NSQHS Standards and AHSSQA Scheme
WA Annual National Standards Forum
2015 assessment results

In 2015 there were:

• 918 organisations assessment (15% from WA) or
• 64% of the 1440 (10% from WA) mandated organisations

Of the 918 organisations assessed:

• 53% public sector
• 47% private sector (18% hospitals, 26% DPS, 3% other)

• 64% organisation wide assessments
• 32% mid cycle assessments
• 4% interim assessments
2016 assessments

- 907 health service organisations scheduled for assessment
- 5% of these in WA
  - 29 from the private sector
  - 20 from the public sector

- 19% of all scheduled assessments completed January to April

- In 2016, at assessment 86% of health services have all core actions met, compared with 81% in 2015, 63% in 2014
Accreditation results

Range, average, media and mode for not met core actions at organisation wide assessments 2014, 2015 and January to April 2016

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<th>Public</th>
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Percentage of facilities assessed

All Health Service Organisations

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2013</td>
<td>43%</td>
<td>57%</td>
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<td>2014*</td>
<td>81%</td>
<td>19%</td>
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<td>Total no.</td>
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Accreditation results

Range, average, median and mode for *met with merit* actions at organisation assessment for 2014, 2015 and January to April 2016

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Public sector

Core actions at organisation wide assessment in 2015

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<th>Met with merit</th>
<th>Percentage of actions met with merit</th>
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Grand Total | 142 | 100 | 368 | 100 | 1567 | 100 |
Private sector

Core actions at organisation wide assessment in 2015

<table>
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<th>Standard</th>
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<th>Met with merit</th>
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Standards v Accreditation

Standards
• implementing, prioritising, monitoring risk and performance, making change, developing skills and knowledge, engaging people in systems and processes
• ongoing

Accreditation
• checking, observing, interviewing, sometimes recommending alternatives or better ways to do things
• moment in time
Intent of the standards and accreditation

Standards
- minimum (expected) standards
- best practice standards
- aspirational standards
- principles based, technical or practical standards

Accreditation
- facilitate continuous (safety and quality) improvement
- ensure accountability
- manage risk
- ensure compliance
- promote best practice
- drive organisational learning
- detect poor performance
What are the benefits of accreditation?

• provides a deadline for health service organisations implementing changes, reviewing documentation and implementing the Standards
• provides external review of systems and processes
• provides systematic mechanism for verifying safety and quality systems are in place and used
• may identify areas for improvement in health service organisations
• can be used by health service organisations as a marker of quality
• can provide a lever for change
• provides some data on the implementation of Standards
The dreaded bank of lever arch folders
What about accreditation doesn’t work?

- it is a point in time assessment
- there is limited evidence of its efficacy
- it relies on assessors with a widely varying skills, knowledge and training
- there is inter-agency and inter-assessor variability and assessor subjectivity
- it is managed as an event, rather than process for continuous improvement
- the public is largely unaware of the process and outcome of accreditation
- the process and outcomes of accreditation are not transparent
- action/invest resources are invested in areas that are not the highest priority
- the current system has no formal mechanism for sharing exemplar practice
- there are potential conflicts of interest with the current contractual arrangements
- it does not guarantee safety or consistently detect poor performance
- organisations that have to prepare for accreditation, are not routinely meeting the accepted level of care set out in the Standards.
How could we improve accreditation?

• Focus to date on oversight with accrediting agencies on improving the current processes of accreditation:
  • team leaders
  • training surveyors
  • post assessment surveys
  • observation visits
  • performance review of accrediting agencies

• Refocus assessments by:
  • Reform assessment processes
  • Require greater transparency
  • Increase consumer involvement
  • Use other mechanisms to measure
Review of the NSQHS Standards

- 36 focus groups nationally
  - primarily nurse unit managers, junior doctors, safety and quality officers
- 160+ written submissions
- 400+ surveys
  - 70+ consumer surveys
  - 330+ health service surveys
- 135 pilot sites nationally
Themes raised

• duplication created in version 2
• reason for the governance components at the beginning of the clinical standards
• the inclusion of other vulnerable groups in the Aboriginal specific actions
• clarity of language used in version 2
• implementation challenges facing some service settings
• gaps in the coverage of version 2
• compound actions
• numbering of standards, items and actions
Version 2 of the NSQHS Standards

- Clinical governance for health service organisations standard
- Partnering with consumers standard
- Healthcare-associated infection prevention standard
- Medication safety standard
- Comprehensive care standard
- Communicating for safety standard
- Blood and blood product standard
- Recognising and responding to acute deterioration standard
Clinical Governance for Health Service Organisations Standard

**Governance and leadership**
Integrated corporate and clinical governance systems are established and used to improve the safety and quality of health care for patients.

