

One and a half Years On: Implementing the NSQHS Standards

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Accreditation Outcomes

1352 health services to be assessed to the NSQHS Standards

- 730 public hospitals
- 290 private hospitals
- 299 day procedure services
- 33 other services

Additional services: Community health services

Public dental services

Prisons health services

Mother and baby care services

Accreditation in 2013

Total accredited nationally Jan 2013 – December 2013

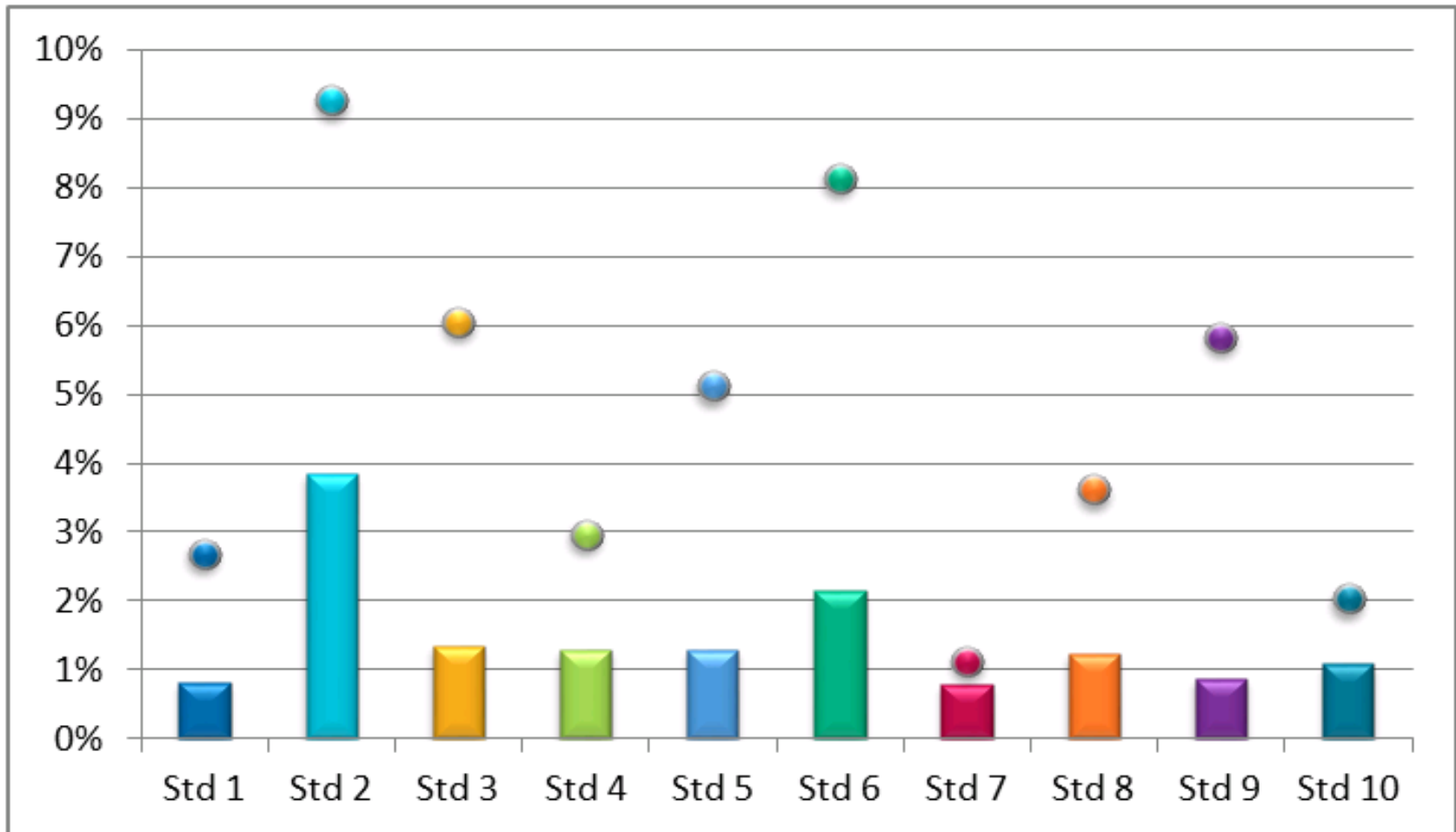
- 750 health services assessed
- 333 public health services (46% of 770 total services)
- 417 private health services (54% of 770 total services)
- 453 were assessed to Standards 1-3
- 279 were assessed to Standards 1-10
- 18 new services completed interim accreditation

Accreditation in 2014

Total accredited nationally Jan 2014 – August 2014

- 530 health services assessed
- 276 public health services (52% of 345 total services)
- 254 private health services (48% of 345 total services)
- 208 were assessed to Standards 1-3
- 314 were assessed to Standards 1-10
- 8 new services completed interim accreditation

Core actions not met at org. wide assessment as a percentage of total actions in each Standard (2013 and Jan to July 2014)



● 2013 data ■ 2014 data

Are the NSQHS Standards making a difference?

