ABN: 68 480 848 412

National Rural Health Conference
Australian Journal of Rural Health

PO Box 280 Deakin West ACT 2600
Phone: (02) 6285 4660 • **Fax:** (02) 6285 4670
Web: www.ruralhealth.org.au • **Email:** nrha@ruralhealth.org.au

2 February 2010

Prof Chris Baggoley
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Prof Baggoley

Consultation on National Safety and Quality in Healthcare Standards

Thank you for the opportunity to provide input to the consultation on the Draft National Safety and Quality Healthcare Standards, November 2009.

The vision of the National Rural Health Alliance, the peak non-government body concerned with rural and remote health issues in Australia, is good health and wellbeing in rural, regional and remote Australia. The Alliance comprises 29 Member Bodies, each a national body in its own right, representing health professionals, service providers, consumers, educators, students and researchers (Attachment 1).

The Alliance has a strong focus on improving access to health care to address the current inequities and overall poorer health outcomes for people who live in rural and remote communities. However, as we are sure you will agree, such improvements in access for rural people must not be at the expense of the relative safety and quality of health care they receive.

The development and adoption of National Safety and Quality Healthcare (NSQH) Standards is one of the key ways of ensuring that safety and quality standards are not compromised in rural and remote areas. At the same time, such standards must be meaningful and practical for adoption by the people and health services in rural and remote communities, to overcome strong concerns that increasing accreditation requirements will result in further closures of small rural hospitals and other health services deemed to be in the high risk category.

Nationally agreed standards

The Alliance welcomes the coordinated, evidence-based approach being taken to the development and adoption of nationally agreed standards. The Commission has advised that the initial standards target health care domains where the risk of patient harm is known to be high and there are actions that can be taken to effectively reduce that harm.

The initial standards relate to:

Governance for safety and quality in health service organisations which provides the framework for health service organisations as they implement safe systems.

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.

Medication safety which describes the standard expected to ensure clinicians prescribe, dispense and administer appropriate and safe medication to informed patients.

Patient identification and procedure matching which describes the standard expected for the correct identification of patients and correctly matching their identity with their treatment.

Clinical handover which describes the standard expected for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.

We note that further standards to be developed are likely to include those for falls prevention, recognising and responding to clinical deterioration, and prevention and management of pressure ulcers.

Analysing rural challenges through overall coordination of health service safety and quality accreditation

Many health service providers in rural and remote communities already participate in accreditation programs through a wide range of accreditation bodies. However, rural health professionals often face a higher burden of compliance with changing accreditation requirements due to increased costs and reduced availability of technological and change management support compared with urban settings, on top of ongoing challenges such as health workforce shortages, long hours and broad scope of practice.

The Alliance notes that the National Coordinating Body for Accreditation will undertake overall coordination of health service safety and quality accreditation and have a range of additional core functions including:

- defining the scope of health service organisation accreditation, initially to high risk areas;
- authorising accrediting agencies to accredit against the NSQH Standards;
- developing the application and assessment processes and providing training and ongoing support for accrediting agencies;
- receiving accreditation data and measurement of performance trends over time;
- coordinating with regulatory authorities; and
- reporting to Health Ministers and the public on the safety and quality of accreditation.

While the Alliance is keen to see meaningful indicators and performance measures developed for rural and remote health services as part of national standards for safety and quality accreditation, nationally aggregated performance data may fail to identify or recognise the specific challenges faced by smaller rural health services. This could become a significant barrier to developing more effective and appropriate models of health service delivery for rural people, so it is important that performance data in rural and remote communities can be segregated and analysed in more detail.

Implementing the standards in rural and remote settings

The consultation paper and the draft standard, 'Governance for safety and quality in health service organisations', provide important context for the preliminary set of NSQH Standards for accreditation. This context needs to be communicated clearly to health service providers and health professionals in rural and remote settings, who are likely to require additional support for adoption of the standards.

It is proposed that all high risk health service organisations must be accredited against the NSQH Standards, whereas health service organisations with a lower risk of patient harm would use the NSQH standards as part of their internal quality assurance mechanisms.

Health service organisations are defined as high risk if they are undertaking invasive procedures into a body cavity or dissecting skin, while using anaesthesia or sedation.

The consultation paper explains that most high risk services are hospitals and procedure centres, many of which are currently accredited and will continue to participate in an accreditation program, while other high risk health service organisations will now also be required to participate in an accreditation program, including:

- public hospitals;
- private hospitals;
- day procedures and day hospitals; and
- practitioner rooms where high risk activities can occur, for example, cosmetic surgery, endoscopy and dentistry.

Supporting rural and remote health professionals to gain experience with accreditation

The Alliance highlights the need for additional support for rural and remote health professionals who have not already been involved in Australian accreditation programs or gained experience in their application.

