There are a small number of other health settings where this is being trialled. If consumers are to become more involved in surveyor assessment teams they must be appropriately trained and supported.

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<sup>9</sup> Consumer response to CHF Information Paper on Accreditation, September 2007

Patient journeys are another effective way of getting consumers more involved in the standards assessments. CHF recommends the alternative model include a strategy for including patient journeys in the standards assessment tool.

***Key issues for consumers***

- Consumers need to be actively involved in safety and quality improvement standards assessment processes.
- Systemic support and training must be provided to consumers participating in standards assessment processes to ensure they can participate equally and that their privacy is protected.

**Associated reforms**

CHF recommends a holistic national approach to accreditation of safety and quality improvement. CHF supports the proposed associated reforms, including the piloting of unannounced patient surveys and patient journeys, the development of a best practice guide to standards development and review and mapping of and increased access to safety standards tools across Australia. However, the national accreditation reform process must go one step further. CHF recommends that the national accreditation reforms be developed with strong links to other national projects being facilitated by the Safety and Quality Commission, including the national charter of health rights, patient handover and open disclosure initiatives. Establishing strong links between the accreditation reforms and other national initiatives will result in a strengthening of safety and quality of health services, improved patient outcomes and a more active role for consumers in their own health care.

***Key issues for consumers***

- Consumers will benefit from a more holistic, consistent approach to accreditation that includes the proposed associated reforms.
- The context of how consumers will be involved needs further clarification.

***Recommendation 10***

The proposed national accreditation reforms must be closely linked to other national safety and quality initiatives.

**Conclusion**

*'Increasing effective participation by consumers in accreditation processes has the potential to bring about service-wide improvements'<sup>10</sup>.*

The participation of consumers both in their own care and at a system wide level is essential to improving the quality and accountability of health care services. Consumers bring a different perspective and focus. They must be involved in safety and quality improvement through accreditation processes at all levels including their development, implementation and ongoing monitoring. Systemic changes must be made to support this involvement.

In the past, CHF has supported transparent processes for the accreditation of safety and quality in health care and the need for public reporting. CHF has advocated for a link between assessment and quality improvement, believing a separation of these two processes would increase risk. It has also supported efforts to minimise the duplication of accreditation processes in order to simplify the system, avoid confusion, reduce the administrative burden on providers and protect consumers. While the alternative model recognises that consumers must be active participants in the reform process, it must specify how this will happen.

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<sup>10</sup> Consumer Focus Collaboration. Consumer participation in accreditation: resource guide, August 2001.