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ACHS accreditation is offered
through its Evaluation and
Quality Improvement Program
(EQuIP).



safety, quality, performance

*Pictured: Mr Brian Johnston, ACHS
Chief Executive*

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Feature interview: Executive
Director of the Australasian
Day Surgery Association

More details about the 2007
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EQuIP 4 Guide available
for members on the new
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CONFERENCE SUCCESS, NOW TIME TO FOCUS ON KEY ISSUES

The 4th Australasian Conference on Safety and Quality in Health Care was held in Melbourne during August and was an unparalleled success. 966 delegates, including many from other countries, attended three days of stimulating and provocative presentations. It is the largest number of registrants for such a conference held in this country.

The program was led by distinguished international speakers in Professor Lucian Leape, Professor Robert Brook and Dr Simon Eccles, who were supported by leading local presenters including Professor Diana Horvath AO, Chief Executive, Australian Commission on Safety and Quality in Health Care, who opened the conference with a thought provoking presentation on the emerging role of the Commission. More than 360 attendees have responded to the online evaluation of the conference. 93% of who rated it as being either good or better.

Conferences provide an excellent opportunity for sharing information and ideas which we can all take away and apply to our organisations. One of the key messages for me was that whilst there is a substantial range of issues, the health industry would be well served if we selected a limited number of very important topics and concentrated on improving performance in those areas. The evidence to support this selection may be found in such areas as improving medical handover and the transfer of care through the electronic health record, responding to significant trends, the incidence of adverse



events, or variations in clinical practice and outcomes for common conditions or procedures based on high risk or high cost. In this context, there was no doubt about the importance of appropriateness in the delivery of care. The abiding question for us all is what future agendas do we wish to pursue in respect of quality in the delivery of health care services to get the most gain?

'...One of the key messages for me was that whilst there is a substantial range of issues, the health industry would be well served if we selected a limited number of very important topics and concentrated on improving performance in those areas.'

Most of the conference presentations can now be viewed in PDF format via the following link on the ACHS website:

www.achs.org.au/conferencesandevents/

The EQuIP 4 standards were launched at the conference with several hundred people attending the workshop conducted by ACHS as part of the conference program. The reaction to the new edition has been in the main very positive. It is expected that comprehensive information kits will be distributed to all key stakeholders and member organisations early in November. Education of surveyors has already been conducted around the country and the information sessions and workshops

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program is now available at: www.achs.org.au/equip4workshops/

The review of standards is a major undertaking and appropriately requires a significant allocation of resources by the ACHS. The process takes approximately two years to complete including provision of time for the educational program. The key stages in the review were:

- literature review
- comparison with other countries standards
- collaboration with working groups for specific topic areas
- establishment of reference groups to provide additional input
- collaboration with expert advisory groups
- conduct of focus groups to examine specific aspects of the development program
- wide-ranging consultation with key stakeholders in both the public and private sectors
- field review of draft standards across the industry
- continual revision of the text
- pilot testing in a number of sites reflecting the diversity of the industry, including an onsite assessment by a survey team
- final drafting by the Standards Committee
- the ACHS Board's final consideration and adoption.

The vast majority of colleges, health departments, and peak industry bodies, including consumer representation, provided detailed comments. This feedback significantly impacted the outcome of the final version.

Outlined below is a comparison of some of the methods of consultation employed for both EQulP 3rd edition and EQulP 4.

The extensive nature of this process with its high reliance on expert input and consultation is designed to achieve a number of objectives, including the relevance of the standards, criteria and elements to all parts of the industry, their achievability within the context of resources (financial, physical and skills) available to industry, and from a practical perspective, whether performance can be accurately assessed through the survey process. The result is the implementation of a set of standards that have been appropriately

formulated and which support, through a process of continuous quality improvement, the pursuit of high quality and safety in the ever-changing and complex environment of health care delivery.

The seventh edition of the clinical indicator report, *ACHS Clinical Indicator Report for Australia and New Zealand 1998-2005*, was also released at the conference. It has been circulated to all key stakeholders and member organisations. I encourage everyone to examine the contents of that report and for member organisations, their individual reports. Approximately 700 organisations contributed indicator information at some stage during each calendar year. This database is now an invaluable source of information and as the report notes, there has been a substantial increase in the average number of indicators submitted, from 16 to 30 since 1998, which indicates that health care organisations have been increasing their capacity to monitor performance. ACHS is delighted in being able to provide this service to member organisations with the invaluable support of the Health Services Research Group at the University of Newcastle.

