

Short Notice Accreditation Process

“Ready Every Day”

*Changing a nations approach to
health accreditation*



*A story that is not yet complete,
but one I wanted to share so that
you know a little more about
health in Australia and our quest
for excellence*

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Hospital & Healthcare Systems of Accreditation

- Accreditation, compliance or quality certification is a means to ensure measurement against a set of agreed standards, usually defined by a national body. Whilst standards may vary in differing countries, they do over a period of five years tend to align
- Accreditation is a means to demonstrate compliance with quality standards and scoring aligned to corporate and clinical risk management
- The production of a set of quality accounts underpins an organisations intent to be truly open and transparent.



Hospital & Healthcare Systems of Accreditation Cycles

- Australia – 4 year cycle of external assessment
 - England – Annual self assessment return against agreed standards
 - Canada – 3-5 year cycle including self assessment and a peer review visit
 - New Zealand – 1 year mix of internal and optional external assessment
 - Germany – Voluntary
 - France – reduced from 4 years to 2 year cycle, external assessment
 - UAE – England, Australia, USA based methodology
 - USA – Voluntary but most on 1 year cycle external assessment, and can include unannounced visits
- *Quality accounts introduced in the England 2011, Canada 2013, France 2015*



The Challenge

- Cyclical assessment requires organisations to make ready for a planned assessment.
- Evidence suggests this to be a huge administrative burden and tends to focus on the production and evidence of procedures along with reports demonstrating compliance
- Most accreditation assessment is undertaken either by an executive team or jointly by an external team, with senior officials. This also is predominantly office based.
- Engagement in the wider workforce is unlikely to occur, indeed in surveys in Australia staff consider accreditation to be “something that management do”
- How can an organisation combine day to day quality improvement activity and accreditation? This is a cultural shift in approach.



Wide Bay HHS

- Bundaberg Hospital – Lvl 4 Acute
- Hervey Bay Hospital – Lvl 4 Acute
- Maryborough Hospital – Lvl 3 Sub Acute
- Seven Rural Hospitals
- Mental Health Community based facilities
- Community Health teams
- Oral Health

All tertiary services and sub specialties provided in Brisbane, a five hour drive or train journey 4-5 hour journey each way



The Wide Bay Health Story

2012

- Poor management & leadership – 22 executives / directors
- Huge financial deficit - \$45 million
- Zero clinical engagement
- Outpatient waits 12 years
- Diagnostic & Endoscopy 3.5 years
- Surgical waiting times 3 years
- No clinical governance structure
- No quality improvement programmes active
- Poor range of services
- Many thousands of patients travelling to Brisbane for care
- 53,000 units of weighted clinical activity

- An organisation in need of absolute transformation



The Wide Bay Health Story

2018

- Experienced patient focused executive team – 7 people
- 6 year cumulative surplus \$4 million
- Clinical engagement in all improvement activity
- Outpatient waits 9 months maximum and falling
- Diagnostic & Endoscopy 12 weeks maximum
- Surgical waiting times 6 months maximum
- Clinical governance structure developed and copied across the state
- Extensive quality improvement programmes
- New services – ENT, Radiation Oncology, Medical Oncology, Ophthalmology, Cardiology, including angiography and stenting
- Extensive expansion of tele medicine – aiming for 7,000 appt this year
- Patients travel for true tertiary specialist services
- 92,000 units of clinical weighted activity
- Organisation developed and engaged ready for the next step in our evolution



The Wide Bay Health Story – significant changes

- Early wins – clinical engagement
- Development of a four year plan – community and staff engagement
- Introduction of business management skills
- Development of quality standards in all specialties with detailed reporting for clinical teams to use to improve services
- Project management support infrastructure
- Creation of accreditation standards multidisciplinary committees – 10 groups – reactive management evolving into proactive status
- Realignment of the workforce – increase clinical decrease back room
- Transparent, open reporting to all, no surprises
- Aspiration of all staff raised, innovative, creative, striving for excellence
- Focus on the patient
- Ready for further improvement – Ready Every Day



Accreditation Process

- 2.5 years ago full accreditation of all facilities
- 5 day process
- 12 external assessors
- Three months notice given
- Actually aware 12 months ahead
- Project focussed preparation
- Schedule of meetings covering each standard
- Teams prepared, evidence at the ready
- 4 days of meetings, review, very little compliance witnessed at patient level
- Day 5 feedback to award compliance against each standard
- Any failings 90 day notice to correct, confirmed by email exchange



What have we achieved in real terms to benefit the patient, our staff, our reputation?



A National Accreditation Pilot

- New accreditation process, real impact
- Ready every day compliant to unannounced visits and measurement against any standard in any facility.
- All standards procedures, compliance evidence to be posted on WBHHS website, available to public and any potential assessors
- Visit focus changed to short 15 minute sessions with 2/3 people
- Assessment team encouraged to go to wards, theatres, pharmacy to witness actual compliance
- Engage all staff in quality activity to be ready every day
- Promotion of all standards and compliance of departments
- Write up the process and engage partners – Logan Hospital (Dr Michael Daly) – joint initiative
- Convince our commissioners to support the pilot
- Meet with Australian Council of Healthcare Standards to recommend change
- Pilot project agreed with research funded by Queensland Health – Independent research company



Early Work

- 26 standards have been assessed across 9 hospitals
- Three major visits with team of five assessors – no notice
- Five days visits with 80% at the point of care
- Last visit 100% at the point of care
- Early problems, see speedy improvements within the week
- Staff engagement across the organisation, little involvement of exec team required
- Zero preparation
- Assessors enjoying the process
- Improvements made immediately, not in 2 years time if mid cycle
- Value add, improvements cross checked across the organisation
- Cost of accreditation minimised
- Patient time interruption minimised



Research early indicators

- 86% staff supporting the new format
- 91% information immediately available for surveyors
- 84% staff were able to answer effectively questions from surveyors
- 74% staff believed the new process was more time efficient
 - Interesting given they were not involved in previous methodology at all.
- 11/12 surveyors believed the review to be more time efficient
- 46% decrease in stress level of the survey
- 84% believed less disruptive (yet little operational in previous model)
- 67% increase in surveyor understanding of the organisation
- 86% of staff supported the accuracy findings of the assessment
- 80% increase in surveyors confidence in recommendation accuracy
- 88% of staff believed there to be improved care immediately
- 80% reduction in cost of accreditation



Next steps

- Another 12 months to complete the pilot
- Continued evaluation to monitor changing behaviours and compliance
- Within 15 months final report
- Australian Commission for Health and Safety – voluntary SNAP 1 Jan 2019 announced, this may have to be limited
- Significant interest from many countries
- Further development of sub process – training compliance monitored daily (Ready Every Day Nursing)

It is my belief that the system will evolve further, be introduced across Australia as mandatory. A small scale project transitioning into standard practice



None Accreditation Development – Next Steps

- Level 5 Acute Hospital consideration currently under development
- University status – Introduction of a new medical school
- Academic science centre – allied health and nursing
- Expansion of oral health teaching
- Business school development – MBA students / employees
- Development of research academy
- Development of research campus
- Integrated private hospital
- Retirement for me when complete



Questions

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