

Cancer services pilot accreditation program in New South Wales

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The NSW Government agency dedicated to the control and cure of cancer
through prevention, detection, innovation, research and information.



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Abbreviations

CSPAP	Cancer Services Pilot Accreditation Program
GP	general practitioner
ACN	Australian Cancer Network
NBOCC	National Breast and Ovarian Cancer Centre
NQMC	National Quality Management Committee
SAC	State Accreditation Committee
RANZCR	Royal Australian and New Zealand College of Radiologists
NATA	National Association of Testing Authorities
NSAP	National Standards Assessment Program
ACHS	Australian Council on Healthcare Standards
MDT	multidisciplinary team

Executive summary

The Cancer Institute NSW is Australia's first statewide, government-supported cancer control agency. One of the roles of the Cancer Institute NSW is to facilitate the delivery of high quality and appropriate cancer treatment in NSW.

In 1999, NSW Health developed *A Cancer Care Model for NSW*. The document outlined an organisational model for optimal delivery of cancer services in NSW. This document led to a number of organisations considering how best to further develop treatment standards across NSW. Internationally, the increased potential of accreditation programs to create system change lead to the development of a number of accreditation programs around the world. However, a paper published in 2007 by David Greenfield and Jeffrey Braithwaite provides a review of the health sector accreditation research literature.¹ In the review it is found that there is a lack of evidence about the impact of accreditation programs on service delivery.

To assist in determining the impact a cancer service accreditation program might have on cancer services, in 2007 the Cancer Institute NSW undertook the Cancer Services Pilot Accreditation Program (CSPAP). The program was based upon a quality improvement cycle, and involved:

- the development of 12 draft accreditation standards
- a pilot of the standards across eight cancer services in NSW
- an external evaluation of the CSPAP as piloted.

The eight cancer services involved in the pilot program agreed to undertake a self assessment against proposed standards and six facilities received a site visit from an evaluation team, which conducted their own assessment against the draft accreditation standards.

The 12 standards piloted were:

1. access
2. care coordination
3. multidisciplinary care
4. psychosocial care
5. credentialing and scope of practice*

6. management
7. professional development
8. information systems
9. consumers
10. population health*
11. research and clinical trials
12. effectiveness.

* NB: The final reports of the CSPAP recommended that these two standards not be included in any final CSPAP.

Generally, the cancer services that took part in the pilot rated their stage of progress against each standard as equal to or higher than the review team. In individual cases the cancer service did rate their progress as lower than the review team. Consistency and inconsistency of the rating between sites and reviewers was largely due to varied interpretations of the standards.

The independent evaluation of the CSPAP examined nine areas by asking whether the program was:

- acceptable
- achievable
- appropriate
- complementary
- effective
- evidence-based
- sustainable
- valuable
- well executed.

The evaluation of the CSPAP found general support for the concept of accreditation, although there was concern – predominantly from clinicians – that the proposed CSPAP would not impact upon patient outcomes.

The concern regarding the impact of accreditation systems on patient outcomes is also found in the international literature, where there is a paucity of research examining outcomes of accreditation programs. No clear links have

been identified between formal accreditation programs and patient outcomes.

Since the completion of the pilot of the CSPAP, *Proposals on an Alternative Model for Safety and Quality Accreditation*,² completed by the Australian Commission on Safety and Quality in Healthcare, has been endorsed by the Australian Health Ministers' Conference (18 April 2008).

This model proposes a new national framework for the development of accreditation standards. This will include the creation of a new national entity that will be given the task of leading, supporting and coordinating the accreditation system in Australia.

Any further progress of a CSPAP will take into account these developments to ensure compatibility between the proposed framework and the work of the Cancer Institute NSW.

As part of the process of determining the most appropriate approaches of impacting upon cancer treatment service delivery, the Cancer Institute NSW is currently examining the development of cancer service performance indicators, that would allow the benchmarking and monitoring of cancer services within NSW. This work will compliment the work that will potentially be undertaken by the new NSW Bureau of Health Information³, which will be created in response to the *Garling Report*⁴ to support transparency in health data.

In summary, while there is support for a cancer service accreditation model, further work is required on the most appropriate model that would impact upon patient outcomes and hence cancer control in NSW.

Introduction

The Cancer Institute NSW is Australia's first statewide, government supported cancer control agency. It was established in July 2003, through the Cancer Institute NSW Act 2003, as a response to the need to further decrease the devastating impact of cancer on our society.

The *NSW Cancer Plan 2004–2006*⁵ was Australia's first comprehensive plan, with objectives to improve the survival rates and quality of life for cancer patients.

The *NSW Cancer Plan 2007–2010* reinforced a commitment to developing quality services by highlighting accreditation of cancer services as a priority. The plan states that accreditation of cancer services “will ensure the continued delivery of safe and high quality services for the treatment of cancer. An agreed system of accreditation will provide accurate evaluation of the quality of cancer services in the public and private sector throughout the State, the latter through a voluntary program”.⁶

The *NSW Cancer Plan 2007–2010* stated that the Cancer Institute NSW and key stakeholders will develop and pilot a proposed accreditation model and standards with an evaluation framework that will include the collection of baseline data.

This report provides a summary of the pilot of a Cancer Services Pilot Accreditation Program (CSPAP) undertaken by the Cancer Institute NSW in 2007.

Cancer in New South Wales

In 2006, there were 35,159 new cases of cancer diagnosed in NSW: 19,951 in males and 15,208 in females. This number excluded the non-melanoma (basal and squamous cell) skin cancers, which are not notified to the registry but are estimated to be in the order of 147,934 cases in 2006.⁷

Cancer incidence and mortality projections by the Cancer Institute NSW indicate that over the next 10 years, there will be approximately 380,000 new cases of cancer, with 130,000 expected deaths from cancer.⁸

Cancer numbers will increase by more than 30 per cent compared with the last decade, placing significant demand on future cancer services. Consequently, a paradigm shift

is required to develop smarter and more efficient service delivery models to better equip the health service to cope with the expected increasing burden on cancer treatment and care.

Cancer services in New South Wales

NSW Health provides public sector health services through Area Health Services (rural and metropolitan), the Children's Hospital at Westmead, Justice Health Service, the Ambulance Service of NSW and the NSW Department of Health. There are eight Area Health Services that are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres.

In addition to services delivered through public sector health, the private sector plays a major role in the provision of cancer services across a wide spectrum. The private sector includes private general practitioners, private specialists, who may work in both the public and private sectors, diagnostic services, private hospitals and private allied health services. It is noted that around 50 per cent of cancer surgery in NSW is currently performed in private hospitals.⁹

In NSW there are 13 public and five private radiation oncology treatment centres¹⁰ and 83 ambulatory chemotherapy centres,¹¹ as well as many more sites that provide surgical and or other cancer treatment interventions.

Patients are referred to cancer specialists by either a general practitioner or following an emergency admission. Cancer treatment is usually surgery, radiotherapy, or chemotherapy, or a combination of these approaches.

If treatment is successful, patients are followed up for a number of years (usually five years) to ensure early identification of any recurrence/relapse.

As a result of a diagnosis of cancer and the subsequent treatment and its side effects, the patient and their carers will be faced with a wide range of psychosocial issues. These issues span the entire patient journey from diagnosis to survival or dealing with end of life decisions.

To provide appropriate psychosocial support, the cancer patient requires a diverse range of services working in an integrated system.

One of the roles of the Cancer Institute NSW is to encourage best practice and the linking of appropriate services to ensure both the best possible treatment outcomes, and a high level of satisfaction with service delivery and coordination of care.

Accreditation of cancer services is one methodology under consideration to ensure that all cancer facilities deliver high quality treatment, and promote care that is streamlined, timely and appropriate for patients.

What is accreditation?

Accreditation is a formal system in which an accrediting body certifies that an organisation has met prescribed standards. Accreditation systems operate in many spheres including healthcare, education and business.

Accreditation models

A joint review undertaken by the National Breast Centre, Australian Cancer Network and the Cancer Council Australia entitled *A Core Strategy for Cancer Care: Accreditation of Cancer Services: A Discussion Paper*,¹² describes three models for the governance of accreditation systems:

Model 1 One organisation has the dual role of standards development and assessment.

Model 2 Professional and government-led standards, accredited by external accrediting agency.

Model 3 Agencies that are specifically established to accredit against specialised standards.

International health care accreditation models follow similar assessment approaches¹³ and usually operate within a quality improvement cycle.

The components of the accreditation process tend to include:

- a self assessment to identify areas that require improvement or attention
- a site visit by surveyors that examines practice against accreditation standards
- an evaluation report prepared by the external examining (accrediting) organisation
- a formal approval or otherwise of accreditation status
- if not accredited, an action plan is developed to assist the agency to achieve future accreditation
- publication of results and often rewards for excellent performance.

Principles for health care accreditation

The Australian Council for Safety and Quality in Health Care has identified a number of principles for health care accreditation.¹⁴ These principles were considered in the development of the Cancer Services Pilot Accreditation Program (CSPAP). The principles include:

- Stakeholder confidence in the rigour of accreditation systems and the reliability of responses to significant non-compliance is enhanced.
- Accreditation of health care services is supported. Varying regulatory and funding options for achieving greater national consistency are utilised to encourage accreditation of health care services.
- Effective consumer engagement occurs throughout the accreditation system.
- The administration of accreditation is efficient.
- Standards against which compliance is assessed are capable of adaptation to varying health environments, but are firm and credible.
- Surveying against standards is credible, robust and consistent.
- Accreditation processes encompass both assessment of compliance with minimum standards and encouragement of continuous improvement.
- Standards setting and accreditation processes are externally validated.
- Assessment options are flexible.
- Responsibility for taking action on accreditation outcomes is clearly defined.
- Accreditation processes and outcomes are transparent.
- Information learned from accreditation is used for system-wide improvement.
- The direct and indirect relationship between accreditation and safety and quality in health care is evaluated through research.¹⁵

The document also highlighted the need to avoid duplication of effort in any cancer services accreditation process.

Evidence in support of the accreditation processes

The Cancer Institute NSW has previously published a literature review related to work undertaken in the areas of cancer services, standards development and accreditation models.¹⁶ The literature review had three aims, to review:

1. Standards for cancer services currently available at the state, national and international level and generic standards development.
2. Generic accreditation models and those with specific relevance to cancer services, nationally and internationally.
3. Other generic literature related to the delivery of cancer services.

The findings of this review contributed to the drafting of potential accreditation standards.

Accreditation and its impact

Joly et al (2007)¹⁷ provide an overview of accreditation in health and other industries and its relationship to outcomes. They examined lessons that might have meaningful public health translations, as well as influences in and on public health that pose challenges for research and evaluation in this area.

The literature on the impact of accreditation programs in service and healthcare settings is limited and the available studies primarily use observational designs.¹⁸

It is noted that results from these studies indicating differences in outcomes between accredited and unaccredited organisations may be subject to two sources of bias. First, selection bias may occur because organisations that are already of higher quality may self-select to participate in an accreditation program. Second, a program effect may occur. In this case, organisations that participate in an accreditation program may improve their service quality to achieve program standards, rather than having met the standards prior to undergoing participation.

Determining the impact of accreditation programs may depend on outcomes studied, research designs, and controls

for selection bias. Furthermore, accreditation outcomes are difficult to define and can vary between stakeholders, users, observers, and accreditation programs.¹⁹

In summary, it is noted that the scientific base to measure, detect, and predict the nature and extent of public health outcomes in relationship to accreditation status is in its infancy.