For example, overseas trained doctors from a range of different training systems provide a substantial percentage of the health workforce in rural and remote communities. Potentially many of these practitioners would benefit from orientation to the Australian accreditation standards in a high risk service organisation in a tertiary centre where support and advice is available, before being called on to apply them in small rural and remote hospitals or practitioner rooms.

Dentists, dental therapists and oral hygienists provide another case for special consideration, given the extreme shortage of dentists in rural and remote communities. The small number of existing dentists will need explanation of the rationale for the accreditation program for high risk services and practical support to implement it. The new rural dental schools and other programs to improve the oral health workforce in rural and remote communities may provide an avenue for support of existing practices in implementation as well as for student experience.

Collaborative arrangements for providing high risk services in rural communities

The Alliance recommends further development of the standards and the implementation plans to clarify how they will apply to the flexible models of care that are in practice or being developed to improve access to services for people in rural and remote communities.

For example, small rural hospitals, which are highly valued by many rural and remote communities for the local access to health care they provide, may need to provide certain high risk services in an emergency or to minimise the trauma of travel or separation for a sick family member, or to support step down or palliative care closer to home. Where such arrangements are undertaken in collaboration with a tertiary hospital, perhaps the tertiary service could share responsibility and costs for the implementation of the standards, including the guidance and advice it provides to the rural hospital or health service, as part of its accreditation responsibilities.

Other models of care which may involve some high risk service delivery include procedural services provided by visiting specialists, collaborative multidisciplinary care through 'hub and spoke' arrangements, mentoring and support provided by specialists to remote local health professionals for conduct of procedures in emergency situations or more routinely for services that would not otherwise be available locally, collaborative maternity services, use of telemedicine services such as dermatology or radiology advice to support local treatment, case conferencing, palliative care close to home, Aboriginal and Torres Strait Islander health services, dental outreach services and so on.

Options for collaborative arrangements for accreditation that minimise the burden on smaller rural services and stretched rural health professionals, while maximising safe, good quality access to services through outreach or remote support from urban or regional centres, should be explored in more detail.

Minimising the burden on smaller rural and remote services

The Alliance notes that key features of the assessment of compliance with the standards will be tailored to the role and function of the organisations. It is critical that the expectations on small rural and remote services are practical and appropriate for the service and do not act as a deterrent to maintaining those services.

Implementation strategies that include bringing support and training to the health professionals in rural and remote communities need to be considered, to overcome barriers such as travel costs and lack of locum or back-up cover during absences. The administrative burden of implementation also needs to be considered, especially for health professionals such as remote area nurses providing frontline care with little office support.

Transfers and referrals to more specialised services in regional or urban centres are an integral part of good quality health care for rural and remote communities, but such arrangements need to be safely managed and take into account the needs of patients and their families as well as system efficiencies. The more specialised service to which the patient is being referred may be able to provide collaborative or administrative support to the rural health service in implementing, for example, the clinical handover standard.

Balancing access to health care close to home with optimising safety and quality

The Alliance welcomes the inclusion of a consumer rating measure in the standards as a way of better achieving the balance rural people are looking for between access to essential health care services close to home and the recognition that they will need to travel for safe, good quality delivery of more specialised tertiary services. Rural health service providers are very aware of the need to balance safety and quality of care with patient choice, social and family needs

including the risks and costs associated with travel on country roads to access services not available locally.

We appreciate your consideration of these particular issues for rural and remote health services and have confidence that you and your colleagues well understand the particular need for flexibility and cost minimisation where such services are concerned.

Yours sincerely

Gordon Gregory
Executive Director

Attachment 1: Member Bodies of the National Rural Health Alliance

ACHSE	Australian College of Health Service Executives (rural members)
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Rural Sub-Committee of the Australian General Practice Network
AHHA	Australian Healthcare and Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association of Australia
ANF	Australian Nursing Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Members Network
APS	Australian Paediatric Society
ARHEN	Australian Rural Health Education Network
CAA (RRG)	Council of Ambulance Authorities - Rural and Remote Group
CRANAplus	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum of Catholic Health of Australia
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRHSN	National Rural Health Students' Network
RACGP (NRF)	Royal Australian College of General Practitioners (National Rural Faculty)
RDAA	Rural Doctors' Association of Australia
RDN of the ADA	Rural Dentists' Network of the Australian Dental Association
RFDS	Australian Council of the Royal Flying Doctor Service of Australia
RHEF	Rural Health Education Foundation
RHWA	Rural Health Workforce Australia
RIHG	Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia
RNMF of RCNA	Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia
RPA	Rural Pharmacists Australia - Special Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health