Vale – Dr. Lionel Wilson AM. As you may be aware, the quality movement in Australia lost one of its founders and strongest advocates with the passing of Dr. Wilson in August 2006. He was a member of the group originally formed by the Australian Medical Association and the then Australian Hospitals Association that led to the foundation of ACHS in 1974. From 1978 to 1981 he served the organisation with distinction as President. An obituary is included elsewhere in this publication.

Finally, the Board was delighted to acknowledge the award of a Medal in the Order of Australia to Dr Noela Whitby, Vice President, in the recent Queen's Birthday honours list for her services to the health industry, particularly in relation to quality.



Brian Johnston
Chief Executive

Increasing collaboration: EQulP 3rd edition consultation compared to EQulP 4		
Example of activity	EQulP 3rd edition	EQulP 4
Distribution of the draft standards for comment	1800 copies distributed to key stakeholders and placed on ACHS website	3000 copies distributed to key stakeholders and placed on ACHS website
Collaborative industry groups	6 groups (60 participants) Total participants: 60	6 working groups (71 participants) 5 reference groups (38 participants) 9 expert advisory groups (42 participants) Total participants: 151
Mandatory criteria	Voted on by over 100 stakeholders	Voted on by more than 850 stakeholders

Q&A with day surgery representative:

Ms Leith MacMillan



ACHS Executive Manager, Customer Services, Heather McDonald had a chance recently to sit down with Leith MacMillan the new Executive Director for the Australasian Day Surgery Association (ADSA).

Leith MacMillan spent 11 years at the helm of what is now Montserrat Day Hospitals. During this time she has taken a small endoscopy / consulting room on Wickham Terrace in Brisbane (operated by just one specialist

and just six staff) to an organisation with three private freestanding Day Hospital facilities, including one multidisciplinary day hospital unit and now 50 staff.

Leith's determination to break new ground allowed her to realise many accomplishments. Her career started as a registered nurse specialising in operating theatres and now boasts 23 years of gastroenterological nursing experience.

In her initial role as Charge Nurse, Leith designed and refined the infrastructure needed to establish Brisbane Gastroscopy & Colonoscopy as a choice provider of endoscopy services. Then as Practice Manager, in recognition of her achievements she was promoted to Chief Executive Officer in 2001, where she focussed on increasing market share and diversification that was synergistic to Montserrat Day Hospitals.

Leith MacMillan was also the proud winner of the Inaugural Australian Association of Practice Managers Sue-Ellen Toms Award 2004 for excellence in practice management and has also nearly completed a Master of Business degree at Queensland University of Technology.

Leith was elected as Chairperson of the Australasian Day Surgery Association (ADSA) in December 2004.

Heather and Leith talked about the expanding and evolving role of day surgeries in delivering health care to Australians and the challenges faced by stand alone facilities.

HM: What is the biggest issue currently for day surgeries in Australia?

LM: There are three main issues.

First contracting with the health funds is challenging. We are working to ensure health funds understand that day surgeries deliver comparable quality of care to the larger facilities.

We see that accreditation organisations like the ACHS could play a role in helping the health insurers understand accreditation and its value and the effort of day surgeries in achieving the same accreditation standards as larger health care organisations.

It was really great to see the ACHS day surgery statistics on

clinical indicators and accreditation performance (for example the numbers of Outstanding Achievement ratings that day surgeries receive) presented at the ADSA Conference in October last year on the Sunshine Coast.

We'd like to be able to show the Australian Health Insurance Association (AHIA), with help from the ACHS, de-identified results in accreditation and clinical indicator performance for day surgeries.

HM: We're happy to provide that information again this year for the day surgery conference that is being held at the Grand Hyatt, Melbourne, 10 and 11 November.

This is something we're also happy to include on the ACHS website.

LM:and on the ADSA website also. Information on risk data and management in a day surgery would also be great.

We are also trying to ensure that health funds are aware of the clinical data information and accreditation data that many day surgeries are already collecting.