Evaluating accreditation

Shaw (2003)²⁰ notes that the traditional model of voluntary, independent accreditation is rapidly moving towards a government sponsored, or even statutory tool, for control and public accountability. He further argues that many countries, especially in Eastern Europe, are beginning to use accreditation as an extension of statutory licensing for institutions. On the matter of evaluating accreditation models, Shaw concludes that several factors make them more difficult to evaluate than a clinical technology, including:

- The 'endpoints' of accreditation are hard to define, and vary according to the expectations of users and observers; there are many potential 'products' (e.g. institutional control, organisational development, professional regulation, financial allocation, public accountability).
- Individual programmes vary around a common model (e.g. with respect to scope, standards, assessment, packaging and pricing; they are not a homogeneous population).
- 'Accreditation' is not a single technology but a cluster of activities which interact to produce documented processes and organisational changes; but process–outcome links may be demonstrated for component interventions, and summated as a proxy for overall impact.
- Case-control studies of institutional accreditation require a large, supportive but uncontaminated universe to sample, compare and monitor over many months; few countries offer this opportunity.

The paper indicates that the relative priorities of national accreditation programs are also influenced by local social, political, economic and historical factors. In developed countries the common emphasis is on evaluation and improvement of safety, clinical effectiveness, consumer information, staff development, purchaser intelligence and accountability and reduction in variation. In developing countries, the emphasis is on establishing basic facilities and information and improving access in an environment where there may be no established culture of professional responsibility; and very limited resources available for staffing, equipment and buildings.

Evaluation of the impact of accreditation

The Centre for Clinical Governance Research in Health, University of New South Wales undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership. A recent paper published in 2007 by David Greenfield and Jeffrey Braithwaite provides a review of health sector accreditation research literature.²¹

The literature was categorised in two ways:

- calls for research studies into accreditation
- research into the impact or effectiveness of accreditation.

The paper states that the literature is populated by writers calling for research into accreditation. Commentators make the case that the evidence to support the claims of accreditation programs is lacking. The following comment is typical of the concern expressed: *'Many countries are embarking on accreditation programs without any evidence that they are the best use of resources for improving quality and no evidence about the effectiveness of different systems and ways to implement them.'*²²

With regard to program assessment Greenfield and Braithwaite concluded that:

"The necessity for an empirically grounded, comprehensive evidence base for accreditation has long been recognised. Without this the varying positive and negative views about accreditation will remain anecdotal, influenced by ideology or preferences, and driven by such biases. A positive note to emerge from this search has been the identification of a number of national health care accreditation organisations and researchers presently engaged in empirical activities. There seems to be purposeful work leading towards constructing an extensive evidence base."

Standards setting, accreditation and evaluation

A report prepared for the Commonwealth Department of Health and Ageing in 2003²³ reviewed and analysed the literature in relation to standards setting and accreditation systems overseas and in Australia. The report presented details on the different approaches to standard setting and accreditation; and draws some key lessons that may be applied to the development of a potential national framework for standards setting and accreditation of health services.

The report stated that the literature on the evaluation or review of the quality systems operating within Australia was almost non-existent. Very few primary sources were found that related to the evaluation or review of the quality systems operating in the Australian health sector or the three non-health care systems examined.

As the literature indicates, there has been little progress on the issues raised in the report; it is worthwhile quoting a section in detail:

'Any consideration of changes to the current quality framework for health care in Australia must necessarily involve consideration of what works and what doesn't. That is, what is the impact of accreditation and the implementation of various standards on patient outcomes?'

For some years commentators have recognised that the evidence for the effectiveness and applicability of accreditation and other external peer evaluation systems is limited. However, over recent years there has been a growing move towards the use of performance indicators in

an attempt to enable organisations to measure change and improvement over time. This is evidenced internationally, within the Australian health care sector and in the non-health sector.

The ability to link clinical indicators to standards has been noted as one of the main advantages of accreditation as a model for external quality evaluation. Australia in particular has taken a lead in the development of clinical indicators and this approach has also been pursued by the US and UK.

However, on the basis of the literature reviewed for this Report, the experts appear divided on the issue of whether performance indicators (particularly clinical indicators that are attempting to measure patient outcomes rather than inputs or processes) can effectively measure the performance of health care organisations against standards.²⁴

There is consensus that accreditation processes and standards development have played an important role in improving safety and quality in the Australian health care system. At an international level, organisations that provide accreditation, both in health care and other sectors, list numerous benefits of the process. Many of these benefits are related to the perception that accreditation offers an objective indication that an organisation, facility or service operates to a consistently high standard.

The considerations raised in the above reports led the Cancer Institute NSW to establish a parallel evaluation process while the accreditation standards were being piloted.

It is noted that the Australian Commission on Safety and Quality in Health Care commenced a major review of accreditation in Australia. The results of the review have recently been endorsed by the Australian Health Ministers' Conference (18 April 2008), and are discussed elsewhere in this report.

NSW cancer service accreditation: background

A *Cancer Care Model for NSW* was developed by NSW Health in 1999. The document outlined an organisational model for optimal delivery of cancer services in NSW. Subsequently, the *Clinical Service Framework for Optimising Cancer Care in NSW 2003* was developed by NSW Health. The aim of this document was to encourage consistent and high standards of cancer care, and to make evidence-based best practice available to all residents regardless of geographical, socioeconomic or cultural factors.

In 2004, the Australian Cancer Network (ACN) commissioned the National Breast Cancer Centre (now the National Breast and Ovarian Cancer Centre – NBOCC) to undertake a scoping study of international and Australian cancer service accreditation systems, standards and processes. The study: *A core strategy for cancer care: Accreditation of cancer services - A discussion paper* identified common themes, principles, standards and processes that can be used to inform Australian accreditation standards for cancer services.

The key issues identified were:

- the appropriateness of the model to the context in which it will function
- the structure of the accreditation agency/ies
- appropriate assessment process
- support for continuous quality improvement
- compliance by cancer services to accreditation processes
- the accreditation/validation of the nominated accreditation agencies
- data issues
- appropriate representation in the accreditation processes
- transparency.

In November 2004, the Cancer Institute NSW hosted a workshop on the accreditation of cancer health services in order to assist in directing the development of an accreditation framework for cancer services. This workshop focused on accreditation standards, appropriate accrediting bodies, the accreditation process, links with

other accreditation systems and strategies to phase in the accreditation system.

In May 2006, the Cancer Institute NSW commissioned Professor Bruce Barraclough (in conjunction with The Nous Group) to investigate and make recommendations on a cancer quality and accreditation program for NSW.²⁶ The scope of the work was to produce a three year action plan and a set of recommendations for the development of a cancer quality and accreditation program in NSW. In preparing the report, a range of stakeholder views were sought including those from the Cancer Institute NSW, organisations eligible for accreditation through the proposed program, organisations setting technical standards, potential partnering organisations as well as any other stakeholders considered to be critical to the study.

The findings from stakeholder consultations were broadly grouped into three themes:

- **The system** – ensuring that the program proposed is appropriately integrated with the broader system of accreditation to deliver quality cancer services across the 'continuum of care'.
- **The process** – developing a clear process that minimises duplication of resource use and effort in obtaining and maintaining 'accredited' standing.
- **The standards** – the need for a set of obligatory core standards, generic service standards and potentially, 'tumour stream' specific standards.

The Australian Commission on Safety and Quality in Health Care

It was noted earlier that the Australian Commission on Safety and Quality in Health Care in 2003 had developed *Principals for Improvement of the Safety and Quality Accreditation system*.²⁷ In 2006 they commenced a major national consultation process to review national safety and quality accreditation standards in Australia. A number of reports have been produced by the Commission, and are available on their website: www.safetyandquality.gov.au.

The consultations highlighted a diverse set of views on the value and limitations of existing accreditation systems.

On 18 April 2008, the Australian Health Ministers' Conference endorsed the principles of the Commission's Alternative Model of Safety and Quality Accreditation: *Proposals on an Alternative Model of Safety and Quality Accreditation*.²⁸

The model includes key components in the following areas:

- Australian Health Standards
- quality improvement framework
- scope of accreditation
- national data collecting and reporting
- initiatives to support mutual recognition
- national coordination
- compliance and consequences of non-compliance
- review surveyor participation
- pilot innovative accreditation assessment mechanisms
- research.

Although the work of the Commission was taken into account in the development of the CSPAP, it is noted that the final model endorsed involves the creation of a "National Entity" that will be given the task of leading, supporting and coordinating reform of the accreditation system in Australia.

The functions of the National Entity will include:

- standards development
- quality improvement framework
- authorisation of assessment bodies
- data collection and analysis
- monitoring and reporting
- communication
- appeals.

The continued development of a Cancer Services Pilot Accreditation Program (CSPAP) should be aligned to the requirements of this new organisation.

Cancer services accreditation in Australia

Currently the only cancer specific accreditation model in Australia is the BreastScreen model.

BreastScreen is a NSW Government funded breast screening service for women aged 50–69 years. This service aims to detect breast cancer in its early stages, when treatment can be most effective.

The accreditation process includes²⁹:

- *provision of data on all of the National Accreditation Standards by the Service (in annual data reports and through a data audit);*
- *self-assessment by the Service*
- *a site visit and subsequent report*
- *any response from the Service to issues raised*
- *recommendation to the National Quality Management Committee (NQMC) by the State Accreditation Committee (SAC)*
- *consideration and subsequent accreditation decision by the NQMC.*

Radiology

The Royal Australian and New Zealand College of Radiologists (RANZCR) Standards of Practice & Accreditation Program is responsible for the development of the RANZCR Standards of Practice for Diagnostic & Interventional Radiology, and develops and manages related quality assurance activities. The Program oversees Practice Accreditation through the RANZCR/NATA Accreditation Program. The program is voluntary; however RANZCR/NATA Accreditation is recognized under the Commonwealth Government's Diagnostic Imaging Accreditation Scheme, which is linked to Medicare benefits.³⁰

Palliative care

The first edition of the Australian Palliative Care Standards was developed by Palliative Care Australia in 1994 in collaboration with the palliative care community. These standards have been revised since that time. There are currently 13 standards.

The Australian Government supports a National Palliative Care Program. Under this program the National Standards Assessment Program (NSAP) has been funded to improve the quality of palliative care. NSAP has an overall aim of supporting palliative care to move towards best practice, as set out in the agreed National Standards. The project will be implemented over three and a half years, from 2007–2010 to ensure broad-based consultation, coordinated resource development, maximum participation and sector engagement.

NSAP is not an accreditation program, rather it is a set of tools and resources to assist organisations to undertake an assessment against agreed national standards.³¹

Other forms of accreditation in Australia

There are a number of accrediting agencies in Australia, who are responsible for accrediting a variety of healthcare facilities and services. Most of these agencies have a license agreement to utilise internationally recognised accreditation systems.

The main organisations in Australia are:

- ISQua International Accreditation
- JASANZ Accreditation
- NATA Accreditation
- Australian Council of Health Care Standards.

These groups may then 'license' a range of other organisations to accredit agencies.

The Commonwealth and states also have legislation and regulation that have established standards of safety in a number of areas relating to health care.

In addition, there are a number of professional organisations that have introduced their own voluntary accreditation systems.

In NSW, Cancer Services participate in an accreditation program under the umbrella of their parent organisation (e.g. hospitals). In NSW the vast majority, if not all, of cancer services sit within organisations that are accredited by The Australian Council on Healthcare Standards (ACHS) through the EQUiP program.

The ACHS EQUiP four standards and criteria cover all generic areas of health services provision and management. All cancer services are working toward these standards.

However, the existing standards have not been considered to be sufficiently detailed to enable specific issues related to service delivery in cancer services to be assessed. This led to the exploration of specific standards for cancer services.