Early indications suggest:

- In NSW 2010 'Between the Flags' implemented in 220 NSW Hospitals. This has resulted in 38% decrease in cardiac arrests. This translates into approximately 800 fewer deaths since 2010. National similar programs are now being implemented because of the NSQHS Standards.

Are the NSQHS Standards making a difference?

- Mandatory implementation of the National Inpatient Medication Chart is estimated to have improved
 - documentation of patient allergies and reactions; and
 - Reduced medicine prescribing errors in hospitals across Australia

Are the NSQHS Standards making a difference?

- Combined strategies developed by the Commission, including hand hygiene, AMS and the introduction of the NSQHS Standards have resulted in a steady decrease in incidents of HAI multi resistant *Staphylococcus aureus* in hospitals.

Reductions are from 1.1 cases per 10,000 patient days to 0.9 cases per 10,000 patient days ($p < 0.001$)

Implementing the NSQHS Standards in the Public Sector

Areas of greatest number of not met:

- 3.14 Anti-microbial Stewardship
- 3.10 Aseptic Technique
- 2.6 Patient centred training
- 1.18 Informed consent
- 3.15 Clean environment
- 1.2 Quality plan

Implementing the NSQHS Standards in the Private Sector

Areas of greatest number of not met:

- 3.10 Aseptic Technique
- 2.7 Consumer information
- 3.14 Anti-microbial Stewardship
- 2.8 Managing invasive devices
- 2.6 Patient centred training
- 3.19 Consumer information on HAI
- 3.5 Hand hygiene

Health service performance

(interim, mid-cycle, org wide)

	Met with Merit 2013	Met with Merit 2014
Range – core and developmental actions	0 to 116	0 to 43
Range – core actions	0 to 109	0 to 32
Range – developmental actions	0 to 14	0 to 14
Average	3	4
Median (middle of range)	0	0
Mode (most occurring)	0	0

Range, average, media and mode for not met core actions at organisation wide assessments

	Private		Public	
	Jan-Dec 2013	Jan-Jul 2014	Jan-Dec 2013	Jan-Jul 2014
	n=161	n=120	n=118	n=150
Range	0 to 84	0 to 47	0 to 79	0 to 23
Average	9	3	2	6
Median (middle of range)	0	0	0	4
Mode (most occurring)	0	0	0	0

Issues

- Resource burden associated with auditing / monitoring
- Inter-assessor reliability
- Extent of evidence required by accrediting agencies
- Compliance with reporting timeframes by accrediting agencies
- Appropriate report of 'significant risk'
- Consistent application of non-applicable status
- Assessment of actions that don't apply across the whole organisation
- Language of the NSQHS Standards

What are we working on.....

- Guide for Boards implementing the NSQHS Standards
- Additional resources for Standard 2
- Clarification of Basic Life Support requirements
- Advance Care Directives
- Health Literacy
- Cognitive Impairment
- Mental Health
- Falls Prevention
- Improving care for Aboriginal and Torres Strait Islander people using the NSQHS Standards
- Resources for Royal Flying Doctor Service
- NSQHS Standards in MPSs

Evaluation of the NSQHS Standards

Formal external evaluation

- Consumer
- Cost analysis
- Evaluation of State and Territory administrative data sets pre and post Standards implementation
- Longitudinal survey of attitudes

Ongoing review

- Accreditation outcome data
- Review of Approved Accrediting Agencies
- Analysis of data collected from Advice Centre, medications, surveys undertaken by the Commission

External review:

- Australian Institute of Health Innovation – ACCREDIT project

Review of approved accrediting agencies and the approvals process

Revision of Standards

- Commencing 2015 with background work underway
- Collating and interpreting information from the informal and formal evaluation processes
- Consider issues of basic patient care and what this may include
- Evaluate finding from Standards related projects - cognitive impairment, mental health, Aboriginal and Torres Strait Islander project, community-based care,
- Less is more – focusing actions on evidenced based strategies
- Remove duplication and streamline

Thriving not just surviving

- Standards are a framework for improvement
- For each Standard focus on the things that matter to you
- Audit the areas:
 - where harm occurs
 - present the greatest risk to patients
 - where you want to make improvements
- Teach the workforce about risk, how to measure and how monitor it
- Assess skills and only train where it is needed
- Engage the board, executive, technical leads, clinicians and non-clinicians in the process
- Don't do it if it is just for accreditation
- Use the resources that the Commission, jurisdictions have produced
- Use the help that is available
 - Network with peer organisations
 - Advice Centre