

## Cancer Standards and Accreditation Model Development Project

# Principles for Accreditation

Version: 1.1

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NSW



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## Purpose

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### **Purpose of the document**

The purpose of this document is to identify the principles for both the development of cancer specific standards for NSW Cancer Services and for an accreditation model to support the implementation of the cancer standards.

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### **Purpose of developing principles**

The principles will provide a framework to guide the development of the standards and accreditation model for NSW Cancer Services. The principles are of crucial importance as they outline the broad rules for accreditation and the areas that should be included in a set of standards.

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## Principle development

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### **Principle development method**

There has been considerable work undertaken both nationally and internationally on principles that should support a health care accreditation program. The nature of this work is both generic and cancer specific.

The method used to identify principles has been:

1. to review reports and other literature that have been published on these topics
2. to consult with key people in NSW and other cancer services and accreditation and standards experts.

Six key publications have contributed to the principles later identified. A summary of the key points found in these publications follows.

The International Society for Quality in Health Care<sup>1</sup> (ISQua) has developed *International Principles for Healthcare Standards* (2004, second edition). ISQua determines that processes for the external evaluation of healthcare services should be based on a well-established and tested set of standards.

The following important questions must be addressed:

1. What basic processes need to be completed to achieve appropriate standards?
2. What must be the focus, content and scope of the standards?
3. How can standards be measured and tested over time?

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<sup>1</sup> The International Society for Quality in Health Care. *International Principles for Health Care Standards*, Second Edition. March 2004. ISQua: Victoria, Australia.

## Principle development, Continued

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Principles for accreditation of health care organisations have been developed by The Australian Council for Safety and Quality in Health Care.<sup>2</sup> Furthermore the document, *A core strategy for cancer cares: Accreditation of cancer services – a discussion paper*,<sup>3</sup> identifies key issues to be considered in the development of an Australian model for cancer services.

According to the ISQua Council, standards that measure quality of health services should be based on the nine dimensions of quality as per the *Australian National Health Performance Framework*.<sup>4</sup> ISQua have developed five generic international principles for development of healthcare standards. The Australian Cancer Network (ACN) in 2004 developed specific principles that could inform the development of accreditation and standards for cancer services in Australia,<sup>5</sup> and the 1995 *Calman-Hine report*<sup>6</sup> outlined principles to govern the provision of cancer care for cancer services in England and Wales.

The cancer care services in Ontario have also developed accreditation principles that are worth considering.

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<sup>2</sup> Australian Council for Safety and Quality in Health Care. Standards Setting and Accreditation Systems in Health: Consultation Paper. 2003. Commonwealth of Australia, Canberra.

<sup>3</sup> The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. A core strategy for cancer care: accreditation of cancer services – a discussion paper. 2005. National Breast Cancer Centre, Camperdown, NSW.

<sup>4</sup> National Health Performance Framework Report – A report to the Australian Health Ministers Conference: National Health Performance Committee. August 2001.

<sup>5</sup> The Cancer Council Australia, Australian Cancer Network and National Breast Cancer Centre. A core strategy for cancer care: accreditation of cancer services – a discussion paper. 2005. National Breast Cancer Centre, Camperdown, NSW.

<sup>6</sup> Department of Health, Welsh Office. A Policy Framework for Commissioning Cancer Services, A report by the expert advisory group on cancer to the chief medical officers of England and Wales (Calman-Hine Report). April 1995.

## Principle development, Continued

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The principles for accreditation of cancer services should also consider several documents produced regarding cancer care in NSW including:

- A Cancer Care Model for NSW<sup>7</sup>
- Clinical Service Framework for Optimising Cancer Care in NSW 2003<sup>8</sup>
- The NSW Cancer Plan 2004–2006<sup>9</sup>
- The NSW Cancer Plan 2004-2006, Lessening the Impact of Cancer, a two year progress report<sup>10</sup>
- The NSW Cancer Plan 2007-2010.<sup>11</sup>

Further detail of the literature review can be found in the document: *Cancer Institute NSW literature review for standards development and accreditation.*

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## Issues

### Issues to be addressed in developing principles

There are several issues that need to be considered in the development of a set of principles to underpin standards and accreditation for NSW Cancer Services. They must be considered to ensure the principles are relevant and support the intent of the project.

