Submission

Australian Healthcare & Hospitals Association

National Safety & Quality Healthcare Standards

January 2010

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to comment on the National Safety and Quality Healthcare Standards in development by the Australian Commission on Safety and Quality in Health Care.

As the only body in Australia representing the public healthcare sector, the AHHA has a key interest in ensuring that any standards applied to hospitals and health services reflect the best functioning of those services. Any data collection and monitoring must serve to improve healthcare delivery without adding burden to the system and staff within facilities, particularly where many are already undertaking these tasks for other accreditation and funding requirements.

The AHHA has long pushed for national standards to ensure that we can measure and compare outcomes, and ultimately drive improvement of the system and professionals working within it. The AHHA welcomes the key standards contained in the proposed framework, but has some comments and questions about the details of the standards and elements.

The AHHA provides the following overarching comment on the preliminary set of NSQH Standards:

1) ***Governance for Safety and Quality in Health Service Organisations*** which provides the framework for health service organisations as they implement safe systems

   AHHA General Response

   - This is abstract in comparison to 2, 3, 4 – what is meant by this, how will it be assessed, what are the consequences of failure in terms of the standards, as opposed to the health outcomes (but how do we know that influencing this makes a difference to health outcomes?)

2) ***Healthcare Associated Infection*** which describes the standard expected to prevent infection of patients within the healthcare system and to effectively manage infections when they occur, to minimise their consequences

   AHHA General Response

   - Well recognised as valuable, needs specific measures
   - This can and should be more concrete. There are agreed standards within this area which are in place in some jurisdictions overseas (UK). This Standard should explicitly include hand washing rates, MRSA and VRE rates, for example, in addition to the process measures included.

3) ***Medication Safety*** which describes the standard expected to ensure clinicians prescribe, dispense and administer appropriate and safe medication to informed patients

   AHHA General Response

   - Well recognised as valuable, needs specific measures
   - It is widely accepted and based in evidence that introducing local solutions for electronic medication management assists greatly in monitoring and improving medication safety.

4) ***Patient Identification and Procedure Matching*** which describes the standard expected for the correct identification of patients and correctly matching their identity with their correct treatment

   AHHA General Response

   - The AHHA is not sure that this is a high frequency/significant impact risk sufficient to be included in the Standards. If it is included, other low-incidence interventions, such as VTE prophylaxis and falls prevention, should also be included. The AHHA suggests exploring implementation of the WHO surgical check list.

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5) ***Clinical Handover*** which describes the standard expected for effective clinical communication whenever accountability and responsibility for a patient's care is transferred

AHHA General Response

- The AHHA understands the Commission has done a lot of work on clinical handover, to which the Association also contributed in the form of a position statement (attached). This area is very broad, though there is no disputing that it is critical to achieving safer and better quality healthcare. What would be in and out of scope as part of the Standards? Arguably any communication between two healthcare workers about a patient is handover. With such a diversity of handover points and mechanisms, how will the standards operate efficiently?

AHHA responses to the specific standards and elements are detailed below in table form. In general response to question 9:

Should the final set of NSQH Standards be the only safety and quality requirements for accreditation or should jurisdictions and/or accrediting agencies have the capacity under the new model to add further safety and quality requirements to accreditation?

The Standards should be the agreed minimum set since that is what standards are by definition. It will not be useful if they are not multilaterally accepted as the minimum set and enforced as such. It would be ideal to extend beyond this scope so that all data collection can occur consistently. There also needs be consideration of outcomes monitoring in safety and quality terms, rather than process-based measures alone (for example, in check list form). If required, more information/discussion can be provided by the AHHA.

Health services are already overwhelmed with a number of accreditation and review processes which can represent cost and duplication, so there is a need to be cautious about adding an extra process rather than incorporating the Standards into an existing process. The Commission needs to consider the best mechanism that will ensure all health services comply with the Standards, for example through formal recognition by funding organisations (such as Medicare and health insurers). This may be in the form of an existing body, or may recommend creation of a new body that will have responsibility not only for safety and quality monitoring but broader healthcare inputs and outcomes analysis.

