


Review of the Australian Health Service Safety and Quality Accreditation Scheme: Improving the reliability of health service organisation accreditation processes

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Safety and quality of health care in Australia

Key points

- The Australian Commission on Safety and Quality in Health Care is responsible, with Australia and, state and territory partners, for developing and overseeing the National Safety and Quality Health Service (NSQHS) Standards
- The NSQHS Standards have improved patient safety and the quality of health care across Australia
- Organisations become accredited against the NSQHS Standards through the Australian Health Service Safety and Quality Accreditation Scheme (AHSSQA Scheme), but industry leaders have raised concerns about the reliability of the accreditation process
- This paper outlines six strategies to update and improve the reliability of the accreditation process
- The NSQHS Standards have transformed standards from a managerial activity to an effective framework for improving patient safety and the quality of health care. However, assessment processes have not significantly changed in over 40 years. Updating these processes is crucial for accreditation to be consistent, reliable and effective.

Background

The Australian Commission on Safety and Quality in Health Care (the Commission) is responsible under the *National Health Reform Act 2011* for the formulation of standards relating to health care safety and quality matters and for formulating and coordinating national models of accreditation for health service organisations.

The primary aims of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health service provision.

The NSQHS Standards require the implementation of an organisation-wide clinical governance framework to ensure that clinical risk mitigation strategies are in place to reduce adverse events associated with hospital-acquired infections, medication errors, cognitive impairment, clinical communication, errors at transfer of care, and to reduce clinical deterioration, patient falls and pressure injuries.

Benefits of the NSQHS Standards and accreditation

Throughout Australia, the NSQHS Standards have been shown to improve patient outcomes. For example, from 2011 to 2016, data show that:

- A decline in the *Staphylococcus aureus* bacteraemia rate per 10,000 patient days under surveillance between 2010 and 2014, from **1.1** to **0.87** cases
- A drop in the yearly number of methicillin-resistant *S. aureus* bacteraemia cases between 2010 and 2014, from **505** to **389**
- A decline of almost one-half in the national rate of central line-associated bloodstream infections between 2012-13 and 2013-14, from **1.02** to **0.6** per 1,000 line days
- Greater prioritisation of antimicrobial stewardship activities in health service organisations
 - The number of hospitals with antimicrobial stewardship increased from **36%** (2010) to **98%** (2015)
 - Formularies restricting use of broad-spectrum antimicrobials increased from **41%** (2010) to **86%** (2015)
- Inappropriate use of anti-bacterials in Australian hospitals reduced by **12.6%** from 2010 to 2016
- Better documentation of adverse drug reactions and medication history
- Reduction in yearly red blood cell issues by the National Blood Authority
- Declining rates of in-hospital cardiac arrest and intensive care unit admissions following cardiac arrests
 - Early warning or track and trigger tools in **96%** of systems in 2015, compared with **35%** in 2010
 - NSW Between the Flags program report **51.5%** decrease in cardiac arrest rates
 - Victorian hospitals report a **20%** relative reduction in monthly cardiac arrest rates

Improving the AHSSQA Scheme

Key points

- The awarding of accreditation status is intended to provide assurance to the community that the health service organisation meets expected patient safety and quality standards
- Some stakeholders expressed concern about the assessment process and suggested it does not reliably verify that an organisation's safety and quality systems are operational and effective. Some stakeholders noted the NSQHS Standards and the process are open to interpretation by assessors. The most significant concern is that a number of hospitals in the past have been awarded accreditation when they clearly did not meet the NSQHS Standards. Of particular concern is where clinical governance actions are not met
- The AHSSQA Scheme must be improved to ensure it is effective and remains relevant.

- Hospital boards or their governance equivalent (84%) reported that as a result of the NSQHS Standards the board understood and enacted their roles and responsibilities concerning patient safety and quality.

The accreditation process

The AHSSQA Scheme provides for the national coordination of accreditation processes.

Under the AHSSQA Scheme, the Commission approves accrediting agencies to assess health service organisations to determine compliance with the NSQHS Standards.

Accreditation is a program in which trained external reviewers evaluate a health service organisation's compliance to the NSQHS Standards.

Assessment involves an on-site visit during which assessors seek evidence of compliance against the actions detailed in the NSQHS Standards.

To become accredited, health service organisations must pass assessment to show they have implemented the NSQHS Standards.

During 2016/17, the Commission undertook a comprehensive review of accrediting agencies, including a review of the approval process and held performance review meetings with all agencies.