1. Most NSW Cancer Services participate in an accreditation program under the umbrella of their parent organisation. In NSW the vast majority (if not all) of cancer services sit within organisations that are accredited by The Australian Council on Healthcare Standards through the EQuIP program. The ACHS EQuIP 4 standards and criteria cover the areas outlined in the following table, therefore cancer services are working toward these standards.

The ACHS standards are listed in three groups; clinical, support and corporate. There are 13 standards and 45 criteria sit underneath these standards. They cover all aspects of health service care and delivery.

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<sup>7</sup> NSW Health Department, Cancer Care Model Working Party. A Cancer Care Model for NSW. NSW Health, Sydney, February 1999.

<sup>8</sup> NSW Department of Health. A Clinical Service Framework for Optimising Cancer Care in NSW. 2003. NSW Health, North Sydney, NSW.

<sup>9</sup> Cancer Institute NSW. 2004. The NSW Cancer Plan 2004-2006. Sydney.

<sup>10</sup> Cancer Institute NSW and NSW Health. NSW Cancer Plan 2004-2006, Lessening the Impact of Cancer, A two year progress report. 2007.

<sup>11</sup> Cancer Institute NSW. NSW Cancer Plan 2007-2010, Accelerating the Control of Cancer. 2006. Sydney, Australia.

**Issues, Continued**

<b>Clinical function</b>	<b>Support function</b>	<b>Corporate function</b>
<b>1.1 Continuity of Care</b> 1.1.1 assessment system 1.1.2 care planning and delivery 1.1.3 consent process 1.1.4 care evaluation 1.1.5 discharge / transfer 1.1.6 ongoing care 1.1.7 care of dying and deceased 1.1.8 health record <b>1.2 Access</b> 1.2.1 services information and access 1.2.2 access prioritisation according to clinical need <b>1.3 Appropriateness</b> 1.3.1 appropriate care <b>1.4 Effectiveness</b> 1.4.1 best available evidence, most effective way <b>1.5 Safety</b> 1.5.1 medication 1.5.2 infection control 1.5.3 pressure ulcers 1.5.4 falls and fall injuries 1.5.5 blood and blood components 1.5.6 correct patient, correct procedure, correct site <b>1.6 Consumer focus</b> 1.6.1 input and participation 1.6.2 rights and responsibilities 1.6.3 culturally & linguistically diverse backgrounds & special needs	<b>2.1 Quality Improvement and Risk Management</b> 2.1.1 continuous quality improvement system 2.1.2 risk management policy and system 2.1.3 incidents, complaints and feedback <b>2.2 Human Resources Management</b> 2.2.1 human resources planning 2.2.2 recruitment, selection and appointment system 2.2.3 continuing employment and development system 2.2.4 learning and development system 2.2.5 employee support systems and workplace relations <b>2.3 Information Management</b> 2.3.1 records management system 2.3.2 information and data management and collection systems 2.3.3 Data and information are used effectively 2.3.4 information and communication technology <b>2.4 Population Health</b> 2.4.1 health promotion, health protection and surveillance <b>2.5 Research</b> 2.5.1 research governance	<b>3.1 Leadership and Management</b> 3.1.1 strategic and operational planning and development 3.1.2 governance, structures, delegation practices 3.1.3 credentialling and defining the scope of clinical practice 3.1.4 external service providers 3.1.5 corporate and clinical policies <b>3.2 Safe Practice and Environment</b> 3.2.1 safety management systems 3.2.2 buildings, signage, plant, equipment, supplies, utilities and consumables 3.2.3 waste and environmental management 3.2.4 emergency and disaster management 3.2.5 security management

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## Issues, Continued

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As organisations and subsequently cancer services, already comply with the ACHS EQuIP standards and criteria it is essential that any standards developed for NSW Cancer Services do not duplicate current standards but rather add greater value than burden to the generic standards and focus on areas unique to cancer services.