NSW Cancer Service Pilot Accreditation Program (CSPAP)

In March 2007, the Cancer Institute NSW commissioned Communio to undertake the development of a cancer services specific accreditation program. The aim of a Cancer Institute NSW accreditation program was to improve the quality of cancer services in NSW. The CSPAP was pilot tested by Communio across eight cancer services from October to December 2007.

The intent was to generate information on how the standards and accreditation model could be applied in different settings.

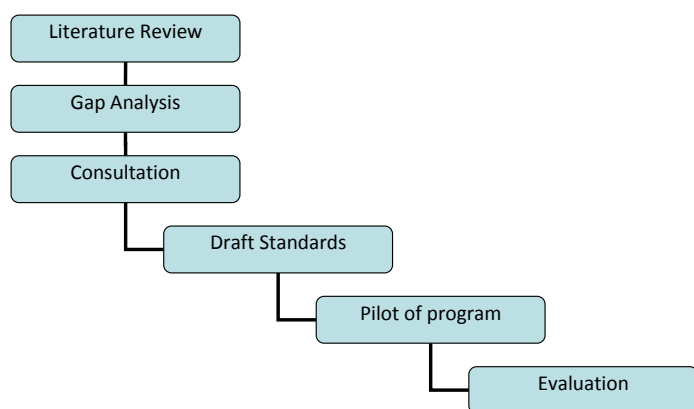
Based on the feedback from the pilot program Communio made a final list of recommendations for draft accreditation standards (see **Appendix I**).

Parallel to the development of the standards and cancer services accreditation pilot program the Cancer Institute NSW engaged HealthConsult to undertake an evaluation of the pilot program.

In developing a CSPAP, three components were identified as essential:

- cancer specific standards
- a self assessment against the standards
- an external verification of the self assessment.

The proposed CSPAP sits within a quality improvement framework which is consistent with other accreditation systems operating in Australia.



Literature review

The literature review had three aims, to review:

1. Standards for cancer services currently available at the state, national and international level and generic standards development.
2. Generic accreditation models and those with specific relevance to cancer services, nationally and internationally.
3. Other generic literature related to the delivery of cancer services.

The findings of this review contributed to the drafting of potential accreditation standards.

Gap analysis

Following the identification of current standards used in NSW cancer services, a gap analysis was conducted. The aim of the gap analysis was to determine areas specific to cancer services and the cancer patient journey that were

not covered in existing practice. The gap analysis was based on the literature review (including international standards), stakeholder interviews and initial stakeholder workshops.

Data standards

Arising from the literature review, and gap analysis, 12 cancer accreditation standards were identified:

1. access
2. care coordination
3. multidisciplinary care
4. psychosocial care
5. credentialing and scope of practice
6. management
7. professional development
8. information systems
9. consumers
10. population health
11. research and clinical trials
12. effectiveness.

These 12 broad standards were then given to expert groups who identified the appropriate content for each standard.

The draft cancer accreditation standards were published on the Cancer Institute NSW website in September 2007.

Consultation phase

The purpose of the consultation phase was to engage a large number of stakeholders and seek feedback about the draft standards and accreditation model. The consultation phase ran from August to October 2007.

Several methods were used for the consultation on the draft standards and accreditation model. These included:

- Publication of the draft standards and accreditation paper on the Cancer Institute NSW website accompanied by email notification to stakeholders seeking feedback.

- Two formal online surveys seeking stakeholders feedback posted on the Communio website.
- Fifteen stakeholder information sessions (including eight video link ups).
- Review meetings with the Directors of Area Cancer Services.
- Internal review meetings with Cancer Institute NSW staff.

Information sessions

A total of 15 onsite information sessions with eight sites joining via video link were held between August and October, with over 240 stakeholders attending.

Online surveys

Several emails were sent through the Cancer Institute NSW to inform stakeholders of the feedback process and online surveys. The information sessions also informed stakeholders of the feedback processes. A total of 27 responses were received through the online surveys. Of these 17 were responses to the standards survey and 10 were responses to the accreditation model survey.

The respondents to the surveys were a mixture of medical clinicians, nurses, allied health staff and consumers across both the public and private sectors and rural and metropolitan areas.

Other feedback mechanisms

The Directors of Area Cancer Services met to discuss the draft standards and accreditation model. Feedback was provided via tracked changes and verbal comment. Similarly, staff from the Cancer Institute NSW met and provided feedback via tracked changes to the draft standards. Comments were also received via email from a number of stakeholders.

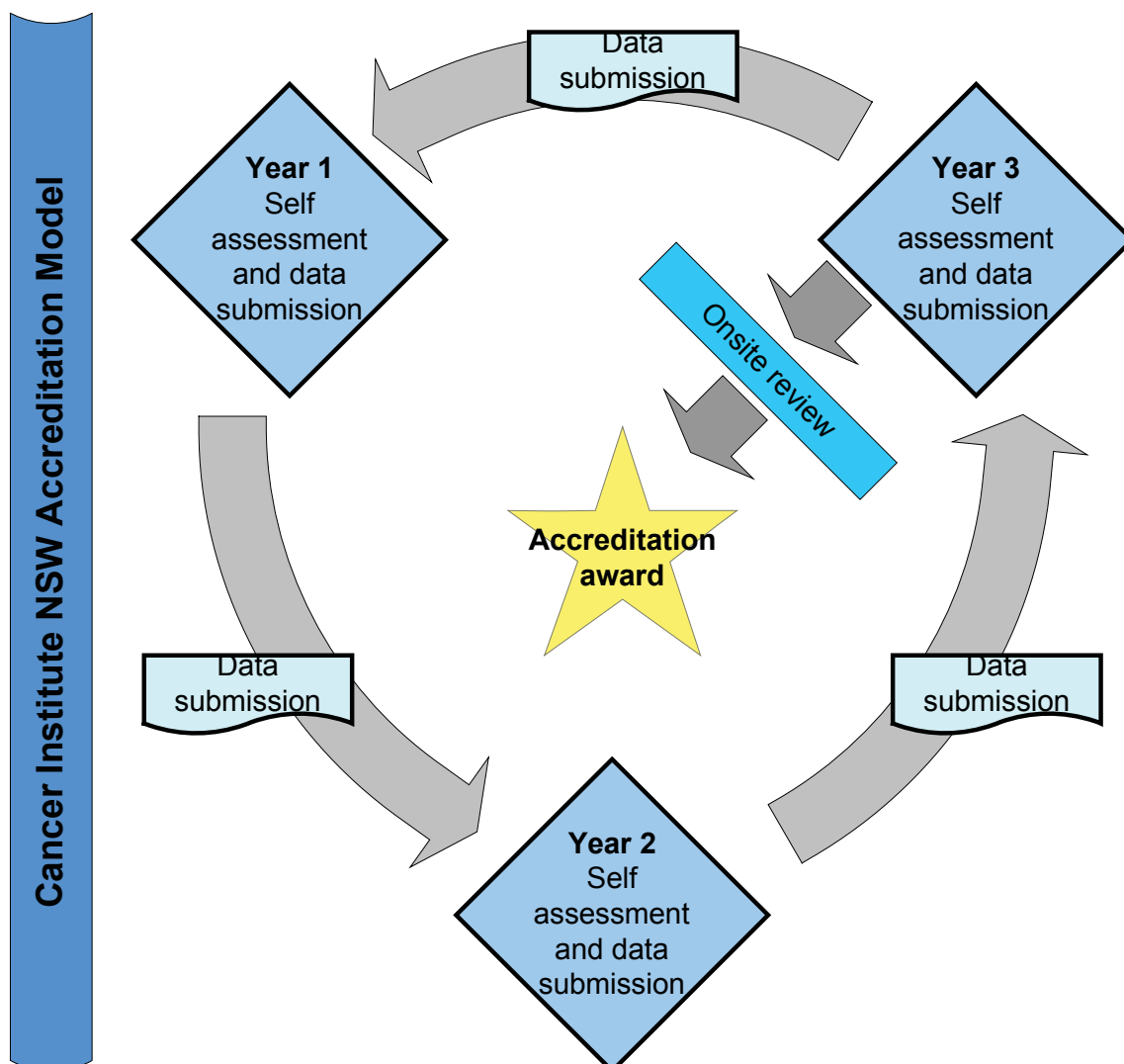
Accreditation model

The proposed accreditation model (see **Figure 1**) involved a three year cycle. In year one cancer services would undertake a self assessment against the 12 accreditation standards. Data from this self assessment (which would include any clinical and other indicators linked to the standards) would be submitted to the Cancer Institute NSW every six months.

In year two the process would be repeated, with the expectation that services would be engaged in a quality improvement program to develop their ability to meet standards.

In year three the process would be repeated and an onsite review conducted, and if a positive review was received, then the service would be awarded a certificate of accreditation.

Figure 1 Drafted Accreditation Model – Cancer Services Pilot



Accreditation program: pilot program October 2007

Following the completion of the drafting of the 12 cancer service accreditation program standards, an expression of interest was undertaken to find those facilities and areas that would be willing to be part of a pilot of the standards. Six cancer service sites (including rural, metropolitan, private and public facilities) were identified. In addition, a further two sites agreed to go through the self assessment process, however they did not receive an onsite evaluation visit. The purpose of the pilot was to:

- a. determine the applicability of the standards to different cancer service delivery models in NSW
- b. to test the interpretation of the standards and to ensure the wording was clear.

Pilot sites were provided with the draft standards and a grant of \$10,000 to meet the costs associated with the pilot program. Each pilot site agreed to undertake a self assessment against 12 draft standards and submit this one week prior to a scheduled onsite review. An independent review of the cancer service performance against the standards was conducted via an external peer review.

For the external reviews, teams consisted of one professional surveyor who was part of every site visit team. The other surveyors were volunteers who were clinicians, service managers and/or consumers working/involved in cancer services.

Based upon feedback from the pilot program the draft accreditation standards were amended and the final standards are contained in **Appendix I**.

Pilot sites: description

The expression of interest process used to select pilot sites ensured that the accreditation standards were piloted in a diverse range of settings including:

- a major metropolitan private hospital
- a regional private hospital
- an Area Health Service tumour stream
- an Area Health Service cancer service
- a rural hospital
- a dual site cancer service.

Where services were provided across more than one site, all sites completed the self assessment; however an onsite review was carried out at only one site. Therefore, eight self assessments were received from these six services.

The additional sites chosen to undertake the self assessment component of the pilot only were a tumour specific service and a major metropolitan hospital, provided three self assessments. Hence, a total of 11 self assessments were completed as part of the pilot.

Table I indicates the tumour streams covered by the cancer services that were included in the pilot phase.

Table I Percentage of pilot sites providing each service type

	Per cent of pilot sites
Chemotherapy	90.9
Radiotherapy	81.8
Surgery	81.8
Lung	81.8
Breast	81.8
Soft tissue/ sarcoma	63.6
Neuro-oncology	36.4
Malignant Haematology	81.8
Urology	81.8
Upper GI	81.8
Head and neck	81.8
Melanoma	72.7
Paediatric	9.1
Gynaecology	90.9
Colorectal	81.8
Other (please specify)	36.4

Self assessment: components

The self assessment component of the pilot required services to complete an online tool. The aim of the self assessment was to assist cancer services to rate their progress against each of the 12 standards by undertaking a gap analysis.

Sites were required to state whether they complied, partially complied or did not comply with each component of the standards, and provide one example of how the service complies for each stage of the standard.

Reviewer training

To facilitate the external review of cancer services, 12 reviewers were selected using an expression of interest process. Their backgrounds varied from medical practitioners, to consumers, cancer services development managers, clinical nurse consultants, clinical managers and researchers.

Each onsite visit was undertaken by three reviewers; a professional reviewer, at least one clinician and a consumer. The professional reviewer was employed specifically for the pilot.