State and territory regulators and chief executives of health service organisations have raised concerns about the reliability of the assessment process on the grounds that, in their view, it:

- Does not reliably verify that an organisation's safety and quality systems are operational and effective
- Is open to interpretation by assessors, as are the NSQHS Standards
- At times accreditation was awarded and later reviews found clinical governance was not fully embedded.

Improving the reliability of the accreditation process

The Commission is responding to industry concerns and proposes six strategies to improve the reliability of the accreditation process. Combined, these strategies will ensure the accreditation process will more accurately assess an organisation's compliance against the NSQHS Standards, rather than examine their preparedness for an assessment. These strategies have been supported by the Inter-Jurisdictional Committee (representatives of states and territories), the Private Sector Committee, and the Commission's Board.

The fact sheets referred to in this document are available at:
<http://nationalstandards.safetyandquality.gov.au/accreditation-scheme>

1 Accreditation assessments

Problem:

Organisations invest significant time and resources preparing for an accreditation assessment, which detracts from ongoing systems of patient care. The accreditation process measures procedural correctness rather than systems or patient outcomes detailed in the NSQHS Standards. The process examines large volumes of documentation prepared specifically for the assessment to demonstrate compliance with various standards rather than the patient care being provided. This investment is unnecessary and ineffective in providing or improving care and does not guarantee the assessment process is always rigorous.

Strategy 1:

Improve the veracity of health service organisation assessments

The Commission proposes nine sub-strategies to improve the veracity of health service organisation assessments.

1.1 Standardise the length of cycle and assessments

The assessment cycles are currently determined by accrediting agencies. Cycles are not uniform across the nine agencies. This variation will be eliminated with the introduction of the NSQHS Standards (second edition) by having all agencies conform to a three-year cycle with an on-site assessment conducted at least every three years. These triennial assessments will be against all eight NSQHS Standards (2nd ed.)

Safety and quality measures will be routinely monitored by the Commission for all health service organisations and where measures are found to be persistently poor or deteriorating, additional targeted assessments will be conducted. These assessments may be at short notice.

See [Fact Sheet 1](#).

1.2 Amend rating scale

The rating scale will be modified to 'met', 'met with recommendations' and 'not met'. 'Met with merit' will be discontinued. 'Met with recommendations' will recognise that implementing safety and quality initiatives is ongoing and occurs at different rates across a health service organisation, and will signify that systems across the organisation are largely in place.

See [Fact Sheet 2](#).

1.3 Test high-risk scenarios

Assessors will test the organisation's ability to provide safe care during high-risk situations that occur in the organisation. This is to ensure that a service has the systems, processes and personnel to maintain high-quality care at times of high patient risk.

1.4 Assessment conducted at short notice

Compared to conventional announced assessment methods, short notice assessments have the following benefits:

- encouraging longer-term improvements rather than preparation for the purpose of planned accreditation visits
- capacity to reduce organisational 'gaming' of external assessments by health service organisations and increase resource usage in the build up to assessment
- they are suited to assessing clinical standards that are routine clinical practice following implementation of NSQHS Standards
- they have potential to make assessment processes more efficient by removing the demands for advance preparation of documentation not required for patient care

The Commission has worked with regulators to describe short assessments.

See [Fact Sheet 6](#).

1.5 Standardise reporting by accrediting agencies to health service organisations

Accrediting agencies will be required to use a standard reporting format when providing feedback to health service organisations. This will involve providing an individualised report for each health service assessed, regardless of the number of health services assessed under a single contract. Standardised reports will ensure key assessment outcome information is available on each health service and provide a basis for standard public reporting. **(Also see strategy 5.1.)**

1.6 Require repeat assessment if actions are not met

An assessment is conducted over a period of up to three months, and involves an initial assessment, a review and a final assessment of any actions that were not met at the initial assessment. At the end of an assessment, health service organisations that are accredited are not required under the Scheme to be assessed again for 32 months.

Where an organisation had a large number of actions to remediate to meet the NSQHS Standards and was awarded accreditation, 32 months is too long to ensure the organisation has fully embedded the necessary improvements. These organisations will be reassessed after six months to ensure the safety and quality actions remediated are fully embedded. They may also receive an unannounced visit during the remainder of the three-year cycle. The need for these additional assessments will be determined jointly by the regulators and the Commission, and may be conducted by the regulator, an expert assessment team or the organisation's accrediting agency.

See [Fact Sheet 3](#).