2. In June 2006, the Australian Health Ministers Advisory Council (AHMAC) recommended that the Australian Commission on Safety and Quality in Health Care (ACSQHC) review accreditation arrangements in Australia: consider these arrangements in light of international experiences and recommend a revised model for accreditation of health services both public and private across Australia. The ACSQHC prepared a discussion paper and subsequently held numerous focus groups across Australia and received 87 written responses to the discussion paper. The ACSQHC will provide a draft report to AHMAC in June 2007 with a final report by December 2007. Any model developed for NSW cancer services should be consistent with the ACSQHC findings and recommendations and may need to be revised in the light of their final recommendations.
3. The NSW Health department is also reviewing accreditation of NSW health services. The results of this review will need to be considered in the development of the cancer services model.
4. The NSW Clinical Excellence Commission has developed a Quality System Assessment which aims to focus on areas of safety and quality and in the first instance target high risk, low performing areas. The QSA will focus on three levels of assessment – the area health service, the hospital and the clinical unit. A baseline survey will be conducted during 2007 to determine the areas that will be targeted first. The aim of the QSA is to run in concert with accreditation rather than replace or duplicate any current processes. The QSA will focus on development of instructions for best practice, activity statements and finally self assessments.
5. It needs to be remembered also that there are other cancer specific standards either currently in use or under development. These include the Palliative Care Standards, the BreastScreen Australia Standards and the draft Radiation Oncology Standards.

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## Issues, Continued

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The development of any cancer standards must also incorporate linkages where appropriate to other generic and cancer specific standards and again add value to these. It is recognised that any accreditation model developed for NSW Cancer Services must also add value to the current accreditation system.

6. To date there has been no real delineation of cancer services or definitions to identify what a cancer service is and the different levels of service provided. In NSW there are large metropolitan cancer services and small rural cancer services. The scope of services offered by these facilities differs considerably. There are also plans to establish cancer networks in the future. An accreditation model and cancer standards must consider the scope of cancer services and any future plans for services to ensure that standards are both relevant and achievable by all services.

Logistical aspects relating to on site reviews should also be considered when determining the accreditation model. A gradual move away from a services delivery model towards a network delivery model is being seen. It may therefore be applicable for a progressive model of accreditation to be implemented over a number of years, commencing with accreditation of individual facilities and moving to accreditation of cancer networks

7. There is an expectation that consumers will be involved in accreditation both at the development stage and later at the assessment stage. There are numerous consumer bodies relevant to cancer and effective engagement of consumers can make a significant contribution to the accreditation of cancer services.
8. A continual issue with accreditation is that stakeholders have difficulty accessing information about accreditation performance and results. This information should be available to all stakeholders including consumers.
9. Assessment of performance against a set of standards is central to any accreditation model. Organisations may complete a self assessment against the standards, an external review may be conducted or a combination of these methods may be used. Debate regarding the best method of assessment favours a combination of organisational self assessment validated by an external review. Validation by a third party, namely an accreditation agency, is considered to be fundamental to a transparent accreditation model.

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## Issues, Continued

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10. In recent years there has been increased confusion about the purpose of accreditation. Accreditation models can be voluntary or mandatory. As accreditation has become more regulated or legislated in some areas there has been a perception that the purpose of accreditation is to measure compliance against a set of standards and therefore to have a policing role. Accreditation programs were originally established to facilitate continuous improvement. While compliance is important the true value of accreditation probably lies in fostering a culture of continuous quality improvement. The issue then is to determine the purpose of the specific accreditation program for NSW cancer services.
11. Opponents of accreditation programs justifiably criticise “accreditation” because it seems to be something that happens once every two years and is all about a “mad flurry of activity for two weeks and then nothing after that”. This issue needs to be addressed in the principles for accreditation of cancer services. The principles will consider a mechanism to facilitate continuous quality improvement to ensure accreditation is not just a second yearly event.
12. A further issue for consideration is – who should be responsible for action on the recommendations that (are sure to) come from the accreditation survey. It is obvious that the organisation being surveyed should be responsible. Should the Area Health Service also be responsible? Should the Department of Health? Should the accrediting body be held accountable for any recommendations that have not been implemented? Should the accrediting body be responsible for ensuring, after a reasonable time, that the organisation has implemented the recommendations?