The 12 reviewers for the pilot were provided with a training pack and two days of training. The objectives of the training were to provide the reviewers with:

- an in-depth knowledge of the standards
- an in-depth knowledge of the accreditation model
- an in-depth knowledge of the self assessment, data submission requirements and onsite review
- practical skills, including observation techniques, interviewing skills, providing recommendations and document verification
- techniques to assist with report writing
- at the conclusion of the program reviewers were brought together for a group discussion and feedback on the pilot program.

The performance of the reviewer was evaluated through:

- oral and written feedback from the pilot sites, the onsite review coordinator, other members of the survey team, the Cancer Institute NSW, and Communio
- knowledge about the standards and accreditation program
- experience working in cancer services
- quality written reports for the cancer service following the onsite review.

Pilot site preparation

Each pilot site was provided with a handbook outlining the pilot terms of reference, the pilot process and relevant background information. The information in the handbook and expectations of the pilot sites were also discussed at an initial teleconference with each site.

Pilot sites were provided with ongoing support and assistance in the preparation of the self assessment and the onsite review. Two of the six pilot sites requested and received onsite visits prior to the onsite review.

Pilot terms of reference

As provided by Communio, the following terms of reference were developed prior to the pilot and distributed to sites that expressed an interest in being involved.

Preparation

1. The pilot sites will receive a full briefing and training on the standards and the accreditation model from Communio and be provided with onsite support.
2. Reviewers will be trained by Communio prior to taking in an onsite review.

Process

3. All services participating in the pilot will complete a self assessment against the 12 draft standards and submit this to Communio and the Cancer Institute NSW at least one week before their schedule onsite review.
4. Reviewers will visit pilot sites for one day. Review teams will be made up of professional reviewers and at least one clinician and a consumer.

5. Data reports will be produced by the Cancer Institute NSW. Reports will be provided to the cancer service and the reviewers for use during the onsite review.
6. The onsite review will incorporate observation of the cancer service, interviews with staff and/or consumers, verification of documents, and a summation by the reviewers to conclude the visit and feedback to the cancer service.
7. The results from the onsite review will be analysed by Communio and a report will be prepared for the Cancer Institute NSW.

Deliverables

8. All sites participating in the pilot will receive written feedback in the form of an accreditation report from the review team.
9. The Cancer Institute NSW will receive copies of all reports.

Evaluation

10. Feedback about the pilot will be formally captured through an online questionnaire and optional telephone interview, from the reviewers, clinicians and service managers involved in the pilot. Feedback will cover issues about the standards and the model and their ease of use, applicability and integration with other service requirements.
11. Pilot sites will also be required to provide feedback on individual reviewers.

Timeframe

12. All pilots will be conducted during the month of October 2007.

Pilot self assessment overview

Each of the eight pilot sites completed a self assessment against the 12 draft standards. As previously noted, eleven self assessments were provided from the eight pilot sites. The following summary identifies the overall state of progress for each of the 12 standards as rated by the cancer services themselves and as rated by the review team.

Ratings

Table 2 provides a summary of the rating system utilised in the assessment of cancer services undertaking the pilot program.

Each of the 12 standards contain four stages of progress as outlined below:

Stage 1	Fundamentals Necessary requirements or only basic systems
Stage 2	Systems Implementation of processes or systems within the cancer service to advance the standard
Stage 3	Evaluation and Improvement Collection of data to ensure systems are working and improvements are made as required
Stage 4	Commendation Services show outstanding achievement in the standard. This may be demonstrated for example through excellent outcomes, research, or benchmarking.

A service or reviewer would provide an overall rating that the organisation was at one of the four possible stages.

A rating of **2** means that they have achieved the necessary requirements of stage 1 and have implemented processes or systems within the cancer service to advance the standard.

A rating of **3** means that the facility has met the requirements of stage 1 and 2 and in addition has collection of data to ensure systems are working and improvements are made as required.

A rating of **4** means that the facility has met the requirements of stage 1, 2 and 3, and in addition has shown outstanding achievement in the standard. This may be demonstrated for example through excellent outcomes, research, or benchmarking.

Summary of ratings achieved during the pilot program

Generally the cancer services rated their stage of progress against each standard as equal to or higher than the review team. The exception here was population health, where

most services rated their performance lower than the review team. However, those sites that were not being reviewed onsite (they were only completing the self assessment) rated themselves higher than the review teams.

In individual cases, the cancer service did rate their progress as lower than the review team.

Inconsistency of the rating was largely due to interpretation of the standards. Following discussion during the pilot review, clarifications were possible and cancer services and review teams were able to agree on a stage of progress for each standard.

Evaluation of Cancer Services Pilot Accreditation Program

Parallel to the development of the standards and cancer services accreditation pilot program additional consultants (HealthConsult) were engaged by the Cancer Institute NSW to undertake an evaluation of the pilot program.

Methodology

The methodology utilised for the evaluation of the CSPAP was as follows:

Detailed project planning: Project briefing and scoping; Advisory reference group established; Stakeholders identified; Work plan developed;

Situation analysis: Review of literature; Meetings with stakeholders; Collection of information; Situational analysis prepared;

Evaluation framework: Identified key evaluation areas to be investigated; Determined evaluation questions to be examined; Determined data requirement of each evaluation question; Identified performance indicators; Developed evaluation data collection tool;

Build data collection infrastructure: Developed case study framework, and conducted case study visits at each of the six pilot sites;

Pilot site evaluation data collection: Evaluation process piloted concurrently with the pilot accreditation process;

Discussion framework distributed to nominated stakeholders, and met with them to ascertain views on accreditation process to be piloted; Visit to pilot sites to gather information pre-pilot of accreditation process;

Pilot test report: Report compiled.

The evaluation included a review of available documentation, a search of the literature for articles on the evaluation of health service accreditation programs, development of an evaluation framework, meetings with key stakeholders and visits to pilot sites pre and post surveyor site visits.

Evaluation framework

Based upon consultations and review of the literature, a framework for the evaluation was developed and consisted of nine areas:

1. acceptable
 2. achievable
 3. appropriate
 4. complementary
 5. effective
 6. evidence-based
 7. sustainable
 8. valuable
 9. well executed.
- I. **Acceptable: That the program is acceptable to consumers, clinicians and other stakeholders involved in cancer services.**
 - I.1 The acceptability of a cancer specific accreditation program
 - The concept of a cancer specific accreditation program was supported by stakeholders.
 - Some concerns were raised regarding the workload that would be generated.

1.2 The framework for the CSPAP as piloted

- The applicability of a Cancer Services Pilot Accreditation Program to all cancer services was questioned, given the differences in sizes and services offered between centres.
- The need for a definition of 'a cancer service' was noted.
- There were stakeholders who were quite happy with the CSPAP as piloted. These stakeholders were representatives of the smaller or single tumour stream pilot sites.
- Comments from the majority of stakeholders support the concept of the CSPAP having the greatest potential if it is developed for different levels of cancer services, and the standards are tumour stream specific.

1.3 The relevance of the CSPAP framework as piloted to the private sector

- Private cancer services involved in the pilot program indicated support for the program;
- Respondents from the private sector indicated that there should be greater involvement of the private sector and that the issue of a potential need for a private sector specific program should be revisited.

1.4 The infrastructure supporting implementation of the CSPAP as piloted

- Greater clarity relating to definition, presentation and interpretation of standards was requested.
- Language used to define the standards should be more precise and concise.
- Most stakeholders considered that there were too many draft standards.
- The self assessment scoring system against standards of 'yes/ no / partial' should be reviewed and the lack of ability to provide qualifications to responses was noted.
- The level of evidence for each standard should be more clearly defined.

1.5 The overall acceptability of the CSPAP as piloted

- The balance between process and outcome measures as piloted was not well balanced.
- It was noted that the effectiveness standard was not ready for the pilot cancer accreditation program.

“If CSPAP can show that it will lead to improvements in patient treatments, outcomes and experience within the cancer service then it will be accepted.”

2. Achievable: That the program is achievable across all cancer services in NSW.

2.1 Resources required to support the achievement of accreditation

- A major barrier identified to achieving accreditation was the level of resources required to support the process of undergoing accreditation.

2.2 Data required supporting the achievement of accreditation

- There was difficulty obtaining the information required to meet the accreditation standards.
- The information required to support implementation of the CSPAP needed to be more precisely defined.

2.3 Achievability of accreditation across the range of cancer services

- Concerns were raised that the CSPAP could not be applied equitably across the full range of cancer services.
- Smaller rural services stated that they would find it more difficult to achieve accreditation under the CSPAP standards as piloted, whilst others thought that the larger tertiary services would find it more difficult.

2.4 Achievability of accreditation by pilot sites

- There were mixed views as to whether accreditation can be achieved under the CSPAP as piloted.
- Typically, smaller services thought accreditation was achievable so long as they had the resources to document policies and processes that they claim they already have in place.
- Larger services typically thought accreditation was unachievable under the CSPAP as piloted. Their rationale was that the CSPAP was too generic and they believed that although subsets of the service may achieve accreditation, the whole service would not achieve accreditation because of the variation in service delivery models across tumour streams.

3. **Appropriate: That the program is appropriate for assessing the quality of cancer services.**

This section examines findings against this criterion, grouped under the key issues identified in the evaluation process

3.1 Relevance of the standards as piloted

- The evaluation concluded that the population health and credentialing standards be deleted from the refined CSPAP. This reflected the view of cancer services that population health was not a focus of treatment services, and that credentialing is not undertaken at local facilities as it was central activity undertaken at the level of an Area Health Service.
- It was also suggested that the research and clinical trial areas should be interpreted separately. This reflects the reality that some facilities may be actively involved in clinical trials however, they may not have a formal research centre.

3.2 Areas in which additional standards could be developed

- The CSPAP should include standards that address staff issues such as: is the number and skill mix of

staff available consistent with evidence-based practice for the number and range of services provided.

- The evaluation found that consideration should be given to a standard that addresses the issue of staff welfare.

3.3 Produces a valid measure of the quality of the service

- There was concern as to the validity of the quality measure produced by the CSPAP (as piloted).
- Positive comments were from the smaller and single tumour stream pilot sites. Review of the negative comments supported a greater clinical focus for the CSPAP standards. There were concerns about inter-rater reliability which could be addressed through more precise wording of the standards and the production of a set of guidelines supporting interpretation of the standards.

4. **Complementary: That the program adds to, rather than duplicates, other accreditation systems that are used by cancer services.**

4.1 Duplication with other hospital accreditation systems

NB: All the pilot sites currently undertake ACHS accreditation, so they are mostly familiar with the EQulP accreditation program. None of the pilot sites were involved with other accreditation systems for hospitals (e.g. ISO).

- There was a wide range of views as to whether the CSPAP duplicated the EQulP system. Some stakeholders thought that the level of duplication was minor. Other stakeholders thought that there was too much duplication between EQulP and CSPAP.
- Overall, more stakeholders thought that there was too much duplication between EQulP and the CSPAP as piloted. The most significant areas of duplication were credentialing, access, consumer participation and population health.

- The findings in other areas of the evaluation suggest that the credentialing and population health standards should be removed from CSPAP. In order to further reduce duplication between EQulP and CSPAP removal of the access and the consumer participation standards could be considered.

4.2 Improving alignment between CSPAP and other hospital accreditation systems

- In principle, the CSPAP should provide all of the information necessary, and a rich set of evidence, to support hospitals obtaining accreditation under EQulP (or equivalent system).

“Need to reduce duplication, otherwise gaining accreditation will be too onerous.”

5. Effective: That the Cancer Services Pilot Accreditation Program is considered to be an effective method for promoting improvements in cancer services.