1.7 Use of patient journey methodology

The Commission will outline the elements of the patient journey methodology which will be used to assess health services. This ensures that an organisation has the processes and pathways in place to make a typical patient journey safe and of high quality. This methodology assesses an

organisation's clinical services using the patient's journey. **(Also see strategy 6.3.)**

1.8 Clinical governance attestation statements

Clinical governance is an integrated component of corporate governance of health service organisations¹. It is the governing body's responsibility to ensure good governance and to account to the community for their record in this regard. Some health service organisations have had problems implementing foundational clinical governance systems and in a number of cases the governing body was apparently unaware of significant lapses in patient safety. This strategy will require an organisation's governing body to attest that it has complied with its key clinical governance responsibilities outlined in the Clinical Governance and Partnering with Consumers Standards. Attestation will increase the veracity of organisational assurances of safety and quality through increased transparency and enforce undertaking, tied to regulatory requirements that can compel remediate actions if and when services fail to meet the basic requirements of the Clinical Governance Standard.

See [Fact Sheet 7](#).

1.9 Describe flexible transition arrangements for the first year of operation

The Commission in collaboration with regulators will describe transition arrangements to support health service organisations moving from the first to the second edition of the NSQHS Standards in the first year of operation. This will include an extended remediation period of 120 days.

¹ Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

2 Assessment team

Problem:

Not all assessors have the skills and/or experience to assess all organisations, because of the organisation's size, complexity and service model. Some assessors lack proper training and others misinterpret the intent of the NSQHS Standards.

Strategy 2:

Improve the effectiveness and expertise of the assessment team

The Commission proposes three sub-strategies to improve the effectiveness and expertise of the assessment team.

2.1 Improve the oversight and feedback on accreditation agency performance

The Commission will:

- Promote consistent behaviours across accreditation agencies
- Drive specific behaviours – for example, submitting data about accreditation outcomes
- Ensure the assessments are completed within agreed time frames.

See [Fact Sheet 8](#).

2.2 Develop a structured assessment methodology for the Clinical Governance and Partnering with Consumers Standards

The Commission will develop a structured assessment methodology to improve the rigour and the consistency of assessment of the Clinical Governance and Partnering with Consumers Standards.

This methodology will ensure processes and systems are rigorously examined especially focusing on assessment in clinical areas where care is provided.

See [Fact Sheet 12](#).

2.3 Provide orientation and training for assessors in the NSQHS Standards

The Commission will develop education packages and training materials for assessors, accrediting agencies and health service organisations on the intent and content of the NSQHS Standards (2nd ed.). Assessors will be required to successfully complete the orientation, and participate in ongoing education and training to assess to the NSQHS Standards (2nd ed.).

Users can register for the course via the [Commission's website:
www.safetyandquality.gov.au](#).

3 *Informing assessment processes*

Problem:

Assessments of health service organisations operating under the same policies and governance arrangements have frequently resulted in different assessment outcomes.

In addition, organisations currently produce outcomes data and reports that could be used to direct assessors to underperforming areas at assessment. However this information is not currently used for this purpose.

Strategy 3:

Assess the health service organisation's safety and quality data to better inform assessment processes.

The Commission proposes two sub-strategies to use the organisation's safety and quality data to better inform assessment processes.

3.1 Use administrative and clinical data to target assessments

The Commission in collaboration with regulators will analyse and use administrative and clinical datasets, to inform the need for targeted assessments. This will allow assessors to examine underperforming areas, and will reduce the need to concentrate on areas that are consistently performing well.

This strategy will require refinement over the next two years before being fully introduced. The need for additional assessments will be determined collaboratively by regulators and the Commission and may include short notice targeted assessments conducted by regulators, an expert assessment team or the organisation's accrediting agency.

3.2 Prescribe the data to be reviewed by assessors

The Commission will specify the type of safety and quality measures that assessors will need to review at assessment and confirm organisations are taking action. This will to enhance the rigour and consistency of the assessments.

4 *Regulatory oversight*

Problem:

The costs of implementing standards and providing safe and good quality care – a primary responsibility of health service organisations – are frequently misinterpreted as a direct cost of accreditation. Accreditation is the verification that standards are in place; it is not an end in itself. Unnecessary costs are incurred when multiple sets of overlapping standards are required.

Financial arrangements relating to the payment to accrediting agencies and contracted assessors under a fee-for-service model has inherent potential to result in conflicts of interest.

Strategy 4:

Improve regulatory oversight

The Commission proposes two sub-strategies to improve regulatory oversight.

4.1 Reduce the need to comply with other safety and quality standards

Some regulators require health service organisations to comply with both the NSQHS Standards and with other safety and quality standards. This places additional cost and compliance burdens on organisations. The NSQHS Standards (2nd ed.) now have a high degree of consistency with other standards set by accrediting agencies, making these other standards redundant. Reducing compliance with other safety and quality standards will allow organisations to make better use of resources allocated to implementing the NSQHS Standards.

