Australian Council on Healthcare Standards

Submission

Senate Select Committee on Mental Health

Overview

The Australian Council on Healthcare Standards (ACHS) was part of the consortium that developed the National Mental Health Standards. The National Mental Health Standards were then linked to the ACHS standards. These standards are assessed by specialist mental health professionals and consumers using the ACHS Evaluation and Quality Improvement Program (EQuIP). The ACHS ability to appropriately assess services seeking accreditation has been greatly enhanced by the inclusion of mental health consumers as trained assessors on these reviews.

The reviews of Mental Health Services undertaken by the ACHS have identified several key areas for improvement. These areas relate primarily to care provided and specifically to the issues of care planning, assessment, and discharge planning. This is evidenced by the number of recommendations from surveyors. The surveyors give both suggestions and recommendations within the survey report as a guide for the organisation to meet the criteria. The recommendations must be addressed by the next survey.

Australian Council on Healthcare Standards (ACHS)

The ACHS was established in 1974 and is the third oldest health care accreditation provider internationally, having been established after the USA's Joint Commission on Accreditation of Healthcare Organisations (JCAHO) in 1951 and the Canadian Council on Health Services Accreditation in 1958. The ACHS is the largest accreditation provider in Australia.

The ACHS is an independent, not-for-profit organisation, dedicated to improving the safety and quality of health care in Australia through continual review of performance,

assessment and accreditation. The ACHS is funded by membership fees; individual projects may sometimes receive government or other funding.

The ACHS accredits 63% of public hospitals, 74% of private hospitals and 67% of total hospitals in Australia. These figures represent 84% of public beds, 94% of private beds and 87% of total available beds in Australian health services.[1] 54% of ACHS members are private organisations, 44% are public health care organisations; all states and territories are represented in the membership.

The Accreditation Process

The ACHS Evaluation and Quality Improvement Program (EQuIP) provides organisations seeking accreditation with a four year program which includes Self-Assessment, Organisation-Wide Survey and Periodic Review and the development of a Quality Action Plan. Accreditation is awarded when it has been demonstrated that the organisation meets ACHS standards.

In summary, the ACHS accreditation process consists of a four year cycle of events:
- Year 1 - An Organisation-Wide Self-Assessment
- Year 2 - An Organisation-Wide Survey (OWS) and a Quality Action Plan (QAP)
- Year 3 - Self-Assessment (SAS)
- Year 4 - A Periodic Review (PR).

The OWS and PR are reviews undertaken by external peer surveyors against ACHS standards. The ratings in the EQuIP 3rd edition criteria were designed to provide stimulus for improvement.

National Mental Health Standards

A project to develop National Standards for the Mental Health Services was funded by the Commonwealth Department of Health and Ageing through the State Health Ministers Advisory Council's (AHMAC) National Mental Health Policy Working Group as part of the National Mental Health Strategy. The project was conducted between October 1995 and October 1996. The National Standards for Mental Health Services were endorsed by AHMAC National Mental Health Working Group in December 1996. These standards are now outdated. The Mental Health Branch within the Australian

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[1] AIHW (Australian Institute of Health and Welfare) 2004. *Australian Hospital Statistics, 2002-2003*. AIHW cat no HSE 3 Canberra: AIHW (Health Services Series no. 22)

Government Department of Health and Ageing has indicated that a review of the standards is on the agenda.

The project was jointly undertaken by three organisations with experience in developing and assessing health care standards. They were the Australian Council on Healthcare Standards (ACHS), Quality Improvement Council (QIC), formally The Community Health Accreditation Standards Program (CHASP) and the Area Integrated Mental Health Service Standards (AIMHS). Following the development of the Standards, the Working Group endorsed further work by this consortium to develop a national accreditation process, including tools used for assessing services against the National Standards. The project resulted in the development of a new tool for services and modification of the tool used by the ACHS in its accreditation process.

The standards are outcome orientated with an emphasis on the end result for consumers and carers. The standards are also intended to reflect a strong values base, related to human rights, dignity and empowerment. The development of the standards has been guided by the principles contained in the National Mental Health Policy and the United Nations principles on the protection of people with mental illness.

