Development of the National Safety and Quality Health Service Standards

Since 2006, the Commission has been working towards accreditation reforms to improve safety and quality outcomes for patients. This activity has resulted in the development of a set of safety and quality health service standards for use in an Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. These National Safety and Quality Health Service (NSQHS) Standards were submitted to Australian Health Ministers’ Council (AHMC) and were approved in September 2011.

Background

Following the establishment of the Commission in January 2006, Australian Health Ministers Advisory Council (AHMAC) recommended that the Commission:

- Review accreditation in Australia: consider the current arrangements in light of international experiences and recommend a revised model for accreditation of both public and private health services across Australia
- Outline 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

There were a number of factors that caused Health Ministers to seek the development of a national accreditation scheme. Included in those factors were:

- The safety and quality accreditation of health services in Australia was seen as fragmented
- Safety and quality accreditation was perceived by health services organisations as too complex and resource intensive
- Accreditation outcomes lacked the transparency expected by governments and consumers
- There were no standards in use that applied across all settings of care.

It was also recognised, that limited information was publicly available for consumers about the accreditation status of services. The information was largely about process, such as period of accreditation, and not the type of information that consumers sought such as the quality and safety of the service.

The Commission agreed that this was an important body of work and in July 2006 commenced preliminary consultation with stakeholders on the issues and options for change.

Development of a National Accreditation Scheme

Recognising that the environment in which health service accreditation occurs is complex (in part because accreditation takes place across a broad range of providers and is supported by different statutes, incentives, funding and regulatory models) the Commission developed a number of strategies to ensure a wide range of stakeholders were consulted.
Consultation processes included:

- Drafting an AHSSQA Scheme and NSQHS Standards in conjunction with technical and expert working groups
- Involving the Commission’s Standing Committees and members of program working groups to review preliminary draft discussion papers and individual standards (e.g. Inter-Jurisdictional Committee, Accreditation Implementation Reference Group)
- Holding workshops with technical experts
- Releasing public consultation papers on a draft AHSSQA Scheme and NSQHS Standards
- Attending meetings and conferences with jurisdictions, health professionals and industry organisations
- Consulting with consumers at workshops in most States and Territories
- Piloting the NSQHS Standards with a wide range of health service organisations and accrediting agencies
- Developing a Regulatory Impact Statement (RIS) as a requirement of the Council of Australian Governments, and
- Receiving formal feedback and meeting approval processes through Australian Health Ministers.

In summary, an AHSSQA Scheme and NSQHS Standards were the result of:

- Over 100 meetings convened with stakeholder organisations
- 56 focus groups convened to discuss an AHSSQA Scheme and NSQHS Standards with over 600 participants
- A national workshop of 140 participants representing all key stakeholders
- 12 reports
- 290 written submissions received and analysed
- Over 70 presentations to health sector participants.

**Regulatory Impact Statement**

As part of the Council of Australian Governments (COAG) requirements, Ministerial Councils follow an established process of undertaking consultation on proposals that have a potential regulatory impact. Governments have agreed that, in order to establish and maintain effective regulatory arrangements and avoid unnecessary compliance costs and restriction on business, a regulatory assessment must be undertaken prior to a decision on regulatory changes being made. An analysis of comments from stakeholders forms a Regulatory Impact Statement (RIS) presented to governments to inform their decision making processes.

Regulation refers broadly to any legally enforceable requirement which becomes mandatory for businesses and the community. This includes government voluntary codes and advice for which there is a reasonable expectation by governments that there will be widespread compliance. Implementing the standards for high risk health
services, via a national accreditation scheme, is an example of where there is a reasonable expectation of compliance.

**RIS consultation process**

As AHMAC was the Ministerial Council which would decide on the adoption of the NSQHS Standards and their implementation through an AHSSQA Scheme, the Commission developed a Consultation Regulatory Impact Statement. It was approved by the Office of Best Practice Regulation and distributed to stakeholders in September 2010. Prior to its release, the Commission had advised stakeholders at national conferences, workshops and committee meetings that: a RIS was due for release; that it would be seeking their comment on the impact of the reforms; and outlining both the process and content of the RIS documentation.

Copies of the Consultation RIS document were distributed to Commission stakeholder organisations, individuals and more than 250 representatives who received an email request to forward the RIS through their networks to other people who may be interested in the paper. Included in this process were accrediting agencies, consumers, Aboriginal health service organisations, technical experts and health service representatives.

Members of all the Commission’s standing committees were contacted including Commission members, Inter Jurisdictional Committee, Primary Care Committee and Private Hospital Sector Committee. The Commission’s program committees were also notified including the Accreditation Implementation Reference Group, Blood Workshop participants, Recognising and Responding to Clinical Deterioration Program Advisory Committee and consumer representative organisations.

An invitation to comment on the RIS was issued in the Australian newspaper on 27 September 2010 and a total of 20 written submissions were received.

Consultation on the RIS indicated strong support for the release of standards that could be applied consistently across all health services and accredited uniformly in high risk services, with a phased introduction of accreditation to all high risk services.