A key question to be answered is around what penalties or implications there are for healthcare organisations that fall below the Standards or do not comply.

General comments

Overall the AHHA views this as a good starting point to establish national standards in safety and quality. The Association recognises that it is a challenge to produce a document and subsequent standards that fit all agencies and expectations.

The Standards are currently too general with a lack of clear definition around key concepts and terms. The process measures included leave many things open to interpretation which is likely to bring more variation in implementation as well as surveyor assessment. There is an opportunity to address some high risk areas if they are included as part of either the descriptor of the element and/or the process measures (eg. specifying high-risk medications).

Some Standards require considerably more detail, such as clinical handover, while others require clearer explanation such as governance. The latter can be difficult to assess and monitor, particularly in terms of how it impacts on outcomes, however more clarity is required to ensure the application of this Standard is not compromised or confused.

Examples should be provided of different levels of application depending on the nature of the facility, for example discerning between small day surgery centres and large teaching hospitals. Though the principles will remain consistent across facilities, the application of the Standards may acceptably vary depending on the caseload and other factors.

Standard 1: Governance for Safety and Quality in Health Service Organisations (SQ)

A healthcare organisation's clinical leaders and senior management (those who control and direct the organisation) will have an active role in setting clinical safety and quality policy, seeking continual improvement by using clinical information and quality management systems, and communicating the importance of both patient satisfaction and quality management to all staff to ensure the appropriate health outcomes are achieved.

Consultation question	Elements	Comments
1. Is the language and format of the Standard appropriate?	A. Governance and quality improvement system	Needs an agreed definition (as do the others below). Also need some objective test that means assessors can impartially establish compliance with the Standard. The issue of rating is as important as the issue of standards and does not seem to have been addressed.
	B. Clinical practice	
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	
2. Are there gaps in the Standard that should be addressed?	A. Governance and quality improvement system	The governance of clinical care occurs (at least in most public organisations) within the context of a broader governance role, for example Boards, Area Health Service, Chief Executive. Hence it requires a program of review and improvement of internal processes and outcomes at every level, from the Corporate Office, the management team, clinician and non-clinical staff. While clinicians and clinical teams are directly responsible for the safety and quality of care, the Corporate Office is responsible for ensuring the systems and processes are in place to support clinicians in providing safer care. Currently this connection seems to be missing in the standard.
	B. Clinical practice	Suggest the focus be about developing and applying clinical guidelines or pathways not just one thing without the other.
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	What evidence is there for this?
	F. Meeting *National S&Q Healthcare Standards*	

Consultation question	Elements	Comments
3. Are there unnecessary items or duplications that should be removed from the Standard?	A. Governance and quality improvement system	This is a problem with any proxy measure. The way to address it would be to define the health outcomes being sought then define the processes around which standards can be written. Since this does not seem to be the case here (other than the assumption of some undefined but agreed set of outcomes) it is not possible to say how well the standards map to the outcome space (as a matter of logic).
	B. Clinical practice	
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	
4. Is the level of detail provided adequate to implement the standards? If not, what additional information is needed?	A. Governance and quality improvement system	The parameters provided are broad and open to variation when it comes to implementation. This also has the potential to impact on surveyor assessment. See earlier comments about objective measurability. The cost of measurement (and assessment) also needs to be considered and does not appear to be part of the Standards work so far.
	B. Clinical practice	Taking into account that the whole purpose of this standard is to reduce harm that results from variations in practice, the standard can be strengthened by being more specific.
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	
5. Are there settings in which some of the elements do not apply?	A. Governance and quality improvement system	This should apply to any setting and every level. Since the objective of the standards has not been defined and appears to be defined only in the broadest terms (ie. making healthcare better) this question cannot be sensibly answered. The more standards seek to cover all healthcare settings the less well they will fit with any particular setting. The aim of the project needs to be defined to determine where this balance should be set, or alternatively should expand to identify specific sets of standards for similar organisations that fit within the broader priorities.
	B. Clinical practice	