The guiding principles for the standards are:
- The promotion of optimal quality of life for people with mental disorders and/or mental health problems
- A focus on consumers and the achievement of positive outcomes for them
- An approach to consumers and carers that recognises the unique physical, emotional, social, cultural and spiritual dimensions
- The recognition of the human rights of people with mental disorders as proclaimed by the United Nations *Principles on the Protection of people with Mental Illness* in the Australian Health Ministers *Mental Health Statement Of Rights and Responsibilities*
- Equitable access to appropriate mental health services when and where they are needed
- Community participation in service development
- Informed decision-making by individuals about their treatment
- Continuity of care through the development of inter-sectoral links between mental health services and other organisations

- Mental health system which encompasses comprehensive co-ordinated and individualised care
- Accountability to consumers, carers, staff, funders and the community
- Adequate resourcing of the mental health system
- Equally valuing various models and components mental health care[2]

While it was unclear in 2000, representatives from the Mental Health Branch within the Australian Government Department of Health and Ageing has indicated that IDR's will occur once every 4 years as part of the EQuIP cycle of events. The Mental Health Branch continues to support the view that review and accreditation against the National Standards should not be a one-off process, but an ongoing process of continuous improvements based on the recommendations of the external audit, against the standards. The National Standards underpin good service provision and quality improvement in mental health services. The current requirement of the Australian Health Care Agreements is that all States and Territories pursue a program of mental health reform consistent with the National Mental Health Strategy including reporting against the implementation of the National Standards.

The Review Process

The National Mental Health Standards were then linked to the ACHS standards and externally assessed by specialist mental health professionals and consumers within the ACHS Evaluation and Quality Improvement Program (EQuIP). The use of mental health consumer surveyors in the assessment of 108 mental health services across Australia since 2000 has greatly enhanced the ACHS ability to appropriately assess these services. The mental health review was designed to be conducted within the EQuIP framework using a tool that links the detailed, specific mental health standards to the EQuIP criteria. The majority of links are in Continuum of Care and in the Leadership and Management criteria relating to consumer rights. There are a number of EQuIP criteria, particularly in the governance areas, human resources, information management and safe practice where the mental health standards are not specific.

All stakeholders - health departments, providers, consumers and accreditation agencies - involved in the original discussions on the assessment of the performance of mental health services to the NSMHS were committed to "mainstreaming" the review of mental

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[2] National Standards for Mental Health Services : Commonwealth of Australia: December 1996

health services into already existing accreditation programs. The processes for in-depth reviews in EQuIP were developed on this premise.

Mental Health Services are reviewed "in-depth" as part of the EQuIP survey process (ideally at Organisation-Wide Survey) in those organisations where there is a requirement for an external assessment of performance to the National Standards for Mental Health Services (NSMHS) as part of the Commonwealth- State Healthcare Agreements. This review is organised at the request of the service and is an additional cost to the EQuIP membership. Although other accreditation agencies offer this service, the ACHS has performed the majority of reviews. The first ACHS mental health in-depth review (IDR) was conducted in November 1999. One Hundred and Eight (108) IDR's have been performed as at 30/06/05.

Surveyors with expertise in mental health and a mental health consumer surveyor are allocated a number of days (in most services, two surveyors for two days) to concurrently assess the mental health service for those aspects of care specifically identified in the NSMHS. The "non-specialty" aspects of the mental health service are assessed by the appropriate members of the organisation-wide survey team. The findings in the mental health service that impact on the organisation's performance within the EQuIP framework are incorporated into the organisation's survey report and can affect the organisation's accreditation status. If the mental health service's performance to the NSMHS is satisfactory, they are awarded a Certificate of Recognition.

ACHS Framework for In-depth reviews of Mental Health Services

The ACHS EQuIP provides a framework that mental health services can use to achieve excellence. It is a quality management tool which can help a mental health service develop and maintain a systematic way of operating. This is then monitored and evaluated on a continuous basis with a view to the MHS becoming the best of its type. The emphasis of EQuIP is on continuous improvement and measurement and reporting of achievements and outcomes.

The three functions within the EQuIP framework that are most relevant to the NMHS are Continuum of Care, Leadership and Management and Safe Practice and Environment. The structure of the EQuIP framework includes criteria and standards within each function (appendix 1).

