A new model for Australian Accreditation?

RHCN 2017
Vancouver
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Jeffrey’s Question

- Can resilience be measured?

- Do we really think resilience is something the system does? A performance – flexing, adjusting

- Or do we mostly act like it’s something the system has? A property, a characteristic – a concrete thing?
Jeffrey’s Question

• Can resilience be measured?
  o Or can it be assessed

• Do we really think resilience is something the system does? A performance – flexing, adjusting

• Or do we mostly act like it’s something the system has? A property, a characteristic – a concrete thing?
Our Brief from ACSQHC

Key Issues
- Significant issues not identified at survey
- Symbiotic relationship
- Inter-rater reliability & Surveyor education
- 10 NS V’s Equip / ISO Standards
- Event phenomena
What do the working party want?

Reduce.....

Focus on Event

Focus on Compliance

Focus on Failure
What do the working party want?

**Improved Performance**

Assessment of:
- Quality Improvement
- Everyday Work
- Crisis
- Culture

Data & Measurement

Collaboration

Transparency

Patient Voice & Dr Engagement
The Opportunity

- Accreditation against the 10 NS is the **key** driver of Safety and Quality **work** across Australia

The Challenge

- Compliance breeds complacency
Our Scope

Phase 1
- Framework of assessment
- Initial hospital focus
- Surveyor role

And if this works?

Phase 2
- Detailed methodology
- Surveyor training requirements
- Trial & Evaluation
Let's re-imagine
The Evidence

Banking

Back to School

SOCIAL SCIENCE
The Evidence

- Agreed industry wide standards
  - Dynamic mixed method assessment model
  - Data & measurement
  - Spectrum of business activity

### Quality Culture
- How embedded is it?

### Quality Improvement
- How does the System Work?
- How does the System Improve?

### Quality Assurance
- What is the System?
- Current Accreditation System
# Model – Evidence

## Information Source
- Onsite assessment
- Monitoring
- Self-assessment information
- Quantitative Data
- Qualitative Data

## Focus
- Collaboration
- Transparency
- Improvement

## Quality Domain
- Assurance
- Improvement
- Culture

## Assessment
- Care Exemplar (Best Practice)
- Care as Usual (Every day clinical work)
- Care in Crisis (Crisis Events)
Compare - Current Model

Information Source
- Onsite assessment
- Self-assessment information

Focus
- Pass or Fail

Quality Domain
- Assurance

Assessment
- Care Exemplar (Best Practice)
- A little of Care as Usual (Every day clinical work)
Model - Framework

Quality Culture

Quality Improvement

Quality Assurance

New Era Model

Care in Crisis

Care as Usual

Care Exemplar

10 National Standards Foundation
Protective Safety

Principles
Tools: FRAM, Simulation, Ten Cs, Negotiation, Resilience Assessment, Grid, Consensus Statements

Standards
Tools: Lean, Six Sigma, Change Management, PDSA, Clinical Audit / M&M, Benchmarking, Redesign, Clinical Guidelines

Standardisation
Tools: Checklists, Automation, Accreditation, RCA / FMEA, Protocols, Clinical Pathways

RESILIENT
Dealing with the unexpected

ROBUST
Making care better in everyday work

RELIABLE
Making the right thing easier to do

COMPLEXITY

UNPREDICTABILITY

Framework for Better Care

Johnson A, Clay-Williams R, Lane P 2017
New Era Model - Key Roles & Skills

- Survey Co-ordinator
- Data Analysts
- Social Scientists
- Surveyors
- Providers

RED FLAG - Immediate escalation process optional at any time in the model
New Era Model - Process

1. Plan
2. Do
3. Collaborate
4. Act

RED FLAG - Immediate escalation process optional at any time in the model
1. PLAN

Pre-visit Assessment & Planning
- Analysis of all data sources - Care As Usual & Care In Crisis
- Identify & plan priority areas for inspection
- Notify & discuss plan for inspection with provider

Regulator has open access to relevant internal / external data sets & sources through provider-regulator web portal
2. DO

Care As Usual Assessment

De-identified & confidential with **standardised leading questions**:

- Semi Structured random Staff Interviews
- Semi Structured random Senior Dr Interviews
- Drop in Clinic for **Patients** & staff
- Semi structured random **Patient** Interviews
- Real-time **Patient** Journey in each clinical division
- Patient Journey random chart selection audit
2. DO

Care In Crisis Assessment

- De-identified and confidential structured staff interviews
- Demonstration of major event scenario management at executive/board level
- Recent examples of major events
- Standardised leading questions for assessment

Care Exemplar Assessment

- Best practice demonstration of Care As Usual
- Best practice demonstration of Care In Crisis
3. Collaborate

Triangulate & Analyse Findings

Discussion

- Priority areas
- Opportunities for improvement
- Maturity Model?
4. ACT

Feedback
- Publish Agreed Opportunities For Improvement (OFI)
- Timeframes & follow up agreed for OFI
- Providers give feedback on surveyors

Publish
- Online Open access
- No Ranking, Failure, Star Ratings
- 3 Domains, 10 standards Radial Diagram Summary

Share
- Annually top 2 National Exemplar for each standard identified
- Celebrated with National Awards & formal sharing
Have we met the Commission’s needs?

Issues not Identified
✓ Care In Crisis assessment

Symbiotic relationship
✓ ▲ Collaboration ▼ fear around failure
✓ ▲ use of data, rigorous methodology & transparency, builds trust

Inter rater-reliability
✓ ▼ Bias by introduction of social science methodology for semi-structured interviews and analysis
✓ ▲ use of data and data triangulation
✓ ▼ reliance on individual surveyor knowledge

Focus on 10 NS not Equip or ISO
✓ Focus on continual improvement

Surveyor Education
✓ ▲ use of experts in collaboration with providers and surveyors e.g. data analysis, social scientists
✓ ▼ Subjectivity

Event phenomena
✓ No Pass / fail
✓ On-going data transparency and data access
✓ Permanent co-ordinator role building up a collaborative partnership
✓ Assessing CIC, ECW, CE - how embedded the NS are
✓ ▼ Fear of failure
Next Steps: How Do We Make This Happen?

1. Develop the details of the Framework
2. Develop surveyor training needs
3. Trial
4. Evaluate in a scientific framework (+ publish)
2. DO – Questions for You

• Can we use a version of RAG for semi-structured interviews or questionnaires?

• Can we use the TenC to develop a RAG?
Thank You

Questions?

Framework for Better Care