



## **SUBMISSION**

### **Senate Community Affairs Committee Inquiry into the National Health and Hospitals Network Bill 2010**

The Australian Council on Healthcare Standards (ACHS) would like to submit the following information relating to:

- Part 2 – Commission’s establishment, functions and powers
- Section 9 Functions of the Commission
- Section 10 Additional provisions about standards, guidelines and indicators
- Section 11 Additional provisions about model national accreditation schemes

## **COLLABORATION BETWEEN ACHS AND THE COMMISSION**

The Board and Council of ACHS have actively and collaboratively consulted with the Australian Commission on Safety and Quality in Health Care in its mandate to develop a national accreditation program and national set of healthcare standards, to support safety and quality in the Australian health system.

Most recently ACHS has provided a constructive response to the Commission’s request for comment on the “Regulatory Impact Statement (RIS), September 2010, National Safety and Quality Health Service Standards and their use in a Model National Accreditation Scheme”.

## **ACHS PROFILE AND ROLE IN NATIONAL AND INTERNATIONAL ACCREDITATION**

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the safety and quality of healthcare in Australia through continual review of performance, assessment and accreditation.

Established in 1974 with the support of the Federal Government, the ACHS has maintained its position as the leading independent authority on the measurement and implementation of quality improvement systems for Australian healthcare organisations. We collaborate with consumers, governments, healthcare professionals, industry bodies and the broader community.

ACHS is governed by a Board of directors, elected by council members and supported by a corporate management system. The Board has responsibility for standards and oversees the process of evaluation.

Within Australia, there are currently more than 1,400 organisations within the ACHS program. Hospitals (public and private), community health organisations, divisions of general practice, corporate offices of health services and day surgeries are some of the types of organisations participating in ACHS accreditation and quality improvement programs.

Established in 2005, ACHS International (ACHSI) is a fully owned subsidiary of the Australian Council on Healthcare Standards (ACHS). ACHSI extends the mission and vision of ACHS internationally through the development and implementation of accreditation programs and provision of education and consultancy services in countries such as New Zealand, Ireland, Hong Kong, Macau, China, South Korea, Japan, Taiwan, India, Sri Lanka, Saudi Arabia, Bahrain, and the United Arab Emirates. ACHSI is the second largest international accreditation organisation in the world; second to Joint Commission International (JCI), from the United States.

ACHS is accredited by the International Society for Quality in Health Care (ISQua). Australia is one of only four countries in the world to have achieved all three levels of ISQua international accreditation for their healthcare accreditation program.

## **DEVELOPMENT OF NATIONAL HEALTHCARE STANDARDS**

ACHS supports the establishment of a set of national healthcare standards, allowing national healthcare services to report against a single and consistent set of standards. The adoption of an existing set of standards as the national standards is the better option, in ACHS' view, that has the potential to meet the objectives of the Commission, without re-inventing the wheel. ACHS would seriously consider supporting the use of its standards (including foregoing our proprietary rights), the format and its framework for implementation for wider use in the expanded application of accreditation as a national strategy around safety and quality. The adoption of an existing set of standards for use nationally was not considered an acceptable option by the Commission.

The National Standards target 'high-risk' clinical areas. ACHS acknowledges, and has contributed to the work conducted by the Commission in the development of these standards. The issues encompassed by the intended National Standards are, to a very substantial degree, already reflected in the ACHS standards. The areas addressed in the ACHS standards extend beyond Governance, Consumer Engagement and High Risk Clinical areas, to include broader organisational functions, which ACHS believes are essential to provide a comprehensive assessment of the broader healthcare system.

## **COST EFFECTIVE STRATEGY TO MEET HEALTH MINISTERS REQUIREMENTS – ADOPTION OF ACHS STANDARDS AND ACCREDITATION PROCESS**

The most cost effective strategy for the Commission is to adopt the ACHS standards, then modify or build upon this well established, nationally and internationally recognised accreditation program, to meet the requirements of national safety and quality agenda. This approach maintains the stability of the current accreditation environment whilst supporting the establishment of a nationally consistent program directed at high risk activities.

There are numerous examples of successful collaboration between healthcare accreditation organisations and government to address national healthcare needs. The Joint Commission (TJC) in the USA, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is a private not-for-profit organisation that has consistently collaborated with the US Senate and government organisations, to ensure that standards and accreditation processes assess national priority areas. There are similar arrangements that exist in the Netherlands.

ACHS has a well developed national framework of systems and processes. ACHS has an established Standards Committee. Members include clinicians and senior administrators who are leaders in their respective fields. The Committee is responsible for the drafting and revision of ACHS standards. The Standards Committee reports directly to the ACHS Board, and works closely and collaboratively with governments, professional bodies and consumers, who all provide additional expertise and industry support. The opportunity to build on this structure should be further explored.

ACHS holds, and makes extensive use of one the largest data sets of its type in the world. ACHS currently generates and publishes many (publicly available) healthcare reports, including:

- The National Report on Health Services Accreditation Performance
- Clinical Indicator Report
- Comparative Reports for Organisations
- Trended Analysis – Strategic Performance Analysis Reporting – Customised Reports

Changes in the format of standards and implementation strategies have the potential to increase costs. Building on current structures and practices represent a more cost effective and less disruptive pathway.

## **SUMMARY**

1. ACHS strongly supports the establishment of the Commission.
2. ACHS supports a nationally consistent framework for accreditation.
3. ACHS advocates building on its current program to provide an effective and efficient basis from which to seek higher levels of safety and quality in the provision of health care services.
4. ACHS is a valuable resource for the Commission to further develop its strategies, including standards development, analytical capabilities, performance assessment and surveyor workforce.

Thank you for allowing ACHS the opportunity to provide comment on the National Health and Hospitals Network Bill 2010.

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**4 November 2010**