Based on the consultation findings, analysis and extensive consultation that preceded the RIS, the Commission recommended an option it believed would provide the greatest net benefit for the community, while meeting the requirements set by Health Ministers. For many health services, the NSQHS Standards represented adjustments to existing processes rather than an overhaul of their current system. It was acknowledged there would be some increase in costs, however compared with the potential savings in health care expenditure the change and implementation costs were comparatively small. Improvements in productivity would also result from a reduction in mortality and in particular morbidity as better health outcomes have economic and social benefits.

**Standards Development Process**

Critical to the accreditation scheme was the development of 10 standards, which occurred over the past 2 and a half years following substantial consultation and collaboration with key stakeholders. A seven stage methodology was used and involved:
Selection of content area in consultation with stakeholders against specified criteria

Drafting of the standards in conjunction with technical experts and key stakeholders

Initial testing and validation of the standards by program working groups and Commission standing committees

Call for public written submissions

Focus group meetings with consumers in each of four states

Meetings with industry groups and accrediting agencies

Piloting standards in health services.

Stage 1

The criteria used to select standards were refined through the consultation process on an AHSSQA Scheme and resulted in the following criteria being applied:

- there is currently a substantial body of evidence about patient harm
- there is a high volume of activity with patient harm occurring relatively frequently or low volume but the harm that occurs is severe
- there is a known gap between day to day practice and recommended best practice
- it is known actions can be taken to effectively reduce the risk of harm to patients and
- the community expects standards exist (for example in community engagement).

Stage 2

involved the initial drafting of standards in conjunction with technical and expert working groups that identified key areas of safety and quality concern for each topic area and provided the technical content for each of the standards. This process culminated in the development of the initial five NSQHS Standards in November 2009 which included Governance for Safety and Quality in Health Service Organisations, Preventing and Controlling Healthcare Associated Infections; Medication Safety; Patient Identification and Procedure Matching and Clinical Handover. Five additional NSQHS Standards were released in August 2010. These included Partnering for Consumer Engagement, Blood and Blood Product Safety, Prevention and Management of Pressure Ulcers, Recognising and Responding to Clinical Deterioration in Acute Health Care, and Preventing Falls and Harm from Falls.

Stage 3

involved a large number of participants who were members of program working groups, Commission standing committees, or workshop participations brought together specifically to review preliminary drafts of individual standards. These included:

- Accreditation Implementation Reference Group
- Healthcare Associated Infection Implementation Advisory Group
- Healthcare Associated Infections Surveillance Expert Working Group
• Medication Reference Group Committee
• Patient Identification Expert Working Group
• Clinical Handover Expert Advisory Group
• Inter Jurisdictional Committee
• Private Hospital Sector Committee
• Recognising and Responding to Clinical Deterioration Advisory Committee
• Workshop of key stakeholders involved in Blood and Blood Products
• Teleconference with jurisdictional representatives responsible for pressure injuries
• Teleconferences with the National Pressure Injuries Advisory Panel
• Workshop of key technical and consumer representatives

Stage 4 involved the release of a consultation draft on the NSQHS Standards. The initial five draft NSQHS Standards were released for consultation in November 2009 and 92 written submissions were received. During the period August to October 2010, the Commission sought public comment on the additional five draft NSQHS Standards. Through this process, 88 written submissions were received.

Stage 5 focused specifically on the needs and expectations of consumers. Focus groups involving consumers were held in six States – two each in Queensland, Victoria, South Australia and Western Australia, and one each in New South Wales and the Australian Capital Territory.

Stage 6 meetings held with over 40 stakeholder organisations and individuals

Stage 7 involved piloting the NSQHS Standards. The objective of the pilot was to determine if there was a shared understanding of the intent of the NSQHS Standards and to ensure they were measurable. 27 health services completed a self-assessment against the initial five NSQHS Standards and an evaluation of the processes, and 11 health services completed a self-assessment against the second five Standards. Surveyors from 10 different accrediting agencies then undertook an external assessment of health services against the NSQHS Standards. This process included:

• A surveyor workshop to refine the draft assessment tool and to clarify the Commission’s expectations in relation to measuring the NSQHS Standards.
• Surveyors undertaking a site visit to a participating health service to assess the organisation’s performance against the NSQHS Standards and report on their findings.
• A workshop for surveyors to discuss and feedback issues with the external assessment process.
Pilot results

Based on the self-assessment reports received by the Commission, health services were able to demonstrate they were meeting the majority of the NSQHS Standards. Health services were also able to identify gaps and actions for improvement where they were unable to find evidence to demonstrate they were meeting a NSQHS Standard. For example, a total of 78% of health service organisations participating in the pilot of the initial five NSQHS Standards agreed that completing the self-assessment tool assisted in identifying areas for improvement for their organisation.

Other issues identified by health services and surveyors included:

- Services were not always able to provide documentation to support their self-assessment rating
- Acceptance of evidence, particularly policies and procedures that were developed at the service or corporate level, was inconsistent
- Inconsistent application of processes within a service
- Difficulty ensuring that policies, protocols and procedures are consistent with best practice guidelines
- Difficulty ensuring all tools had been appropriately validated
- A series of related tasks for an item impacts on a service’s ability to meet all the task under that item

Feedback from the pilots assisted in identifying some ambiguity, overlap and duplication in the NSQHS Standards. Some terms and concepts also required clarification or explanation. These issues were addressed in subsequent revision and refinement of the NSQHS Standards and resulted in a reduction in the overall number of actions in some NSQHS Standards.