



National Quality Development

The Australian Healthcare Agenda

Quality in Governance and Delivery

National Overview

The current legislation governing a private health service or organization is determined by the Commonwealth Department of Health and Ageing. Each State has a licensing jurisdiction and authority over public hospitals, area health services and the new local area bodies. An initiative of the “new health reforms” (actually commenced by the Howard government, COAG) endorses the Australian Commission for Safety and Quality in Health Care to develop a new model of accreditation for health care services nationally.

A range of associated Acts, Statutes, Commonwealth and State regulations and professional standards also apply to a health care provider or organization, both public and private. Funders such as private health insurers and the Department of Veterans Affairs, are required to comply with the specific Acts governing health care services. Each funding mechanism has governing legislation.

History

The work commenced by the Australian Safety and Quality Council (2000-2005) and now the work being conducted by the Australian Commission for Safety and Quality in Health Care has demonstrated the dominance of the ACHS Equip program has not upheld the required robust intentions of accreditation. Case studies included the King Edward Memorial Hospital in Perth, the Winnipeg experience in Canada and the Bristol experience in the UK, later in NSW the Macarthur Area Health Service failures of the Campbelltown and Camden hospitals.

The Australian Safety and Quality Council established the Private Health Industry Quality and Safety Committee (PHIQSC) to represent the private sector that developed the PHIQS criteria and specific criteria for accreditation models were developed. In 2007, Diane Flecknoe-Brown was invited to convene the technical committee to revise the criteria that became the Core Standards for Safety and Quality in Healthcare (2007). The Commonwealth Department of Health has moved considerable mountains of professional inertia to enable improvements in the Australian Health System through policy development, professional standards and implementation. The new models of accreditation will be more reflective of the ISO 9001:2008 Standard and an upgrade of the Core Standards for Safety and Quality in Healthcare (2007).

The Australian Council of Healthcare Standards (ACHS) and the Aged Care Standards Agency apply the term accreditation, the approved and recognized certification bodies such as BSI Benchmark apply the term certification, JASANZ have recognized the terms are interchangeable in Australia.



Current Position

Many public hospitals are not accredited in any scheme as there is no real funding imperative or legislated requirement for them to be accredited. The Medicare agreements only require public hospitals to present performance indicators, this is not accreditation. In the private sector the commercial viability for each provider is to ensure that every facility is accredited either by the ACHS or an approved Certification Body for ISO 9001:2008. Over the past five years some of the largest operators of private hospitals and many of the free standing day surgery/hospitals have transitioned from the ACHS Equip to ISO 9001:2008 including the Core Standards for Safety and Quality in Healthcare (2007). This is a growing trend and the experience is reported as being a very positive outcome.

A healthcare organization quality in management system should identify and describe its policy, plans and processes to achieve standards of excellence and these goals. The applied standards are the baseline to achieve the goal and meet the requirements of the legislators and regulators across the healthcare sector in Australia.

In NSW, we have a cumbersome health beurocracy that often, has not achieved stability in delivery of care, services to the general public nor improved the performance in the public hospitals. The media is regularly highlighting crises and scandals in our healthcare system and most of the critical events can be either prevented or better managed. The majority of private hospitals and day surgery centres are accredited by either the Australian Council of Healthcare Standards (ACHS) or certified by the approved bodies to provide the certification to ISO 9001:2008 (Commonwealth Department of Health), the Divisions of General Practice may be accredited by the ACHS or ISO 9001:2008, general practices are largely accredited by AGPAL, aged care facilities are accredited by the Aged Care Standards Agency that is also certified to the ISO 9001:2008 standard.

Media headlines have provided examples of scandals, ineffective systems, credentialing processes and patient care some of these include the Royal North Shore, Blacktown Hospital, Hornsby Hospital, the Illawarra and Dr. G. Reeves from Bega being inappropriately credentialed and in QLD the recent case of Dr Patel. In the credentialing process that is applied and audited in the accreditation cycle inconsistencies are picked up that flag the risks of engaging doctors and other health professionals who may pose a threat to the safety and care of patients. There are many other similar instances that do not make the headlines, yet are reported to the Health Care Complaints Commission.

The current advances in the accreditation modeling and assurance of improved standards of care and delivery are being driven by the Australian Commission for Safety and Quality in Health Care. Pilot studies are underway and some certification bodies have been selected to participate with a small range of participating providers. BSI Benchmark is keen to be active in this process of reform. BSI Benchmark has responded accordingly and now provides clients with a self assessment tool to prepare for certification. The self assessment tool may function as an internal audit and covers the whole of the ISO 9001:2008 standard,



the *core measures* being introduced by the Australian Commission for Safety and Quality in Health Care plus the Core Standards for Safety and Quality in Healthcare (2007). Some of the Core Standards for Safety and Quality in Healthcare (2007) are duplication of the requirements of the ISO 9001:2008 standard thus the Core Standards for Safety and Quality in Healthcare (2007) may eventually be replaced by the 10 new **mandatory** “*core measures*”. Specific measures will be assessed to ascertain compliance and the requirements are proposed as being “*met*” or “*not met*”. The certification standards will require a comprehensive approach to compliance. For example an organization will need to achieve ISO 9001:2008 and the Core Standards for Safety and Quality in Healthcare (2007) that may become ISO 9001:2008 and the Core Measures in Healthcare.

The Commission intends that all public hospitals will be required to be accredited, all NGOs providing services in mental health, dentists, specialist medical practitioners (surgeons and physicians) who conduct procedures in their consulting rooms.

Summary

If private sector hospitals, day surgeries, aged care facilities, general practices, divisions of general practice require accreditation/certification have this requirement in the public interest. When an organization fails to meet the standards assessed by an approved third party such as ACHS or an approved Certification Body such as BSI Benchmark the funding is withdrawn.

So, the incentive to achieve and maintain the accreditation/certification is critical. Therefore the benefits of robust 3rd party assessment with a recognized standard such as ISO 9001:2008 are improvements in overall performance, patients are better cared for and delivery of services improves.

BSi *Benchmark* is accredited by JASANZ (Procedure 31) to provide audit and certification services for ISO 9001:2008 and Core Standards for Health (2007) to our health services, day surgery and hospital clients. BSI Benchmark is one of the few certification bodies recognized by the Commonwealth Department of Health to provide certification in the Australian health sectors.

The BSI Benchmark team of Health Auditors are well credentialed and have many years experience in day surgery and acute care hospitals as clinicians and senior managers, medical practices, aged care at a management level as well as quality and audit experience in clinical governance.

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