Consultation question	Elements	Comments
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	
6. Are the process measures appropriate for the assessment of safety and quality of each of the elements?	A. Governance and quality improvement system	The process measures appear to be very broad and this may be because the standard is also broad. Suggest this section needs to be more specific highlighting at least the minimum processes that should be in place. For example, unless standard across all states, the minimum components of a clinical governance framework should be given, eg. must include clinical performance and evaluation, patient and public involvement, clinical audit only, or needs to incorporate clinical effectiveness, clinical risk management (including adverse incident reporting, complaints and claims for clinical negligence), staffing and staff management, professional development as well? By broadening the scope of process measures, this would also assist surveyors when assessing compliance with the standard. See above for comment on outcome measures that may be included in place of process measures.
	B. Clinical practice	Evidence of protocols and pathways for at least high risk procedures or treatments rather than limiting it to just staff induction
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	
7. Can the draft Standard be applied in your healthcare setting without modification?	A. Governance and quality improvement system	Yes, however it is generally followed in terms of 'compliance' rather than quality improvement. There needs to be a concurrent application of the Standards that enables professional clinical groupings to work within the framework from the bottom up. This will require flexibility in the expression and implementation of the Standards.
	B. Clinical practice	
	C. Performance and skills management	
	D. Incident management	
	E. Patient engagement and rights	
	F. Meeting *National S&Q Healthcare Standards*	

Standard 2: Healthcare Associated Infection (HAI)

A healthcare organisation's clinical leaders and senior management (those who control and direct the organisation) will have an active role in setting healthcare associated infection policy; seeking continual improvement of the infection management system; communicating to all staff the importance of both preventing and effectively managing infection; and ensuring that appropriate outcomes are achieved.

Consultation question	Elements	Comments
1. Is the language and format of the Standard appropriate?	A. Systems and governance for infection prevention, control and surveillance	Overall, language and format is good.
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
2. Are there gaps in the Standard that should be addressed?	A. Systems and governance for infection prevention, control and surveillance	Compared to the Governance for Safety and Quality standard, this standard is more comprehensive.
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
3. Are there unnecessary items or duplications that should be removed from the Standard?	A. Systems and governance for infection prevention, control and surveillance	
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
4. Is the level of detail provided adequate to implement the standards? If not, what additional information is needed?	A. Systems and governance for infection prevention, control and surveillance	
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
5. Are there settings in which some of the elements do not apply?	A. Systems and governance for infection prevention, control and surveillance	

Consultation question	Elements	Comments
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
6. Are the process measures appropriate for the assessment of safety and quality of each of the elements?	A. Systems and governance for infection prevention, control and surveillance	Overall process measures are better described compared to previous section hence reducing ambiguity. However, the suggested process measure for 1a – antimicrobial stewardship – should be better described (what is included, what is not)
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	
7. Can the draft Standard be applied in your healthcare setting without modification?	A. Systems and governance for infection prevention, control and surveillance	Overall, yes
	B. Infection prevention policies and protocols	
	C. Managing patients with infections	
	D. Antimicrobial stewardship	
	E. Cleaning, disinfection and sterilisation	
	F. Consumer information	

Standard 3: Medication Safety (MS)

A healthcare organisation's clinical leaders and senior management (those who control and direct the organisation) will put in place systems to reduce the occurrence of preventable adverse medicines events and improve the safety and quality of medicines use. The Standard incorporates deployment of an organisational medication management system; executive and personal accountability; implementation of standards and procedures; documentation of patient information; provision of medicines information; and implementation of safe practices for prescribing, dispensing, monitoring and administering medicines.

