

## **Introduction**

ACT Health supports the work of the Commission and its progress on a new approach to accreditation.

## **Response to key elements of the Alternative Model**

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

It is agreed that separation of safety assurance and quality improvement assessment processes will provide greater clarity on the purpose of safety assurance accreditation. This approach will also provide more choice that meets the needs of organisations. An appropriate length of time should be considered for the change to a new system.

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

It is agreed that the responsibilities of standard setting and accreditation assessment should be separate to reduce the potential for conflict of interest, proliferation of standards and variability of processes. The mechanism for achieving this change will require considerable planning and consultation with stakeholders.

### **3. Accreditation of all settings of care where services are provided by registered health professionals.**

It is agreed that any registered health professional providing health services should comply with national minimum safety standards. A prioritisation process for staged implementation of changes for services not currently accredited is supported and time frames for the implementation of safety assessment processes will be dependent upon the agreed approach.

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

It is agreed that the responsibility for national minimum safety standards development should be with a national body. The development of standards should be prioritised to address major safety risks and apply across all health settings acute and community.

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

It is agreed that a system of mutual recognition will prevent duplication of assessment, reporting and compliance effort. A comprehensive analysis of programs will be required.

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

It is agreed that a national framework would allow for greater flexibility on what quality improvement initiatives are undertaken locally and would link with the broader framework.

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

It is agreed that a national body would fulfil a role nationally, by coordinating processes, data and analysis of accreditation outcomes and should in turn reduce duplication of effort.

## **8. Review of surveyor training.**

It is agreed that the review of surveyor training is necessary to ensure that education will provide guidance on consistency with interpretation of standards and reduce occurrence of subjectiveness. Training should be conducted on a regular basis with surveyors having recent industry experience.

## **9. Associated reforms**

The introduction of unannounced surveys to assess the national minimum safety standards is supported. Organisations should view this as a beneficial opportunity providing a more accurate account of day-to-day performance.

Piloting of tracer methodology is supported and should improve the focus on patient centred journeys. An evaluation of any disruption to services would be necessary.

## **Further comments**

Standards set by health professional bodies are encouraged to work with the Health Workforce Task Force who will be progressing the implementation of the national accreditation arrangements for health professionals. An effort should be made to align any new accreditation standards with education and training standards to reduce duplication of effort.