5.1 Impact of the CSPAP as piloted on practice change

Stakeholders were asked whether they felt that the CSPAP was likely to result in changed practices in the delivery of cancer services.

- Some stakeholders felt strongly that the CSPAP would not impact on current practice. These comments were made by a minority of stakeholders in the pre surveyor site visit interviews conducted as part of the evaluation. There were many more positive (than negative) comments made at the pre surveyor site visit evaluation interviews.
- Stakeholders expected the CSPAP to identify service gaps and highlight potential areas for improvement. They also expected CSPAP to act as a catalyst for improving documentation on processes and pathways.

- A noticeable shift in stakeholder views was observed following the surveyor site visits; the negative comments were no longer made and the positive comments were even more so about the potential for the CSPAP to encourage beneficial practice change.
- Stakeholders were very enthusiastic about the potential of the CSPAP to facilitate beneficial practice change following the surveyor site visits.

5.2 Impact of the CSPAP as piloted on patient outcomes

Stakeholders were asked if they believed that implementation of the CSPAP was likely to result in improved patient outcomes within their cancer services.

- Overall, the evaluation found that the CSPAP is not likely to have a direct impact on improving patient outcomes. This reflects the focus of the standards on process measures rather than clinical outcomes.

5.3 Infrastructure required to make the CSPAP more effective

- Stakeholders considered that it was important to have a process for reviewing the recommendations of the CSPAP process as well as to have access to resources to address the gaps.
- There was a widely held view that improvement through the CSPAP should be facilitated by incentives (“carrots”) rather than penalties (“sticks”). There was the contrary view expressed about perverse incentives (that is that poor performance leads to receiving funding), but this view was largely discounted as no service sets out with the objective of performing poorly.

5.4 Stakeholders were asked for their views on how service improvement might be measured.

- Stakeholders believe that longitudinal tracking of patient satisfaction measures has the most potential for identifying service improvement (although this would only be from a consumer perspective).
- An important benefit of accreditation programs

is that they generate data that enables services to be compared and through this process identify opportunities for improvement. Through application of the CSPAP there is the potential to benchmark cancer services. A few stakeholders recognised this potential when discussing how the CSPAP may be made more effective.

- Although there are risks involved, there were views expressed that the results of cancer services undergoing the accreditation should be available to the general public.

“If standards are achievable and valued, services will strive to improve and if change is required it will happen.”

6. Evidence-based: That the program reflects the best available evidence on accreditation processes.

- The consultations held with participants found that overall, the great majority of the stakeholders thought that the CSPAP as piloted was consistent with the knowledge of the participants of the evidence on accreditation systems in health services.
- There were two stakeholders who were concerned that the CSPAP was not consistent with the available evidence.

7. Sustainable: That the program is sustainable beyond the initial implementation.

A key issue that will determine the suitability of the CSPAP is the cost to cancer services of being involved with the program. Stakeholders were asked to estimate the costs of participating in the pilot program as an indicator of the costs of undergoing accreditation if the CSPAP is fully implemented. Stakeholders found the later figure too difficult to estimate because the pilot process was carried out very quickly and it is too different to the three-year cycle that is foreshadowed if the CSPAP is rolled out.

- Stakeholder comments reflected the pressure on cancer services staff to focus on direct service delivery rather than quality review programs.
- Many stakeholders commented that a dedicated staff person (at least for a short period of time) would be required to fully participate in the CSPAP process.
- A request for additional resources to assist sites in assembling and recording the evidence required for each standard was noted.

There are also costs associated with the surveyor team. Given the nature of the pilot process, it was not appropriate to measure the costs of the surveyors.

It is important to note that in rolling out the CSPAP there will be a wide range of costs to consider including:

- engaging an accreditation body to further develop and administer the CSPAP
- developing an infrastructure support tool
- reviewer team costs
- direct costs of staff time in meeting the requirements of accreditation.

8. Valuable: That the program is valued by all relevant stakeholders.

8.1 Value derived by cancer services from participating in the CSPAP

- Almost all comments in relation to participating in the pilot were positive.
- Pilot sites derived significant value from being in the process. Most stakeholders identified value associated with learning both from the application of the standards and from the interactions between people involved in the process, both internally (within the local service and between the local service and the AHS) and externally (between the local service and the surveyors).

- Concerns were raised in relation to doctors 'buying into' the accreditation process. In other areas of the evaluation it was found that doctor 'buy in' would be greater so long as the standards were more clinically focused and included more outcome measures.

8.2 Value derived by surveyors from participating in the CSPAP

- Stakeholder comments lend support to the use of a peer review model for the roll out of the CSPAP.

8.3 Value derived by consumer from attending an accredited cancer service

Both the surveyors and the staff at the pilot sites were asked for their views on the value that consumers might derive from attending an accredited cancer service.

- Stakeholders considered that consumers would value attending an accredited cancer service. This view was more pronounced in the regional and rural cancer service settings where there is a greater interaction between the staff and the community, but similar views were expressed by stakeholders representing the metropolitan cancer services.

8.4 Value derived by staff from working at an accredited cancer service

- Although staff may gain some satisfaction from working in an accredited service (most of this satisfaction is likely to accrue to those involved in the accreditation process), the perceived value was only marginal.

8.5 Financial value derived by cancer services from participating in the CSPAP

A specific aspect of value that was considered by the evaluation was whether there would be any financial implications to cancer services participating in the CSPAP.

- Stakeholders found it difficult to address this question as the nature of the pilot was such that few insights could be derived.

- Concern was expressed about linking funding to the results of the CSPAP, although it was recognised that this process already happens with respect to health insurers paying differential benefits to patients attending accredited and non-accredited private hospitals.
- Further consultation with representatives of the private hospitals and private health insurance sectors will be required.

“We learnt so much from the process – we were waiting for the standards to be further developed so we can implement.”

“Accreditation would mean staff get better exposure to training and development opportunities.”

9. Well executed: That the stakeholders involved in the program consider that the accreditation process was well executed.

9.1 Timeframe for developing and piloting the CSPAP

- Most stakeholders, particularly those representing pilot sites, had significant concerns with the time that was available to develop and pilot the CSPAP.
- Comments emphasise that the development and piloting of the CSPAP was attempted in a timeframe that was too ambitious.
- Considerable progress has been made on developing a Cancer Services Pilot Accreditation Program, but it also shows that a number of stakeholders have been disaffected and possibly alienated by the process.
- The program as developed needs significant refinement before being rolled out across NSW.
- In the refinement process sufficient time should be

allocated to ensure that all stakeholder groups have the opportunity to engage, and that any further testing of the refined CSPAP is done over a longer timeframe than the first pilot.

9.2 Execution of the site survey

A key issue relating to the execution of the accreditation process is whether stakeholders at pilot sites consider that the onsite reviewer visit was valuable.

- Stakeholders from the smaller pilot sites thought that one day for the onsite review component of the CSPAP was sufficient.
- However, the evaluation found that a one day site visit will not be sufficient to properly assess the quality of the more comprehensive cancer services against the standards as drafted.
- Most stakeholders at the pilot sites were satisfied with the onsite feedback provided and in a number of cases as many as 20 to 30 staff attended the open feedback session.
- There were comments on the value of including an observation component in the site visits, particularly in patient waiting rooms. This issue is linked to the use of patient tracer methodologies (i.e. where a patient record is followed) as part of the accreditation process.

9.3 Composition of the surveyor team

Another important component relating to the execution of the CSPAP is the number of surveyors and their skill mix. As already indicated, for the purposes of the pilot there was a professional surveyor as part of every site visit team, the other surveyors were volunteers who were clinicians, service managers and/or consumers working/involved in cancer services.

- Generally speaking the mix of doctor, nurse, consumer and service manager with experience in accreditation programs was considered to be ideal.

9.4 Infrastructure supporting the CSPAP pilot

- In any roll out of a refined CSPAP there would need to be much greater resources put in to training (both of pilot site staff and surveyors).
- The development of supporting data collection tools for the self assessment components.

9.5 Further development of the CSPAP

- The CSPAP is a process with considerable potential but further development is required.

A number of issues emerged that were not directly related to the evaluation framework, but are nonetheless valuable in considering any refinement in the program.

- The matter of clinical involvement in the refinement of CSPAP has been a consistent theme throughout this evaluation, with the consensus signifying that further opportunities need to be made available for clinicians to engage in the process.
- There should be considerable opportunity for clinician involvement through the need to define levels of a cancer service as well as the need to make some components of the CSPAP tumour stream/clinical support service specific. These processes will be vital in ensuring that the next version of the CSPAP enjoys more stakeholder support in its content rather than just in its concept.
- A number of stakeholders were concerned that the Cancer Institute NSW should not be both an accrediting and funding body.

Conclusion

This report details the development of a Cancer Services Pilot Accreditation Program (CSPAP) based upon a quality improvement framework. This work included reviewing the literature, a gap analysis, wide consultation with stakeholders, the development of 12 cancer accreditation standards, a pilot of the standards, and the development of an evaluation framework and evaluation report.

The development of the evaluation framework allowed the pilot to be assessed on nine criteria. Based on the evaluation report two of the drafted standards were not supported: credentialing and scope of practice, and population health.

The evaluation found that further work on the meaning and wording of the proposed standards is required to ensure consistency in ratings between external and internal evaluators.

There were mixed views about the degree of overlap in the CSPAP and existing accreditation systems. This aspect will require further examination if a cancer service accreditation program is introduced in NSW.

The evaluation found that additional infrastructure will be required to support data systems before the effectiveness criteria could be fully utilised, as existing data reporting systems do not provide the required level of detail to monitor clinical outcomes.

The evaluation identified that clinicians have concerns about the utilisation of resources for an accreditation program when the evidence that such a program will impact on clinical outcomes is slight. This view is confirmed in the international literature. This aspect alone requires a step back from directly moving towards implementing a CSPAP in NSW, until systems are in place that can demonstrate that an accreditation process will have an impact upon cancer control and patient outcomes.

In November 2008 the *NSW Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals*³² (Garling Report) was released. The NSW Government official response to the Garling Report supported recommendations that will allow clinicians across the state to have access to information upon which to base decisions and improved control over their local work. A greater response on

monitoring of clinical performance including outcome and appropriateness of treatment is highlighted in the Garling report and the NSW Government response. A Bureau of Health Information will be created to support transparency in health data and allow greater local control of information analysis. The Bureau will undertake public reporting, performance monitoring, ad-hoc data supply and analysis, evaluation and research. In addition, Chief Executives will publish budget, performance and care status down to ward level staff, so that improvements can be made locally.³³ The NSW Government response also emphasised that the NSW Clinical Excellence Commission will become the primary body responsible for safety and quality within NSW Health.

The Cancer Institute NSW is currently reviewing the findings of the CSPAP evaluation and will conduct further investigations to identify additional research and models that monitor the effectiveness of cancer services in NSW. This will allow the Institute to work closely with the new Bureau of Health Information and the NSW Clinical Excellence Commission, to develop additional mechanisms to ensure the further improvement of the quality and effectiveness of NSW cancer services.

Appendix

NOTES:

1. This appendix contains a list of 12 accreditation standards. The wording in this document has been revised based on feedback received during the pilot program conducted in 2007. The wording is different in places compared to the version placed on the Cancer Institute NSW website in 2007.
2. The appendix lists 12 standards however, feedback from the pilot program and from the evaluators report recommended that the standards on population health and credentialing should be removed.

Standard structure

The following page provides an example of how the standards are structured. The callout boxes indicate the components of the standard.

All standards are followed by explanatory notes that provide further information about the standard including definitions, explanations, examples, indicators and references.

