

Executive Summary

Introduction

This report documents the first phase of the Australian Commission for Safety and Quality in Health Care's Review of National Safety and Quality Accreditation Standards.

In the existing accreditation system, accrediting bodies assess health services against, minimum safety standards, regulatory requirements and quality improvement standards. This mix of measures has led to confusion about the purpose and function of accreditation and created additional complexities when developing processes, instructing health organisations on assessment requirements, training surveyors and presenting assessment outcomes. Continuation of the current accreditation system is possible although there is a question of whether this is practical or feasible because of increasing costs, greater compliance complexity and requirements and surveyor workforce shortages.

In June 2006, the Australian Health Ministers' Advisory Council recommended that the Australian Commission on Safety and Quality in Health Care (the Commission):

- a. Review accreditation arrangements in Australia: consider these arrangements in light of international experiences and recommend a revised model for accreditation of health services both public and private across Australia;
- b. Provide a discussion paper to Australian Health Ministers Conference (AHMC) by October 2006, outlining the strengths and weaknesses of the current system, the benefits that can be gained in a future system and a process and timetable for recommending an alternative model for accreditation including a national set of standards by which health services would be assessed; and
- c. Provide a draft report to AHMC by June 2007 and a final report by December 2007.

This report summarises written submissions and focus group consultations on the Commission's November 2006 Discussion Paper, National Safety and Quality Accreditation Standards. In total, the Commission held 40 focus groups and received 87 written submissions reflecting a broad range of stakeholder views. The number of stakeholders prepared to participate in three hour focus groups and provide written submissions indicates the importance of accreditation issues and reforms to the health sector.

Focus group participants were prepared to engage in high level, "helicopter view"

discussions about possible reforms, but it was clear that to achieve their commitment to specific reforms, they would require significantly more detail about proposals and their costs. Together with the information in written submissions, the focus group feedback is a rich source of information for the Commission to use in reflecting on and further developing proposals for accreditation.

Generally, discussion supported the need for accreditation reform. However, there was anxiety expressed about the value, impact and need to change the current system. The broad range of issues raised during the stakeholder consultation discussions are detailed in this report and summarised in the following three tables.

1. General Feedback on the Commission’s Discussion Paper
2. Accreditation Issues Nominated by Stakeholders
3. Summary of Feedback on Discussion Paper Proposals

The Commission plans a second phase of stakeholder consultation in the latter half of 2007 to develop a final set of recommendations for Health Ministers.

Table 1: General Feedback on Discussion Paper

Discussion Paper Issues	Stakeholder Feedback
<p>1. <i>Effectiveness of the accreditation system to detect poor performance (Report 2.1)</i> The relevance and effectiveness of accreditation systems are compromised when they fail to detect poor performance.</p>	<p>Accreditation was recognised as one part of an overall safety and quality program. There was a divergence of views in relation to the capacity and appropriateness of accreditation for detecting poor performance. No questions were raised about the need for continuation of accreditation as part of a safety and quality matrix.</p>
<p>2. <i>Transparency (Report 2.2)</i> There are concerns about limited public access to information on the decision making processes, accreditation outcomes status and quality of health services.</p>	<p>Many of the stakeholders sought open access to standards and information on accreditation outcomes and the decision making process of accreditation bodies. However, some stakeholders were reluctant to provide access to their own information without guaranteed safeguards that it would not be reported on without their consent or involvement, misinterpreted or misused.</p>

3. Governance (Report 2.3)

A conflict of interest may exist where an organisation has the dual or multiple role(s) of developing and assessing against standards, training surveyors and determining appeals processes.

There was some support for the separation of standard setting and accreditation functions. It was difficult for some stakeholders to determine if separation of the standards setting and accreditation functions would reduce the risk of 'industry capture' or result in disconnect between standards and their practical interpretation and application. There are benefits in aligning these functions, as it can support both the development and review of standards.

4. Duplication and overlap of standards (Report 2.4)

The increase in number and scope of accreditation processes and other safety and quality compliance requirements is placing additional and potentially unsustainable burdens on health services.

There is significant consensus that duplication and overlap in the accreditation system is an issue which requires action.

5. Resource requirements (Report 2.5)

Resource investment in compliance with standards, participation in accreditation programs and implementation of recommendations from assessment surveys is substantial and growing and may be disproportionate to the safety and quality gains achieved for patients.