4.2 Address conflicts of interest

The Commission will work with regulators to reduce conflicts of interest that exist as a result of accreditation processes, including contractual arrangements between accrediting agencies and assessors.

See [Fact Sheet 9](#).

5 *Communication about assessments and outcomes*

Problem:

Communication about the results of assessments is limited. Consumers have little understanding of the accreditation process, as results are not publicly available. Further, some stakeholders are not fully aware of all the benefits of accreditation.

Strategy 5:

Improve communications about the assessments and their outcomes

The Commission proposes two sub-strategies to improve communication about the assessments and their outcomes.

5.1 Public reporting on assessment outcomes

A report will be made publicly available on accreditation outcomes, increasing transparency. Better transparency means that:

- The community will be better informed that a particular health service organisation meets expected patient safety and quality standards
- Organisations can compare themselves with other organisations, and be motivated to improve their quality and safety processes
- Accrediting bodies and assessors will be able to track and improve their processes
- State and territory regulators will better be able to oversee and improve the accreditation process.

Public reporting will be phased in from 2020.

5.2 Communicate with stakeholders about accreditation

Consumers will become more involved in the assessment of health service organisations that are preparing for accreditation either as part of the groups interviewed or as assessors. This can lead to consumers better understanding the benefits and limitations of accreditation, and be engaged with the accreditation process.

See [*Consumer Fact Sheet: What is accreditation?*](#)

6 *Resources and support*

Problem:

The broad scope of the current assessment process means that health service organisations ‘event manage’ the on-site accreditation visit, to obfuscate and influence the accreditation outcome. Organisations also devote significant resources to producing documentation to satisfy accreditation requirements, leaving the workforce feeling the organisation is more concerned with ‘ticking boxes’ rather than with the facility’s performance, or the safety and quality of patient care. This results in some stakeholders becoming disengaged with the NSQHS Standards and their purpose.

Strategy 6:

Improve resources and support for health service organisations

The Commission proposes three sub-strategies to improve resources and support for health service organisations.

6.1 Support health service organisations before assessment

The Commission has developed educational resources to orientate and train assessors. The Commission will make these materials available to health service organisations. The Commission will also continue to provide tools and resources for organisations, support for enquiries via the Commission’s advice centre and mediation services.

6.2 Formalise internal assessments against the NSQHS Standards for health service organisations

The Commission will produce a manual for organisations to help them develop a regular and structured internal review process that aligns with the NSQHS Standards. Internally, the organisation can assess the material to ensure ongoing achievement of safety and quality against the NSQHS Standards.

6.3 Provide guidance about the use of patient journey methodology by health service organisations

The Commission will provide information and direction on the use of the patient journey methodology approach for health service organisations. This approach tracks and assesses the appropriateness and quality of care delivered from the patient’s perspective. Health service organisations can use the approach to test their systems. Assessors can use it during site visits as part of the assessment process.

Summary of strategies

Strategy 1: Improve the veracity of health service organisation assessments

- 1.1 Standardise the length of cycle and assessments
- 1.2 Amend rating scale
- 1.3 Test high-risk scenarios
- 1.4 Assessment conducted at short notice
- 1.5 Standardise reporting by accrediting agencies to health service organisations
- 1.6 Require repeat assessment if actions are not met
- 1.7 Use of patient journey methodology
- 1.8 Clinical governance attestation statements
- 1.9 Describe flexible transition arrangements for the first year of operation

Strategy 2: Improve the effectiveness and expertise of the assessment team

- 2.1 Improve the oversight and feedback on accreditation agency performance
- 2.2 Develop a structured assessment methodology for the Clinical Governance and Partnering with Consumers Standards
- 2.3 Provide orientation and training for assessors in the NSQHS Standards

Strategy 3: Assess the health service organisation's safety and quality data to better inform assessment processes

- 3.1 Use administrative and clinical data to target assessments
- 3.2 Prescribe the data to be reviewed by assessors

Strategy 4: Improve regulatory oversight

- 4.1 Reduce the need to comply with other safety and quality standards
- 4.2 Address conflicts of interest

Strategy 5: Improve communications about the assessments and their outcomes

- 5.1 Public reporting on assessment outcomes
- 5.2 Communicate with stakeholders about accreditation

Strategy 6: Improve resources and support for health service organisations

- 6.1 Support health service organisations before assessment
- 6.2 Formalise internal assessments against the NSQHS Standards for health service organisations
- 6.3 Provide guidance about the use of patient journey methodology by health service organisations

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