**Patient safety and quality systems**
Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.

**Clinical performance and effectiveness**
The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.

**Safe environment for the delivery of care**
The environment promotes safe and high-quality health care for patients.

**Actions:** 33
Partnering with Consumers Standard

Clinical governance and quality improvement systems to support partnering with consumers
Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

Partnering with patients in their own care
Systems that are based on partnerships with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.

Health literacy
Health service organisations communicate with patients in a way that supports effective partnerships.

Partnering with consumers in organisational design and governance
Consumers are partners in the design and governance of the organisation.

Actions: 14
Preventing and Controlling Healthcare Associated Infections

Clinical governance and quality improvement to prevention and control healthcare associated infections and support antimicrobial stewardship
Systems are in place to support and promote prevention and control of healthcare associated infections and improve antimicrobial stewardship

Infection prevention and control systems
Evidence-based systems are used to prevent and control healthcare associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The health service organisation is clean and hygienic.

Reprocessing of reusable medical devices
Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards and meets current best practice.

Antimicrobial stewardship
The health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

Actions: 16
Medication Safety Standard

Intention:
Ensure clinicians are competent to safely prescribe, dispense, administer and monitor appropriate medicines to informed patients.

Criteria:

Clinical governance and quality improvement to support medication management
Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines.

Documentation of patient information
A patient's best-possible medication history is recorded when commencing an episode of care. The best-possible medication history and information relating to medicine allergies and adverse drug reactions is available to clinicians at the.

Continuity of medication safety management
A patient's medicines are reviewed and information is provided to them about their medicines needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.

Medication safety management processes
Health service organisations procure medicines for safety. Clinicians are supported to supply, store, compound, manufacture, prescribe, dispense, administer, monitor and dispose of medicines safely.

Actions: 15
Comprehensive Care Standard

Clinical governance and quality improvement to support comprehensive care
Systems are in place to support clinicians to deliver comprehensive care.

Developing the comprehensive care plan
Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop a goal-directed comprehensive care plan.

Delivering comprehensive care
Safe care is delivered based on the comprehensive care plan and in partnership with patients, carers and family. Comprehensive care is delivered to patients at the end of life.

Minimising patients harm
Patients at risk of specific harm are identified and clinicians deliver targeted strategies to prevent and manage harm.

Actions: 35
Communicating for Safety Standard

Clinical governance and quality improvement to support effective communication
Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.

Correct identification and procedure matching
Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.

Communication at clinical handover
Processes for structured clinical handover are used to effectively communicate about the health care of patients.

Communication of critical information
Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.

Documentation of information
Essential information is documented in the healthcare record to ensure patient safety.

Actions: 11
Blood Management

Clinical governance and quality improvement to support blood management
Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients’ own blood, and to ensure that blood product requirements are met.

Prescribing and clinical use of blood and blood products
The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.

Managing blood and blood product availability and safety
Strategies are used to effectively manage blood and blood product availability and safety.

Actions: 10
Recognising and Responding to Acute Deterioration

Clinical governance and quality improvement to support recognition and response systems
Organisation-wide systems are used to support and promote detection and recognition of, acute deterioration, and response to patients whose condition acutely deteriorates. These systems are consistent with the National consensus statement: essential elements for recognising and responding to clinical deterioration, the National consensus statement: essential elements for safe and high-quality end-of-life care; Draft National consensus statement: essential elements for recognising and responding to deterioration of mental state; and the Delirium Clinical Care Standard.

Detecting and recognising acute deterioration and escalating care
Acute deterioration is detected and recognised, and action is taken to escalate care.

Responding to acute deterioration
Appropriate and timely care is provided to patients whose condition is acutely deteriorating.

Actions: 13
Key dates

early-Jul 2016: release of the RIS consultation document and the draft version 2 of the NSQHS Standards

early-Aug 2016: consultation closes

October 2016: endorsement by the Inter Jurisdictional Committee, Board and Board sub-committees.

December 2016: submission to the Australian Health Ministers’ Advisory Council

early 2017: submission to COAG Health Council

October/November 2017: launch of version 2 of the NSQHS Standards

1 January 2019: accreditation to version 2 of the NSQHS Standards for health service organisations to commence
Proposed deliverables from the review process

1. Version 2 of the NSQHS Standards
2. Revised Safety and Quality Improvement Guides
3. Accreditation workbooks
4. Translation of the NSQHS Standards for consumers
5. Identification of the training requirements of the NSQHS Standards for education bodies and health service organisations
6. Associated safety and quality measures for each Standard
7. Train the trainer package for accrediting agencies and surveyor and information packages for health services
Related projects

• Application of NSQHS Standards in Multipurpose Services
• Safety and quality framework in primary care
• Review of the 2009 falls guidelines
• Updating 2004 credentialing document
• Review of the 2007 patient wrist band Standard
Questions
Advice Centre

Support for implementation of NSQHS Standards.

Email: accreditation@safetyandquality.gov.au

Phone: 1800 304 056