

Australian Commission

12 OCT 2007

on Safety and Quality  
in Health Care

COMMENTS ON THE CONSULTATION PAPER

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

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- Page 9, 1<sup>st</sup> para                      When pointing out ...*that standards and accreditation is used as a solution for safety and quality* ..., there is a sentence stating confusion of purpose makes it difficult for community and consumers to understand or know what an accredited service should deliver. I would say that 90% of consumers or communities have absolutely NO idea of ANYTHING about the standards and accreditation process and purpose.
- Page 9 & 10                              In the box.- It does not indicate – where, how or what consumers should access to get information
- Page 10, Point 2                        Whilst there does appear to be a valid point in separating the standards and accreditation process, there is a danger (as I see it) of a greater black hole being formed into which more administration dollars will go instead of getting to the coal face of health care.
- Page 18, Point 7                        In the box – it does not say how consumers will have or get access to this information.
- Page 18, Point 8                        Surveyor training – will there be a pool of ‘consumers’ that can be involved in this and will they be able to still bring their ‘grass roots’ opinions and comments even if they do not have the professional skills others might have and just as importantly have those opinions and comments given equal value.

In all of the matters talked about on pages 8 to 21 inclusive there are several places where the terms ‘may’ or ‘will’ are used in the context of ‘may have a penalty’ or ‘will improve’, I feel these are too weak in emphasis and I would change these to ‘must’ or ‘should’, as in ‘must improve’ or ‘should have a penalty’.

Whilst all the things on pages 22 to 25 inclusive are a bit out of my range of ability to comment fully on I do have a couple of general comments.

1. The mechanism for achieving change must involve all current parties and representatives from consumer organisations. Having said that, the problem of departments, organisations etc. not wanting to give up parts of their ‘empires’ could possibly arise and overcoming this will not be easy.
2. In relation to a time frame it needs to be as soon as is practical without running the risk of missing things out and the reason being ‘there are too many things still going wrong in the hospitals in spite of trying to bring in a change of culture from blame to less or no blame let us just fix it’.
3. The idea of ‘unannounced’ visits MUST be brought in as you can have the situation of a Health Provider not doing things properly and then it is announced – we are about to have a survey done- so straight away everyone does things the correct way – survey over – things go back to the usual slipshod manner until next time.