There is significant consensus that accreditation has become very resource-intensive.

Stakeholder comments about duplication and overlap suggest costs could potentially yield a better return in a more efficient accreditation system.

6. Surveyors (Report 2.6)

Current accreditation processes rely on surveyors, however inter and intra assessor reliability, adequate training and skills assessment, in addition to the ongoing availability and sustainability of the surveyor workforce are an issue.

Submissions and focus group participants acknowledged these problems.

Discussion Paper Issues

Stakeholder Feedback

7. *Information to support accreditation (Report 2.7)*

Currently there is limited access to and therefore use of accreditation outcome information at a national level to support policy and prioritisation of safety and quality issues.

Stakeholders recognised the potential of good quality, reliable and timely data to support improvements in safety and quality health care. However, significant issues were identified in relation to the current collection and analysis of accreditation data. Variations between accreditation programs, differences in definitions and operating systems between jurisdiction and the timeliness, accuracy, reliability and validity of the data were all questioned by stakeholders.

There was concern that national aggregation of poor quality data could result in inaccurate reporting of safety and quality issues.

8. *Proliferation of standards (Report 2.8)*

Proliferation of standards results in an increase in the investment of time and resources to ensure compliance by health services. Overlapping areas of assessment, with different reporting requirements, also create an unnecessary increased compliance burden.

There is significant consensus that the proliferation of standards is an issue. Lack of clarity about the status of new sets of standards and requirements for health services to comply with them, as part of their accreditation processes, were also major issues.

9. *Access to Standards (Report 2.9)*

There is variable public access to standards and supporting documentation.

Stakeholders argued that if there is a requirement for services to comply with standards, then those affected by these standards, including health services, consumers and health care complaints commissions should have access to that information, in a user friendly format.

Some stakeholders argue that it is reasonable for the cost of standards development to be recouped by charging a fee for copies of the standard and /or the supporting interpretive documentation.

10. *Process of developing standards*

Discussion Paper Issues***(Report 2.10)***

The process of developing standards is variable, as is the language, definitions, structure and format of standards. This variability creates difficulties for service providers that have to interpret, implement and report on the standards.

11. *Appropriateness of standards****(Report 2.11)***

There is concern that generic standards may not be appropriate to assess across a broad range of sizes, types and organisational structures.

Stakeholder Feedback

Stakeholders generally acknowledged that the processes for developing standards vary, in their evidence base, quality, content and review cycles, across different standard setting organisations.

This variation complicates general understanding of the status and interpretation of standards.

Groups were divided on the value of generic standards.

Table 2: Accreditation Issues Nominated by Stakeholders

Accreditation Issues Nominated by Stakeholders	Commission Comment
<p>1. <i>General comment on the accreditation system and the need for change (Report 3.1&3.2)</i> Stakeholders criticised the Discussion Paper for not providing substantive evidence of the need for reform of the accreditation system.</p> <p>The lack of an evidence base of the effectiveness of accreditation in improving the outcomes of health care for patients means that the extent to which accreditation contributes to safety and quality is difficult to assess.</p>	<p>The lack of evidence is used as the key argument by groups seeking to limit the introduction of accreditation in their sector.</p> <p>Generally there was agreement among stakeholders that over the decades that accreditation has been operating in Australia, it has contributed to improvements in systems, process and patient care.</p>
<p>2. <i>Purpose of accreditation (Report 3.3)</i> Written submissions described the enormous diversity in the operation, incentives, sanctions, cost, coverage of a sector or professional group and scope of functional areas assessed in the accreditation systems operating in the Australian health care system. This diversity was reflected in the widely varied comments about the purpose of accreditation.</p>	<p>The lack of a shared vision results in fragmentation and inconsistencies in stakeholder's expectation and the way the accreditation system is perceived and implemented. The system will remain fragmented while accreditation has different purposes in different settings.</p>
<p>3. <i>Strategic reform of the accreditation system (Report 3.4)</i> A limited number of stakeholders provided high level strategic concepts or models for a nationally coordinated approach to standards development and accreditation activities.</p>	<p>Written submissions, particularly, sought to address the issues by describing a governance model around which to structure the reforms. However the approaches proposed demonstrate substantial differences.</p>