Accreditation Standards: Stages

Stage 1	Fundamentals Necessary requirements or only basic systems
Stage 2	Systems Implementation of processes or systems within the cancer service to advance the standard
Stage 3	Evaluation and Improvement Collection of data to ensure systems are working and improvements are made as required
Stage 4	Commendation Services show outstanding achievement in the standard. This may be demonstrated for example through excellent outcomes, research, or benchmarking with other cancer services.

- Based on the four stages of progress (as above) a rating is assigned to each of the 12 standards firstly by the cancer service and later by the review team.
- Services will need to meet all components within each stage before moving onto the next stage.
- The components of each standard will assist cancer services and reviewers to consistently rate the 12 standards.

Example standard

Cas 1. Access to care and services

Title of standard

The Standard

Standard: All patients have access to the full range of appropriate clinical and support services.

Stages of progress

Stage 1

Fundamentals

- All patients have access to specialist diagnostic, treatment and supportive care in accordance with evidence-based guidelines.
- There is a system in place for clinicians to identify and prioritise patients according to clinical need.
- Information about treatment and cancer services is available to patients, their families and other health professionals.

Components of the standard

Stage 2

Systems

- The service participates in monitoring of specified waiting times, as applicable and issues are addressed.
- There is a system to ensure timely, equitable, care coordination, referral, diagnosis and treatment for patients regardless of geographic location.
- Processes are in place to ensure that the patient, the organisation and the community are aware of services.
- All services have referral pathways and linkages to other services and providers to ensure patient access to the full range of cancer services required.
- Patients, carers and staff are aware of processes to ensure priority, emergency or crisis situations are responded to promptly.
- Patients have access to palliative care, allied health including rehabilitation and community outreach services as required.
- Patients, carers and staff are aware of how to access safe after hours care and support.
- Patients are assisted to access transport and accommodation if required.
- A directory of cancer services is available and provides information.

Stage 3

Evaluation and Improvement

- Access to clinical and support services is evaluated and improvements are made as necessary. The following components are evaluated:
- Information provided to patients on cancer services.
 - Access to services.
 - Waiting lists are regularly updated and information is disseminated to clinicians and patients.

Stage 4

Commendation

Outline why the cancer service should receive a commendation in the standard for access to clinical and support services.

Explanatory notes are provided following each standard.

Indicators and evaluation:

- Evaluation requires the collection of appropriate data that relate to the process/service/component being evaluated.
- The data collected make up indicators. Indicators can measure both clinical and organisational processes outcomes. Some suggested indicators have been included in the explanatory notes for each standard.
- It is not mandatory for cancer services to use these indicators

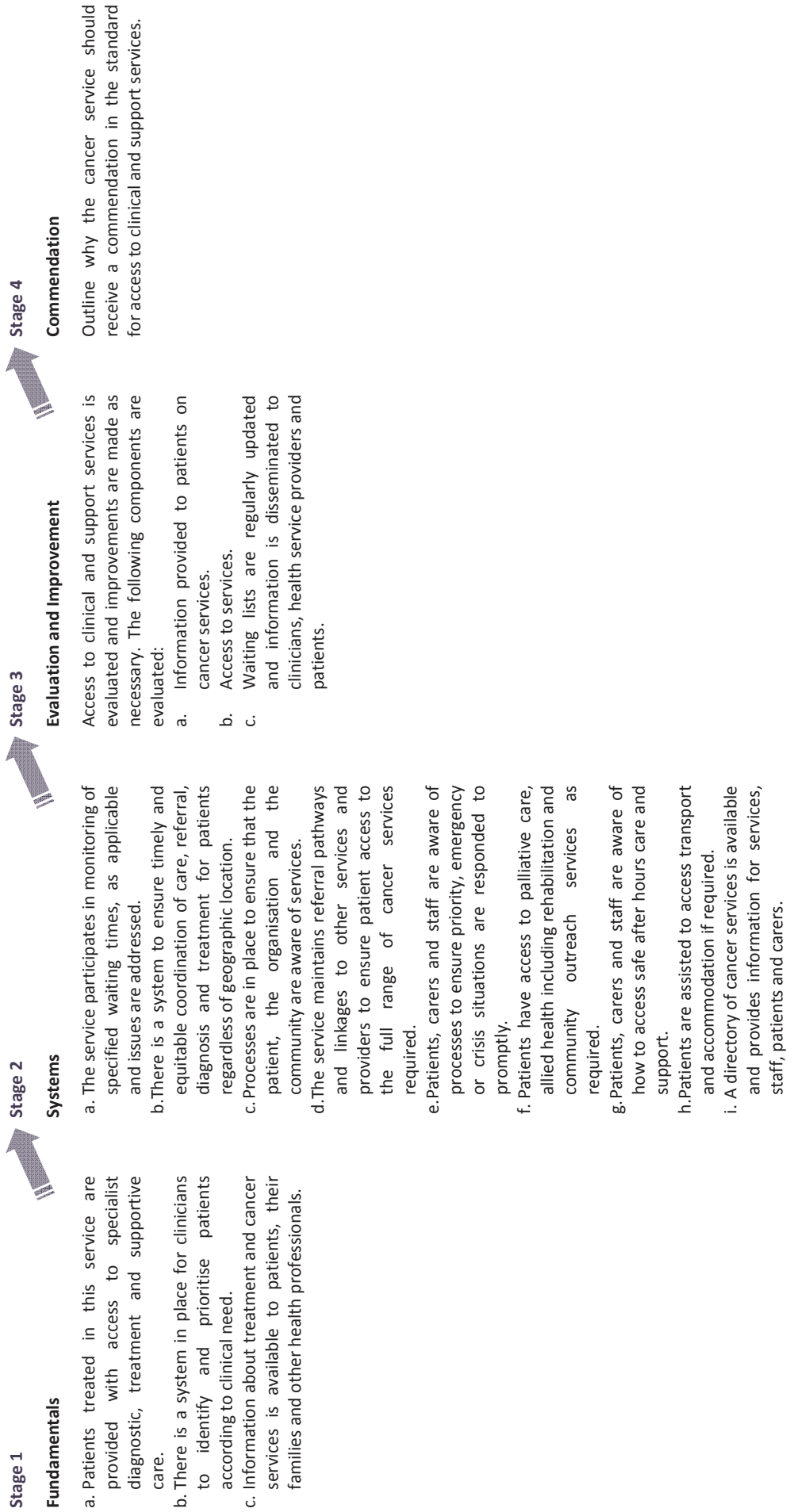
The Standards

The 12 standards for NSW cancer services follow:

- CaS 1. Access to care and services
- CaS 2. Care coordination and communication
- CaS 3. Multidisciplinary care
- CaS 4. Psychosocial care
- CaS 5. Credentialing of providers (removal of this standard has been recommended)
- CaS 6. Management of cancer services
- CaS 7. Continuous Professional development
- CaS 8. Information and data management in cancer services
- CaS 9. Consumer participation in cancer services and care
- CaS 10. Population health (removal of this standard has been recommended)
- CaS 11. Research and clinical trials
- CaS 12. Effectiveness of cancer care (tumour specific)

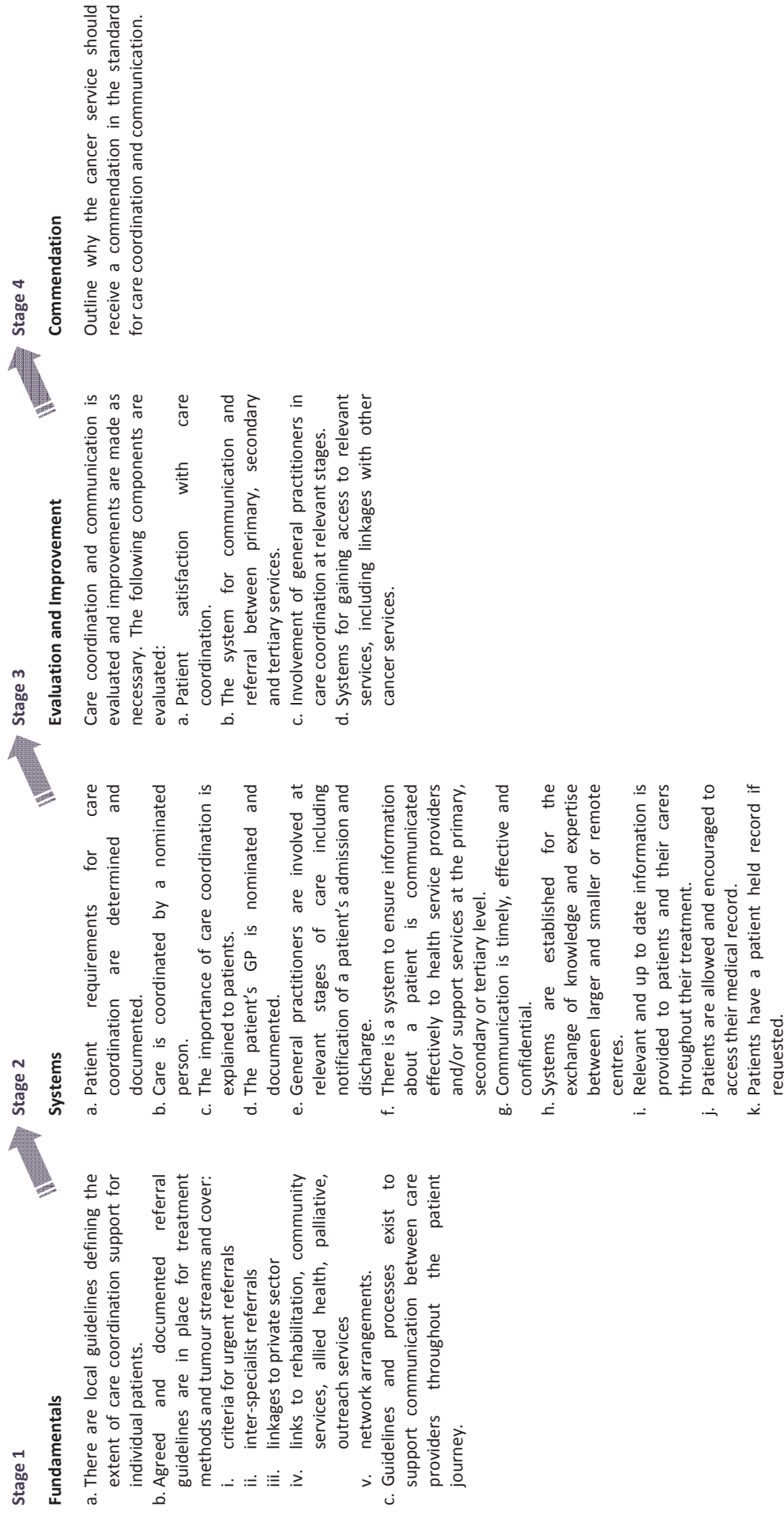
CaS 1. Access to care and services

Standard: All patients have access to the full range of appropriate clinical and support services.