HM: Day surgeries are not only achieving comparable accreditation and clinical indicator results, I understand congratulations are in order for a recent Australian Private Hospitals Association (APHA) Quality Improvement Award?

LM: Montserrat Day Hospitals won the prestigious APHA Hospital Award for Clinical Excellence, Ambulatory Care Centre, at a special award ceremony at the 26th annual conference on the Gold Coast in early October 2006.

Montserrat won the award for developing a program for colonic polyp, colorectal surveillance and assessment of Doctor Performance through a new in house developed software system.

In its submission for the award, the hospital's Executive Director, Dr Peter Stephenson said the program aims to set a new standard in service delivery, clinical governance and an achievable approach to benchmark directly, doctor's performance.

"The aim of the project was to ensure that Montserrat Day Hospitals had a consistent, auditable and transparent colonoscopic screening and surveillance program to support our referring doctors and our patients" Dr Stephenson said.

HM: What are the other two main challenges or current issues for day surgeries?

LM: The second major issue day surgeries are faced with is the enormity and complexity (perceived or otherwise) of the accreditation system. This is a challenge as we want to achieve the same standards as larger organisations.

EQuIP 4 has been heading in the right direction to addressing these issues. We are eager to see that continue with some targeted presentations and materials which help day surgeries understand the guidelines.

HM: Yes I think we can help with that in terms of ensuring that day surgeries understand that the improvement activities addressing each criterion need to be relative to the size and complexity of

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the organisation. In other words a small day surgery will not need to submit ten activities for each criterion. With EQuIP 4 we'll continue to provide additional guidelines for day procedure centres, which will be available on the ACHS website.

LM: some sort of brief 'Guide to' for aspects of EQuIP 4 would be great, eg: 'a Guide to pressure ulcers and meeting EQuIP 4 in a day surgery'.

HM: This is information we're happy to provide to day surgeries, especially on both the ACHS and ADSA websites. The Guidelines in the EQuIP 4 Guide also include information on how different types of organisations, such as day surgeries, may achieve the criteria in different ways.

We've also structured our Customer Services Manager roles to ensure there are two key contact points for day surgeries, Marie Dickinson and Tim Stevenson.

LM: Most day surgeries are committed to accreditation in order to ensure quality and safe care, especially when you consider the impact of any incident, or perceived incident, is huge in a smaller organisation.

The third major challenge is accessing IT and Software to meet the needs of day surgeries.

We can't accommodate large scale projects and software companies won't scale down to single day surgeries or even small groups of day surgeries. But I believe there is a niche market for day surgeries – a company could develop a product to 'fit' the 260 (or so) day hospitals / surgeries.

HM: What's the biggest challenge for a day surgery in achieving accreditation?

LM: The scale of applying the program to a day surgery, including the internal structures required, where a Nurse Manager may be working on it alone, makes it a challenge.

There is usually no quality department in day surgeries.

The Word document pilot version of the Electronic Assessment Tool (EAT) was not the solution but it went some way to streamlining the processes. Assessment tools should be web-based working documents, which the day surgery can use day to day – not just for accreditation. This is the case for the EAT for EQuIP 4, so we're very enthusiastic about being on the working group for the updated EAT.

ADSA would also like to see more day surgery focussed surveyors and publish profiles of ACHS surveyors and their relevance to day surgeries.

HM: Yes we are encouraging more and more day surgery specific surveyors and are skilling a group of our Trained Coordinators on leading surveys in smaller facilities where they need to achieve the challenging task of completing the survey in one day.

LM: Yes the day surgeries certainly play a role in contributing to this workforce.

It's a positive step that the major accrediting bodies are enabling day surgeries to voice these issues around accreditation.

A lot of our challenges are around communication and education – keeping day surgeries informed.

The new EAT (through ADSA's representation on the working party) should be more relevant for day surgeries and less

cumbersome than the previous version. This will be an important message to communicate to day surgeries.

HM: I agree, education is key to helping day surgeries understand accreditation and particularly EQuIP 4.

LM: We (ADSA) have been having State by State discussions to consider the changes with EQuIP 4.

HM: How do you see the role of day surgeries changing?

LM: There has been a dramatic growth in the number, and more importantly the capabilities, of day surgeries.