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## Issues, Continued

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13. Consistency in levels of accreditation achievement is often debated. A robust, credible accreditation model is essential to supporting the implementation of standards for cancer services. A rating system to determine the level of achievement for each standard or criterion will assist in consistency and transparency of the accreditation process.
  14. Consistency between surveyors/auditors has been an issue for accreditation for many years. It is generally accepted that surveyors/auditors should be industry peers. The advantage of a peer review model is that peers better understand the services and issues while enhancing knowledge sharing and professional support.
  15. The cost of compliance vs. cost of non compliance with standards and the accreditation process also need to be considered
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## Principles for an accreditation model

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### **Principles for an accreditation model**

To address the issues as outlined above the following principles have been developed to support the development of cancer specific standards and a cancer services accreditation model.

The principles to support the development of an accreditation model include:

1. Accreditation of cancer services will add value to and link with other accreditation processes and systems.
2. The accreditation model that is developed will be consistent with the recommendations of the ACSQHC.
3. The accreditation model that is developed will consider the results of the NSW Health review on accreditation and the Clinical Excellence Commission's Quality Systems Assessment program.
4. From 2008 to 2010 the unit of review will be the cancer service.
5. Following the outcome of the evaluation of the Cancer Network, it is proposed that from 2010 onwards the unit of review will be the Area cancer service or the Cancer network.
6. Consumers will be engaged in the development and implementation of the accreditation program.
7. Organisations will be provided with a final performance report.
8. A public report on accreditation results will be provided to ensure transparency.
9. The organisation will assess its performance against the standard, through a self-assessment report, and this performance level will be verified through an external audit or survey.
10. The external review will be conducted by an independent accrediting body and will incorporate a component of peer review.
11. The standards and accreditation model will provide a tool for quality improvement and assist in benchmarking for cancer services.
12. Regular data reports will be submitted by all organisations as a component of the accreditation process.
13. Not all cancer services will be reviewed every two years. The above data collection will identify those services that will be reviewed.
14. The cancer service and the Area Health service should be equally responsible for action to implement the recommendations from the survey/audit
15. A rating system for measuring performance against each of the cancer standards/criteria will be used and will ensure consistency. Ratings will equate to levels of attainment for each of the standards/criteria. An overall level of accreditation will be given to the organisation based on individual standards/criteria ratings and recommendations.
16. There will be a mechanism for appeals regarding levels of accreditation awarded.
17. The cost of compliance with the standards will not grossly exceed the cost of non-compliance wherever possible.

## Elements for standards development

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### Elements for standards development

The following elements relate to the focus, content and scope of the specific cancer standards.

The elements to be considered should ensure standards:

1. are client focused and designed to meet documented client needs
  2. assist to monitor and demonstrate high priority consumer outcomes
  3. are service based and incorporate tumour specific elements
  4. cover all sectors who provide cancer care (public and private)
  5. encompass multidisciplinary care
  6. support care coordination across hospital and community services
  7. incorporate psychosocial care
  8. support effective communication at all stages
  9. ensure care is high quality, appropriate, evidence-based effective and safe
  10. access to treatment is timely and available in the most appropriate setting
  11. cover support services
  12. contribute to quality and performance improvement in cancer services in NSW
  13. enable consistent measurement across services
  14. provide clients with clear information throughout their care
  15. provide public and professional education
  16. encompass the entire consumer experience.
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## Proposed Standards and Criteria

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### Standards and Criteria

Following the completion of the literature review, stakeholder interviews and initial stakeholder workshops the following list has been developed to inform the cancer services standards framework:

The suggested **new criteria** cover the following topics:

1. Psychosocial care
2. Multidisciplinary care
3. Care coordination and communication
4. Credentialing
5. Outcomes and effectiveness
6. Education, training and continuing professional development
7. Data Management and reports

Suggested **new elements** cover:

1. Consumer participation, rights and responsibilities (focusing on consumer participation)
2. Access
3. Governance
4. Research and clinical trials
5. Population health (focusing on primary and secondary prevention)

Topics not included at this stage or already sufficient covered in generic standards:

- Quality improvement
  - Assessment
  - Consent – may benefit from consideration of a focus for example, consent for Chemotherapy.
  - Patient outcomes
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## Conclusion

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**Conclusion**

There are 17 principles that have been developed to support the development of an accreditation model for NSW Cancer Services. The principles have been based on both the literature and the issues identified in this document. A further 16 elements have been developed to support the development of cancer standards and these relate to the specific focus, content and scope.

The principles and elements will be central to both the development and implementation of the accreditation program.

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