Consultation question	Elements	Comments
1. Is the language and format of the Standard appropriate?	A. Governance and quality improvement system	
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	
2. Are there gaps in the Standard that should be addressed?	A. Governance and quality improvement system	
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	
3. Are there unnecessary items or duplications that should be removed from the Standard?	A. Governance and quality improvement system	
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	
4. Is the level of detail provided adequate to implement the standards? If not, what additional information is needed?	A. Governance and quality improvement system	Overall the standards are sound and similar to those recommended by other accrediting bodies
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	
5. Are there settings in which some of the elements do not apply?	A. Governance and quality improvement system	
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	
6. Are the process measures appropriate for the assessment of safety and quality of each of the	A. Governance and quality improvement system	There is an opportunity to be specific. The area of medication management is broad hence the process measures provided can be much more useful if there is an element of detail such as focusing
	B. Documentation of patient information	
	C. Provision of medicines information for patients	

Consultation question	Elements	Comments
elements?	D. Medication management processes	on high risk medications and lookalike medications at a minimum
	E. Continuity of medication management	
7. Can the draft Standard be applied in your healthcare setting without modification?	A. Governance and quality improvement system	
	B. Documentation of patient information	
	C. Provision of medicines information for patients	
	D. Medication management processes	
	E. Continuity of medication management	

Standard 4: Patient Identification and Procedure Matching (PI)

A healthcare organisation's clinical leaders and senior management (those who control and direct the organisation) will put in place systems to ensure patient identification and matching of identification with intended clinical interventions.

Consultation question	Elements	Comments
1. Is the language and format of the Standard appropriate?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	
2. Are there gaps in the Standard that should be addressed?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	
3. Are there unnecessary items or duplications that should be removed from the Standard?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	
4. Is the level of detail provided adequate to implement the standards? If not, what additional information is needed?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	
5. Are there settings in which some of the elements do not apply?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	
6. Are the process measures appropriate for the assessment of safety and quality of each of the elements?	A. Identifying individual patients	The process measures are a combination of process and outcome eg. "proportion of patients". Suggest to keep consistency with other standards by including/excluding outcomes.
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and	

Consultation question	Elements	Comments
	their care	
7. Can the draft Standard be applied in your healthcare setting without modification?	A. Identifying individual patients	
	B. Transfer of care	
	C. Matching patients and their care	
	D. Assessing risks of mismatching patients and their care	

Standard 5: Clinical Handover (CH)

A health service organisation's clinical leaders and senior management (those who control the health service organisation) will put systems in place to make sure that effective consistent and agreed process for clinical handover are applied whenever accountability and responsibility for patient care is transferred.

Consultation question	Elements	Comments
1. Is the language and format of the Standard appropriate?	A. Governance and leadership for effective clinical handover	
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	
2. Are there gaps in the Standard that should be addressed?	A. Governance and leadership for effective clinical handover	Yes – The clinical handover process suggested implies interaction between clinicians, eg at change of shift. However, poor handover also affects the patient when she/he is transferred from one ward to another or from one hospital to another or from hospital to residential care. There is a need to recognise that handover takes place in those situations and as such they should not be excluded from the standard and the processes by which this standard will be measured. Suggest this needs to be more specific as per comments above.
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	
3. Are there unnecessary items or duplications that should be removed from the Standard?	A. Governance and leadership for effective clinical handover	
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	
4. Is the level of detail provided adequate to implement the standards? If not, what additional information is needed?	A. Governance and leadership for effective clinical handover	
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	
5. Are there settings in which some of	A. Governance and leadership for effective clinical	

Consultation question	Elements	Comments
the elements do not apply?	handover	
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	
6. Are the process measures appropriate for the assessment of safety and quality of each of the elements?	A. Governance and leadership for effective clinical handover	
	B. Effective clinical handover processes	The process measure is too broad. Some minimum parameters can be given, for example: A minimum data set to transfer patient information at handover should be used
	C. Patient and carers involvement in clinical handover	
7. Can the draft Standard be applied in your healthcare setting without modification?	A. Governance and leadership for effective clinical handover	
	B. Effective clinical handover processes	
	C. Patient and carers involvement in clinical handover	