Results

Since 2000 the ACHS has conducted surveys in 108 mental health services against the National Mental Health Standards. The following data will involve 82 of these surveys as 26 reports outstanding of recent survey so this data is not included in the following analysis.

Results in summary

Areas requiring further improvement within the Mental Health Services were identified in the following categories from the 87 organisations surveyed:

- 70% - planning and delivery of care
- 61% - assessment system identifies consumers/ patient needs
- 59% - processes for discharge/transfer
- 54% - community has information on and access to appropriate services
- 50% - physical access to the mental health services
- 48% - risk management system to manage health and safety risks (often structural risks)
- 44% - consumer participation in health services
- 43% - access to the system of care is prioritized according to clinical need.
- 42% - patients are informed of their rights and responsibilities

The four areas identified for improvement from the majority of surveys conducted within the Mental Health Services were all within the Continuum of Care function. They are as follows:

1.3.1 - care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible results.

1.2.1 – the assessment system ensures consumer/patient needs are identified by competent professionals

1.4.1- processes for discharge/transfer address the needs of the consumer/patient ongoing care.

1.1.1 - the community has information on, and access to, services appropriate to its needs.

The themes within the recommendations given include for 1.3.1 were:

- The mental health service establishes some initiatives utilising file audits to ensure consistency and standardisation of approached the recording care planning.
- There is a need to implement systems to engage consumers and carers in care planning.
- The organisation review care planning processes for clients so that care delivery is effective relevant and has an individual focus
- The process by which consumers obtain a copy of the care plans be reviewed.
- A review be conducted to ensure that all community consumers have had regular reviews, including consumer participation formalisation of their treatment plant and the evaluation of the care.
- The mental health services undertake care planning with all registered consumers. Care planning processes be documented to support this with relevant key performance indicators developed to monitor service progress in the ongoing management of this key area in health-care delivery including consumer sign off on the plan. A comprehensive procedure is developed in conjunction with the mental health clinicians to guide practice.
- The mental health services team explores the opportunity of ensuring that the initial assessment and the subsequent medical assessment of a client do not duplicate information.
- The mental health program develop, implement and monitor care plans in accordance with appropriate policies.

Themes within the criteria 1.2.1 – the assessment system ensures consumer/patient needs are identified by competent professionals include:

- Clinical supervision be programmed as a regular feature of the activities of all teams.
- The Mental Health Service develops a system of evaluation and review of the manner and appropriateness of referral to other service providers.
- The review and implementation of preadmission streamlining be completed.
- Review of the tele-health and telephone intake systems to facilitate access to comprehensive assessment from specialist mental health providers.

- Admission policies to the service be reviewed and updated to include '"exclusion criteria"

Themes within the criteria 1.4.1- processes for discharge/transfer address the needs of the consumer/patient ongoing care include:

- The mental health program ensures whenever possible the effective communication with follow-up agencies occurs in a prompt and planned way prior to discharge.
- Discharge plans be part of the treatment plan
- The mental health service needs to examine the need for some social work support for discharge planning for patients.
- The treating Medical Officer completes the discharge summaries as close as possible to when the patient has been discharged.
- The Mental Health Service develops a proactive approach to the resurrection of the shared care program in consultation with the local Division of General Practitioners.

Conclusion:

The collaborative development of a system for reviewing Mental Health Services and assisting them to strive for continual improvement that also focuses on client and carer outcomes and consumer participation has had a positive impact on the provision of mental health services in Australia. The processes of reviewing services with specialist surveyors and trained consumers have highlighted areas in which services can be improved. By analysing the information gained through the reviews undertaken, the ACHS is able to indicate that the areas of care planning, assessment and discharge planning require particular focus for ongoing development. These areas of patient care need to be strengthened in the next National Mental Health Standards.