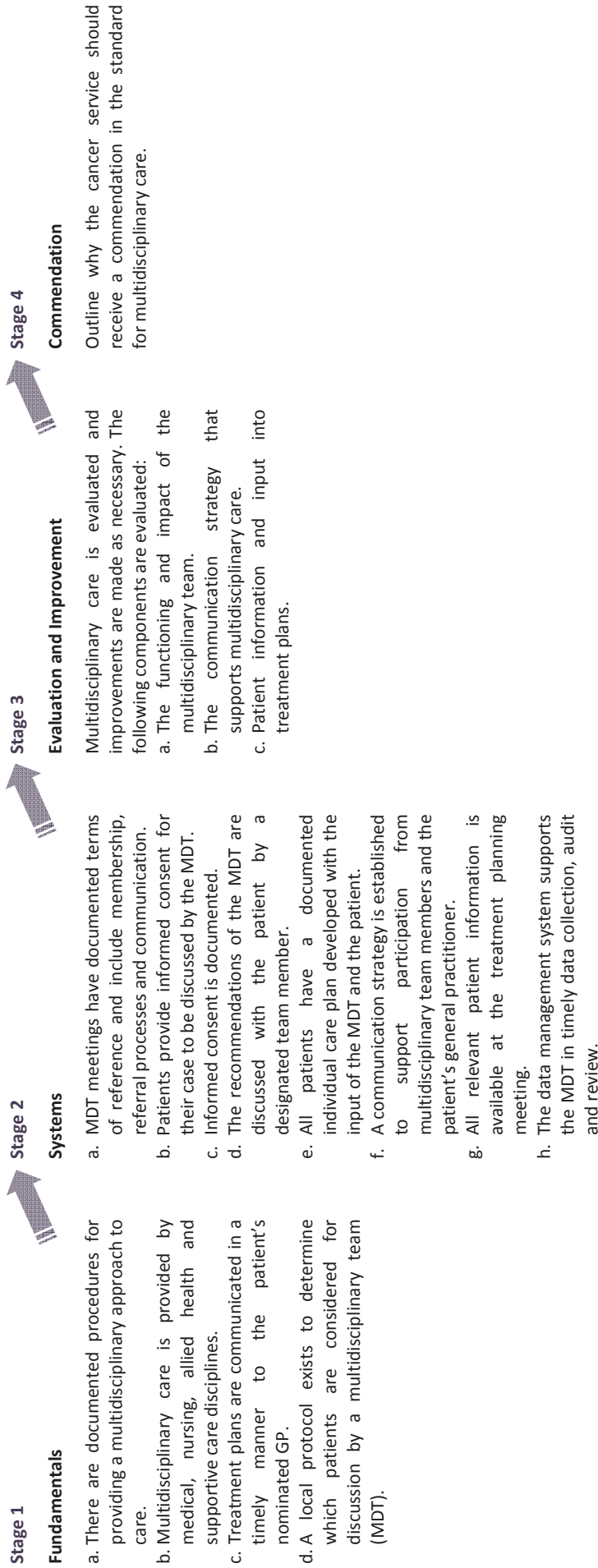
Cas2. Care Coordination and Communication

Standard: Care coordination and communication between primary, secondary and tertiary services is effective at all stages of care.



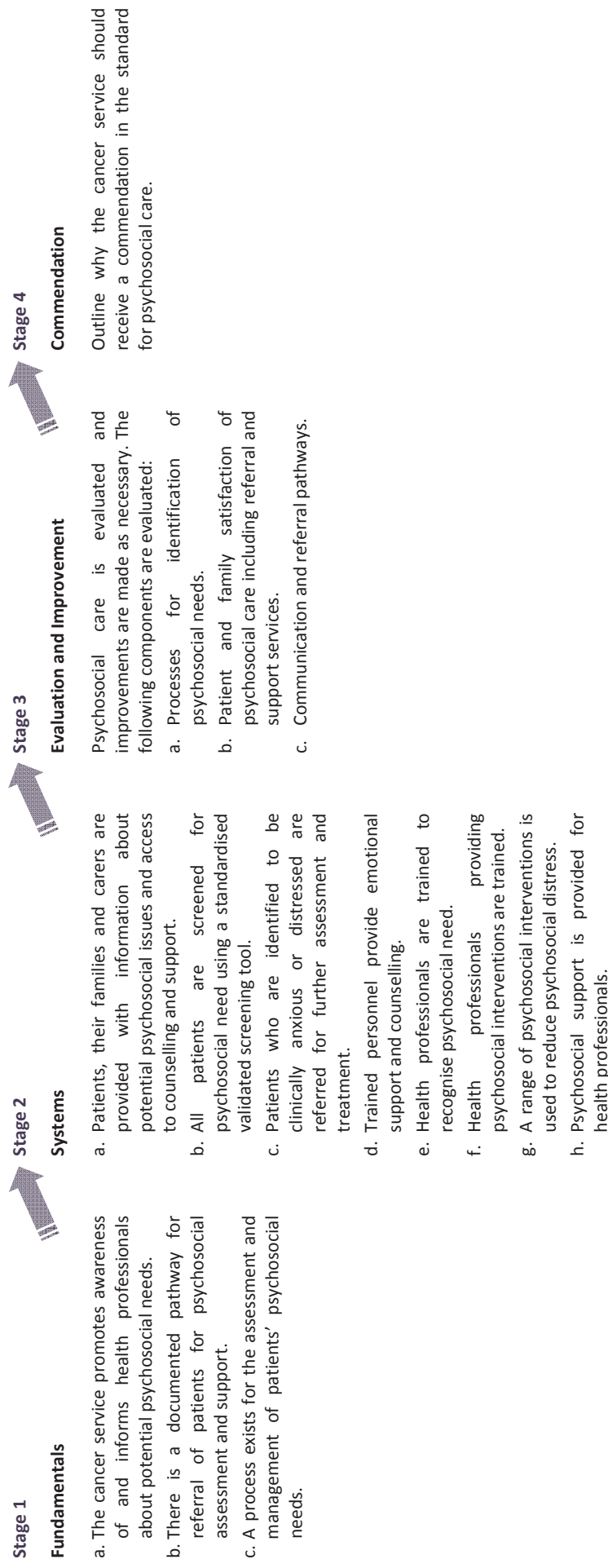
Cas 3. Multidisciplinary Care

Standard: Multidisciplinary care is integral to care planning and delivery.



Cas 4. Psychosocial Care

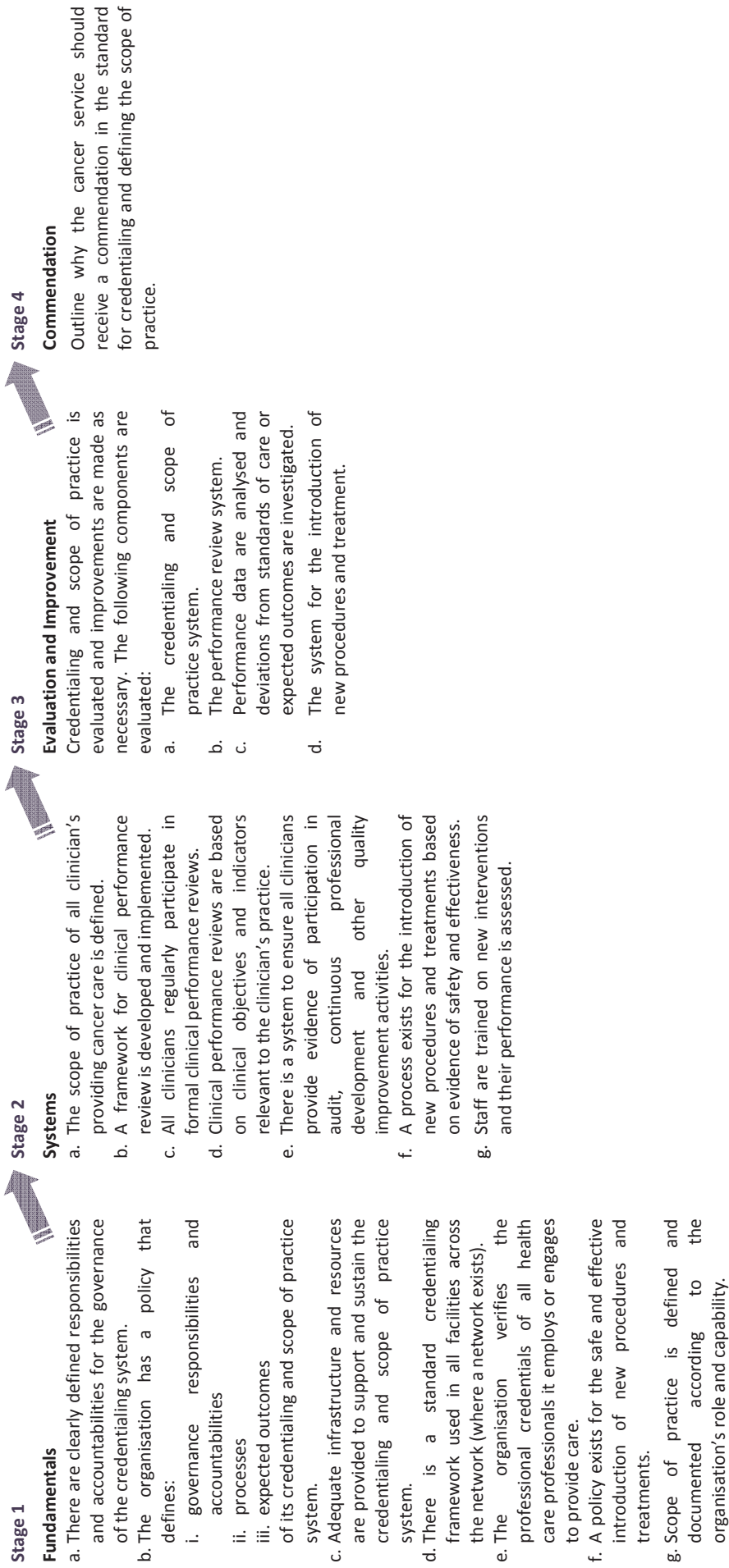
Standard: Psychosocial screening ensures all patients are offered the right type of care.



Cas 5. Credentialing of providers

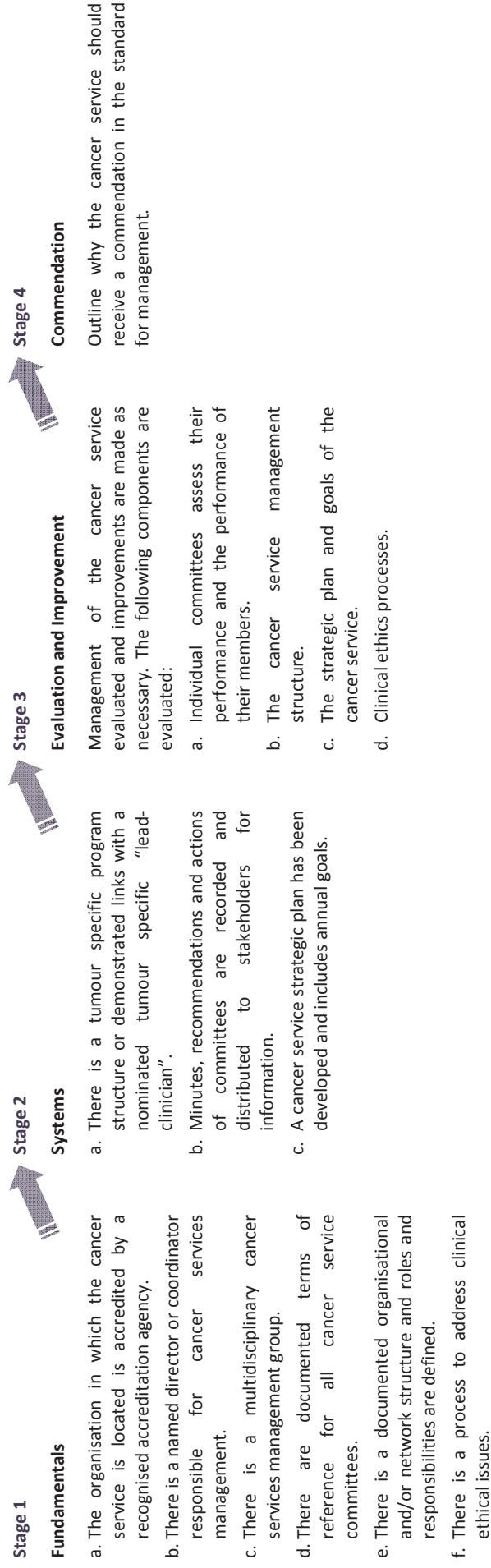
(removal of this standard has been recommended)

Standard: Cancer-specific credentialing and mechanisms for defining scope of practice reliably align the competence and performance of health professionals with the organisation’s capability to support quality clinical care.