The staff and managers require a broad knowledge base, and need to understand and administer all of the functions that are required by a large hospital. This is challenging with limited resources and staff allocation.

Day surgeries are taking on more and more specialties.

We're interested in how we can work with the ACHS to promote the quality work that day surgeries are doing?

We also need to focus on collective bargaining with like groups of day surgeries joining together for buying power. This will help us cut operating costs.

HM: The ACHS would like to place on record its appreciation to the day surgeries that trialled the EQuIP 3rd edition Word document Assessment Tool for Day Procedure Centres. Many of the suggestions received have now been incorporated into the new Electronic Assessment Tool for EQuIP 4 and will benefit the whole industry.

We're looking forward to continuing a partnership with day surgeries to ensure EQuIP is a relevant and realistic framework for helping to improve care. Thanks so much for your time Leith and congratulations on the recent APHA award!

Products and Services update

New ACHS website www.achs.org.au

Please take a look and let us know your thoughts – your feedback will inform our regular updates. www.achs.org.au

We have implemented a more complex login process to ensure security of information as the new website is linked to our customer database.

The member registration process is being refined after some users have had difficulty registering.

Thank you for your patience and please do not hesitate to contact us if you have any questions or issues
email: webadmin@achs.org.au or phone +61 2 9281 9955.

The EQuIP 4 Guide

The EQuIP 4 Guide (pdf format) is available in the restricted member area on the ACHS website.

The four-part Guide is provided electronically to our member organisations so you will need to login to access the Guide: www.achs.org.au/e4publications/

Part 1: **Accreditation, standards, guidelines**

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Part 2: **EQuIP 4 standards**

Part 3: **Suggestions for measuring performance**

Part 4: **Implementing the Evaluation and Quality Improvement Program**

The EQuIP 4 Guide will be distributed to ACHS members beginning November 2006.

EQuIP Corporate Health Services

The EQuIP Corporate Health Services standards were recently reviewed. The comprehensive consultation included a literature review, electronic survey and pilots.

EQuIP Corporate Health Services features a strong emphasis on good governance and is compatible with EQuIP 4.

The survey process for corporate offices focuses on leadership and governance, relationships with service units and other customers (for example government, shareholders) and, as with all surveys, the corporate office facilities, including information management.

Quality for Divisions Network

In the winter edition of ACHS News we reported that the Commonwealth Department of Health and Ageing gave approval to the ACHS Quality for Divisions Network standards, the only standards developed specifically for Divisions of General Practice.

During the end of November we will send copies to our members and also provide the standards at the Australian General Practice Network Forum, 25 – 28 November 2006.

Requirements for Private Health Care Organisations not required to be Licensed – has been updated for EQuIP 4 and is now available in the restricted member area of our new website: www.achs.org.au/Requirementsunlicens/

Researching accreditation: first paper published

The Australian Research Council (ARC) linkage grant project – which is segmented into four separate studies – is an exciting partnership between the Centre for Clinical Governance Research in Health at the University of NSW and industry partners.

A formal research report is due for the Australian Research Council in late 2007 / early 2008. To share the findings the project team is aiming to publish a number of articles throughout the coming year with the first having already appeared in BMC Health Services Research 2006. Access the paper from the ACHS website homepage under 'Recent publications' www.achs.org.au

Events and conferences

4th Australasian Conference on Safety and Quality in Health Care

Melbourne Conference (21-23 August 2006)

Based on our observations, comments made during the conference and the evaluations collected using an online survey tool, we consider the conference an outstanding success. Over 960

delegates attended and it was the biggest conference focused on safety and quality in health care ever held in Australia.

Thank you to everyone that visited the ACHS / EQuIP 4 stand. We used the opportunity to release the EQuIP 4 standards and the 7th edition of the annual report on results from our clinical indicators program.

Thank you to our co-hosts and key partners, it was a delight to work with you all, including:

- Australasian Association for Quality in Health Care (AAQHC)
- Australian Commission on Safety and Quality in Health Care, and
- Department of Human Services, Victoria.

Conference presentations are available at: www.achs.org.au/conferencesandevents/

5th Australasian Conference on Safety and Quality in Health Care

Save the date: 5-8 August 2007

After the outstanding success of the Melbourne Conference planning has started for the 2007 Conference. Make sure you note down the date to be in Brisbane 5-8 August 2007.