Appendix One

Table of EQuIP Functions, Standards and Criteria

1. Continuum of Care	2. Leadership & Management	3. Human Resources Management	4. Information Management	5. Safe Practice & Environment
1.1 Consumers / Patients have access to health care appropriate to their needs.	2.1 The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.	3.1 The management of human resources supports the delivery of quality and safe care and service.	4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.	5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected
1.1.1 The community has information on, and access to, services appropriate to its needs.	2.1.1 The organisation provides quality, safe care through the planning and development of services and its pro-active response to internal and external challenges.	3.1.1 Human resources planning support the organisation's current and future ability to provide quality and safe care and service.	4.1.1 Consumer / patient health records are a primary source of information to support consumer / patient care and safety, improving performance and for managing the organisation.	5.1.1 There is a system that identifies and manages health and safety risks to ensure the well being of all employees, consumers / patients and visitors.
1.1.2 The organisation and its services can be located easily and physical access to the organisation is appropriate to community needs.	2.1.2 Care and service are provided in accordance with legislative requirements.	3.1.2 The recruitment, selecting, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service.	4.1.2 Unique identification of consumers / patients ensures comprehensive and accurate information is used in care delivery.	5.1.2 Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment.
1.1.3 Access to the system of care is prioritised according to clinical need	2.1.3 Credible and transparent governance is assisted by formal structures within the governing body, and an operational framework within the organisation.	3.1.3 The performance management system ensures the competency of staff supports safe practice and the provision of quality care and service.	4.1.3 Non-clinical information sources are maintained and monitored to enable safe management and for the organisation's goals to be met.	5.1.3 The infection control system supports safe practice and a safe environment.
1.2 A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.	2.1.4 A system for the delegation of authority and the management of external service providers supports safe and efficient business practices.	3.1.4 The learning and development system ensures the skill and competency of staff support safe practice and the provision of quality care and service.	4.1.4 There are systems for records management that support the collection of information and that meet the organisation's needs.	5.1.4 The emergency management system supports safe practice and a safe environment.
1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals	2.1.5 Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.	3.1.5 Workplace relations support the organisation in achieving its goals.	4.1.5 Reference and research material is managed to support quality and safe care and service.	5.1.5 The management of manual handling risks supports safe practice and a safe environment.
1.3 Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.	2.2 The governing body promotes the safety of all persons within the organisation by it pro-active approach to preventing and managing clinical and non-clinical risks.	3.1.6 The organisation provides services that support staff to provide quality and safe care and service.	4.2 Information is created and is used to meet strategic and operational needs and to support quality and safety.	5.1.6 Security management supports safe practice and a safe environment.

1.3.1 *Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible results.*

1.3.2 Care is evaluated by health care providers together with the consumer / patient and, when appropriate, with the carer.

1.4 Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

2.2.1 *An organisation-wide risk management policy ensures that safety is considered in all activities.*

2.2.2 A risk management system ensures that risks are minimised in all activities.

2.3 The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

2.3.1 *The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.*

2.4 The governing body is committed to consumer participation as a strategy to assist the improvement of quality, safe care and service.

2.4.1 The organisation establishes mechanisms for involving consumers in planning, provision, monitoring and evaluation of the health service to support improvement.

2.4.2 *Information is readily available for consumers / patients so that they are informed of their rights and responsibilities.*

RATINGS:

LA- Little Achievement
AWARENESS

SA- Some Achievement
IMPLEMENTATION

MA- Moderate Achievement
EVALUATION

EA- Extensive Achievement
BENCHMARKING

OA-Outstanding Achievement
LEADER

4.2.1 Data are organised to ensure availability, analysis and the creation of information.

4.2.2 Clinical classification provides health information to support internal and external service requirements.

4.2.3 Data are analysed and used to support quality and safe care and service.

4.3 Information technology (IT) enhances the organisation's ability to support care, safety, organisational goals and information management goals.

4.3.1 The organisation uses an integrated approach to plan, and appropriately use, information technology (IT).

4.3.2 Risks to the information technology (IT) systems are managed to minimise disruption.

5.1.7 *The management of dangerous goods and hazardous substances supports safe practice and a safe environment.*

5.1.8 *The radiation safety management system supports safe practice and a safe environment.*

5.1.9 *The waste management system supports safe practice and a safe environment.*

6. Improving Performance

6.1 The organisation provides quality and safe care and service through its commitment to improving performance.

6.1.1 The organisation demonstrates responsibility for and commitment to improving performance in care and service delivery.