Accreditation Issues Nominated by Stakeholders

Commission Comment

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| <p>4. <i>Cost implications of reforms (Report 3.5)</i>
Stakeholders raised concerns that the package of proposals was presented without quantifying or discussing the cost implications of the proposals.</p> | <p>The Discussion Paper intentionally presented a package of reforms as high level concepts for initial feedback without implementation or costing details. Once the draft recommendations in this report have been considered by Health Ministers, more detailed proposals including implementation information and costings will be released for further stakeholder comment.</p> |
| <p>5. <i>Penalties and Sanctions (Report 3.6)</i>
There is wide variation in the type, impact and capacity of accreditation systems to impose sanctions and penalties.</p> | <p>Stakeholders raised the issue of variability of sanctions and penalties that apply to health services failing to comply with a set of accreditation standards.</p> <p>The appropriateness of sanctions for failing accreditation is linked to the purpose of accreditation. Presumably the greater the compliance role accreditation is intended to have, the more serious the sanctions for failure to achieve accreditation should be.</p> |
| <p>6. <i>Safety and Quality Compliance (Report 3.7)</i>
Stakeholders reported that the scope of the national safety and quality accreditation standards review was too narrow to take sufficient account of the duplication, overlap and inefficiency caused by wider regulatory and compliance requirements.</p> | <p>For some stakeholders accreditation is one component of a much larger compliance and reporting regime. The scope of this review did not include consideration of other safety and quality compliance regimes such as licensing by States and Territories, reporting to health insurers on safety and quality performance indicators, regulation and contractual and incentive funding arrangements.</p> <p>Stakeholders debated this issue passionately, expressing their concern about the duplication, cost, inconsistency, time</p> |

Accreditation Issues Nominated by Stakeholders

Commission Comment

commitment (that impacted on practitioners' capacity to deliver services) and the limited value-add to patient care of many of these other compliance requirements.

7. ***Consumer Involvement (Report 3.8)***

The Discussion Paper foreshadowed that the patient's perspective would be the lens through which future reform was assessed and focus groups sought specific comment on consumer roles and their expectations of accreditation.

Consultation elicited a range of views and many stakeholders agreed that it was important to build the consumer perspective into the accreditation process.

8. ***Comment on the Discussion Paper (Report 3.9)***

A number of stakeholders expressed concerns both about the current accreditation system and the proposed reforms described in the Discussion Paper.

Stakeholders recognised that the current accreditation system is not sustainable. However they were concerned about losing existing benefits and advantages of the accreditation system with the introduction of the proposed reforms. Stakeholders were also anxious that accreditation reforms did not lead to an increased compliance burden.

Table 3: Summary of Feedback on Discussion Paper Proposals

Discussion Paper Proposal	Stakeholder Feedback
<p>1. <i>Register of accrediting bodies (Report 4.1)</i> A register of health care accrediting bodies be established and that registration of health care accrediting bodies becomes mandatory.</p>	<p>Generally, respondents supported the establishment of a register of accrediting bodies, however many responses posed questions about the intent and rationale of this proposal. Different options for where the registry body would sit on a regulatory spectrum were proposed.</p> <p>Potential purposes nominated for such a register included provision of information to consumers about the accreditation status of organisations and the outcomes of accreditation, or as a complaints mechanism.</p>
<p>2. <i>Standardisation of language and definitions (Report 4.2)</i> Standardisation of accreditation language and definitions and harmonisation of the structure and format of standards were proposed.</p>	<p>Overall, participants seemed to agree that in an ideal world language would be standardised. There was doubt that standardisation is possible or a good use of resources, given the variety of health services, professional and service groups that have developed their own lexicons. The greatest support was for common definitions or terminology relating to high level accreditation terminology.</p>
<p>3. <i>Training and competency assessment of surveyors (Report 4.3)</i> The Discussion Paper proposes a review of surveyor training and competency assessment.</p>	<p>There was little opposition to this proposal. Some participants were concerned about the potential cost and feasibility of proposals that might emerge from the review.</p>
<p>4. <i>Use of accreditation data (Report 4.4)</i> Better use of the data that is collected for evaluation of health service performance was proposed.</p>	<p>There was some uncertainty in the focus groups about whether the Commission was proposing better use of existing data, or collection of new data and whether it included data collected as part of the accreditation cycle or collected during a</p>

survey visit. There was considerable diversity of opinion on the use of accreditation data and in some cases views were polarised.