Dr Simon Eccles has confirmed he will join us again to talk more on improving clinical handover, multidisciplinary teams and using technology for improving patient care.

The Steering Committee has commenced work to ensure the program surpasses the 2006 offering and the trade exhibition is bigger and better than ever.

Executive Masterclasses 2007

Leadership the critical success factors: leading change strategically – leading improvement

With Professor Jeffrey Braithwaite and Professor John Øvretveit

"We're making improvements in safety but it needs to be more systematic."

"There is so much change in our organisation, we're really focussed on getting the basics delivered. Improvement comes after that."

"I need to operate beyond my leadership preferences and extend my suite of leadership skills."

Perhaps this sounds familiar?

The capacity to navigate both internal and external change has become a crucial requirement for senior health care managers. Despite exponential increases in the rate and scale of change the expectation on leaders is to not only maintain a service, but to lead ongoing improvement.

Leading change strategically - leading improvement

The purpose of the 2007 Executive Masterclass is to enable participants to understand at a deep level how to lead change and improvement, and to apply new skills and competencies to do this successfully. **We intend to change the way you think about leadership, and behave as a leader.**

This collaborative forum will enable 40 senior executives (in

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each of four locations) to delve into leading change and leading improvement, examining real world scenarios to apply evidence-based concepts and tools.

Who should attend?

Chief executives, senior health care executives, including divisional and departmental leaders.

When and where?

Sydney – Monday 5 and Tuesday 6 February 2007

Brisbane – Thursday 8 and Friday 9 February 2007

Melbourne – Monday 12 and Tuesday 13 February 2007

Adelaide – Thursday 15 and Friday 16 February 2007

To register your interest, email: masterclass1@achs.org.au

Cost: Early bird (closing 31 December 2006): \$980 (GST inclusive)
Registration: \$1,190 (GST inclusive)

Fee includes a learning pack for each component, copies of research articles, ideas papers and cases as well as morning and afternoon tea and lunch for both days. The materials will become an organisational and personal resource beyond the two days.

For more information and to register your interest, email: masterclass1@achs.org.au

The Patient Journey: Unravelling the Maze

The Australian Healthcare Association National Congress 2006 is being held in Brisbane **8 - 10 November 2006**.

The Honourable Peter Beattie, MP is opening the conference with many well-known keynote speakers, including Professor Diana Horvath AO, Chief Executive, Australian Commission on Safety and Quality in Health Care.

For more information and to register www.ahacongress.com.au

Discourse and Health Conference

23-24 November 2006

Organised by University of Western Sydney, University of New South Wales and University of Sydney.

About the Conference

The Discourse and Health Conference provides a forum where students and scholars in health can address and elaborate on debates around discursive constructions of health and illness, and the impact these constructions have on the conceptualisation and material regulation of health, as well the negotiation of health related behaviour, at an individual, organisational, or societal level.

For more information on the conference please visit the ACHS website and select 'Conferences and events' under 'About us' on the homepage: www.achs.org.au

Vale Lionel Wilson AM

It is with enormous sadness that the ACHS acknowledges the passing of Dr Lionel Wilson, AM.

Dr Wilson was the Chair of the ACHS 1978 - 1981 and was a driving force not just of this organisation during its formative years but a driving force for the notion of quality health care and systematic hospital accreditation in Australia.

Dr Wilson was a true visionary who steadfastly canvassed his ideas for hospital accreditation over a 20 year period. It was Dr Wilson who largely took the first steps in the creation of the ACHS as an independent accreditation organisation obtaining an initial formation grant of \$25,000 from the Hospitals and Health Services Commission led by Dr Sidney Sax. Through Dr Wilson's passionate persistence the WK Kellogg Foundation then provided a grant that firmly established the ACHS. It was at this point that Lionel Wilson's vision to create a patient-focussed and safe health system throughout Australia had begun to be realised and the Australian health care industry revolutionised.

It is with great honour and enduring gratitude that the ACHS acknowledges the contribution of Dr Lionel Wilson and his pioneering vision for the health care standards that Australia can rightly be proud of today.