A proposal identifying national aggregation of data appeared to be most acceptable if it:

- is a targeted minimum data set or safety and quality based
- used existing data sources as much as possible
- has robust data collection processes to ensure data consistency, quality and comparability
- is clear about how the data will be used and the robustness of the de-identification process
- included a component of sharing outstanding performance and best practice.

5. *Accreditation of all health care settings (Report 4.5)*

The Discussion Paper proposes system wide accreditation against safety and quality standards. Not all health care settings are currently accredited and the Discussion Paper proposed accreditation against safety and quality standards be extended to all settings of care.

There was significant diversity in the comments about the accreditation of all health care settings and significant doubts about whether accreditation of all settings was justified.

There was a general acknowledgement that some areas of health care should be subject to more external checks than they currently are. There was support from stakeholders for using risk assessment to determine where accreditation should be extended.

6. *Unannounced surveys (Report 4.6)*

The addition of unannounced survey visits was proposed as part of the onsite survey of an accreditation assessment. It is intended to facilitate an organisations' continuous quality

Significant questions and concerns were raised by focus group participants and in written submissions; the indications are that if the proposal is pursued, stakeholders are

Discussion Paper Proposal

improvement by reducing the necessity for a ramp-up of documentation prior to an accreditation visit.

7. *Tracer methodology (Report 4.7)*

Similarly to unannounced surveys, the proposal to introduce tracer methodology into the accreditation process elicited a wide range of views, issues and concerns from focus group participants.

8. *Registration of sets of health care standards (Report 4.8)*

The establishment of a register for all sets of safety and quality accreditation standards was proposed. The proposal was broad, the register could be either an unregulated list of standards or a more regulated arrangement with criteria for the listing of a set of standards.

9. *Harmonisation of standards – structure and format (Report 4.9)*

The Discussion Paper proposes that the language and definitions of accreditation be standardised and that guidelines for the convergence in format and structure be developed.

Stakeholder Feedback

likely to be most receptive to a pilot or trial to provide evaluative information.

Many stakeholders who responded to this issue were receptive to the concept of a greater focus for consumers in the accreditation process. However, there was uncertainty about whether tracer methodology is the best way for this to occur. Stakeholders were most receptive to a pilot or trial to provide evaluative information.

The participant feedback raised similar issues to those identified in relation to the proposal to register accrediting bodies. The range of questions about the intent of registering accreditation standards, the coverage of the proposal and where the registering body would sit on the regulatory spectrum suggests that participants had some difficulty conceptualising this proposal, although they could identify some potential benefits. Where participants supported the establishment of a register, on balance, they tended to prefer a register that was a list or database rather than a regulatory mechanism.

There was support for harmonising the structure of standards. A number of participants could see the value in establishing a general framework or best practice structure for standards that standard setting bodies could move to as they reviewed their standards or created new

10. *Mapping of standards (Report 4.10)*

The Discussion Paper proposes detailed mapping of accreditation standards to identify gaps, duplication and inconsistencies between sets of standards.

standards.

Preliminary attempts to undertake this type of mapping have proven challenging. Accordingly, in most focus groups, other mapping options, such as broad mapping to identify gaps and overlaps, were suggested as an alternative.

Some participants considered that mapping was valuable to understand standards coverage.. Others preferred the alternative proposal that a best practice framework for standards should be developed that standard setting organisations could move to as they review their standards.

11. *Core safety and quality areas (Report 4.11)*

The Discussion Paper proposes that specific safety and quality standards representing national priority areas should be embedded in all sets of standards.

Views on this proposal covered the full range of the spectrum, from strong reservations to the proposal, to a view that the development of core safety and quality areas are critical to reform.

12. *Mutual recognition (Report 4.12)*

The Discussion Paper proposes that the Commission work towards mutual recognition of standards and accreditation processes with stakeholders.

The feedback on this proposal was generally positive although challenges were identified. Participants identified mutual recognition as having the greatest potential to address their concerns about the duplication, burden and proliferation of accreditation processes.

13. *Package of reforms(Report 4.13)*

The Discussion Paper proposed an integrated

Many stakeholders supported reform, but

Discussion Paper Proposal

package of reforms. Stakeholders were invited to comment on the overall package.

Stakeholder Feedback

this may have been an indication of the need to make improvements to the accreditation system rather than an endorsement of the reform proposals individually or as a package.