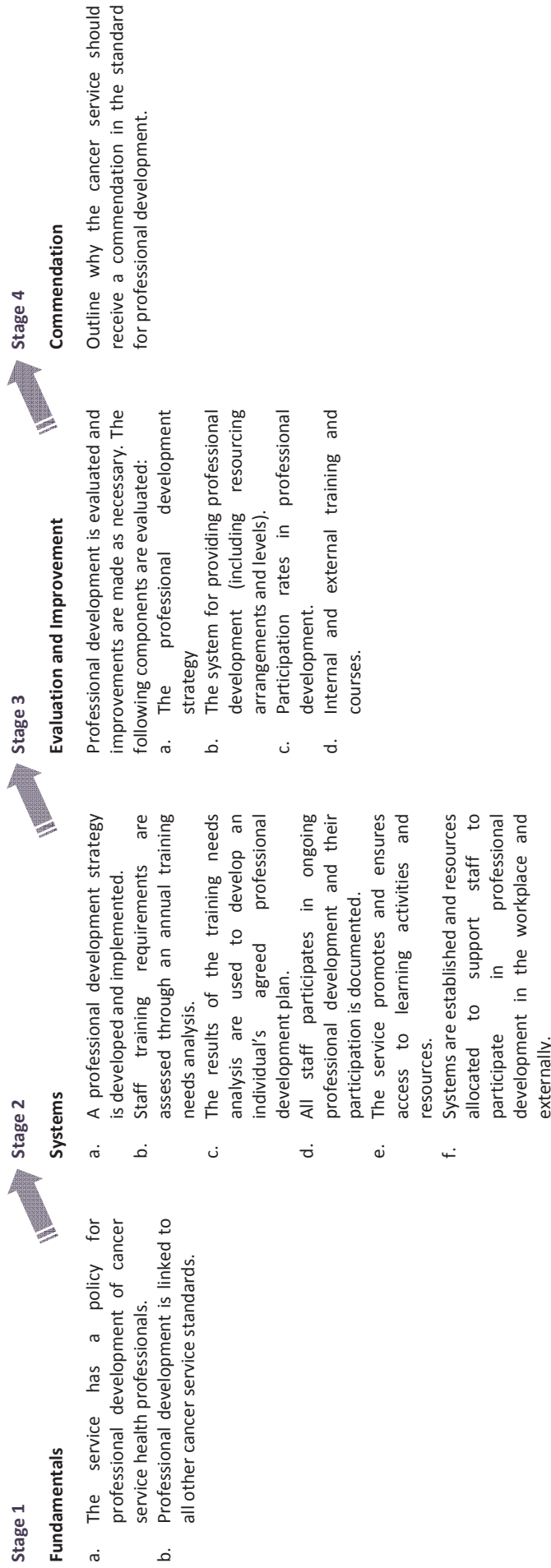
Cas 6. Management of cancer services

Standard: The cancer service management structure supports effective responsibility and accountability for the cancer program.



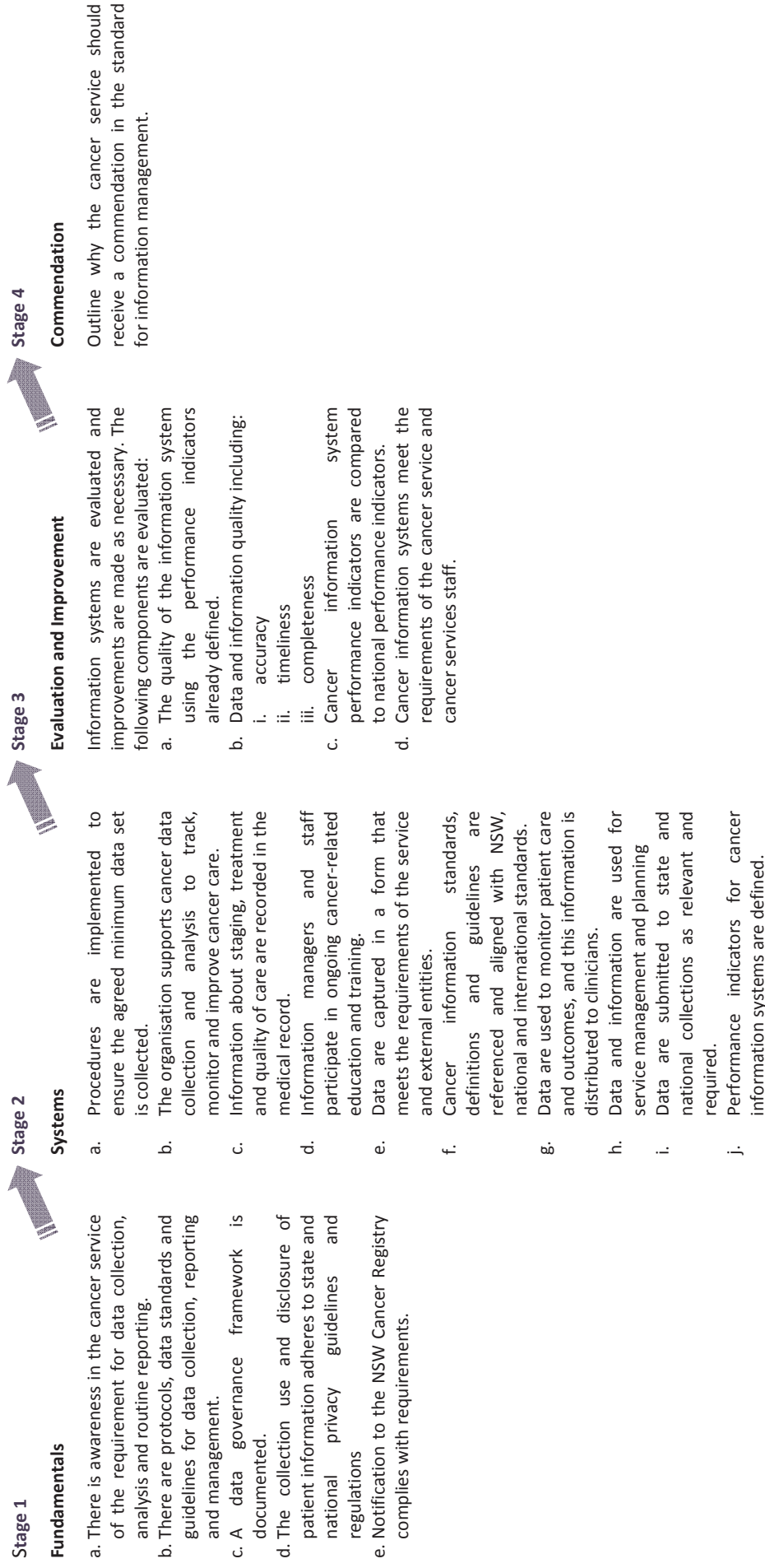
CaS7. Continuous professional development

Standard: Professional development of staff who provide care to cancer patients improves patient outcomes and workforce competence.



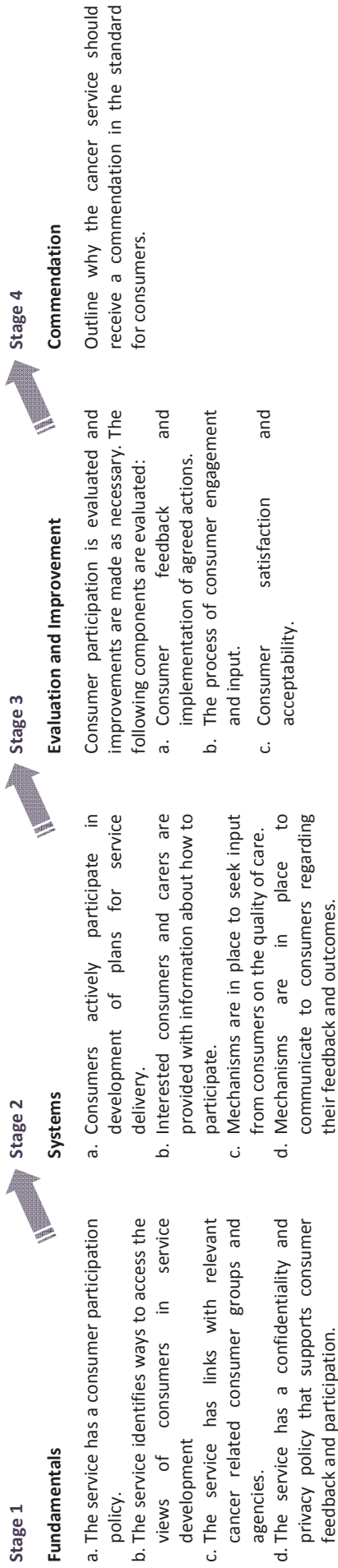
Cas 8. Information and data management

Standard: High quality information systems, data and registries support quality patient care and services.



Cas 9. Consumer participation

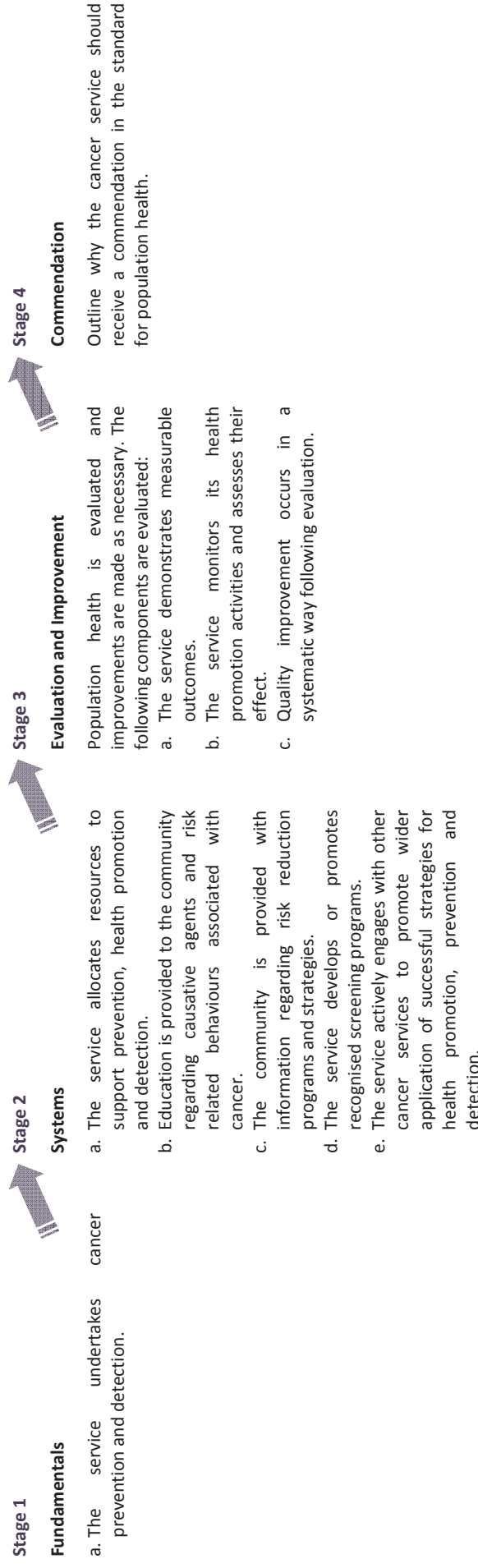
Standard: The service involves consumers in service planning, delivery and evaluation.



CaS 10. Population health

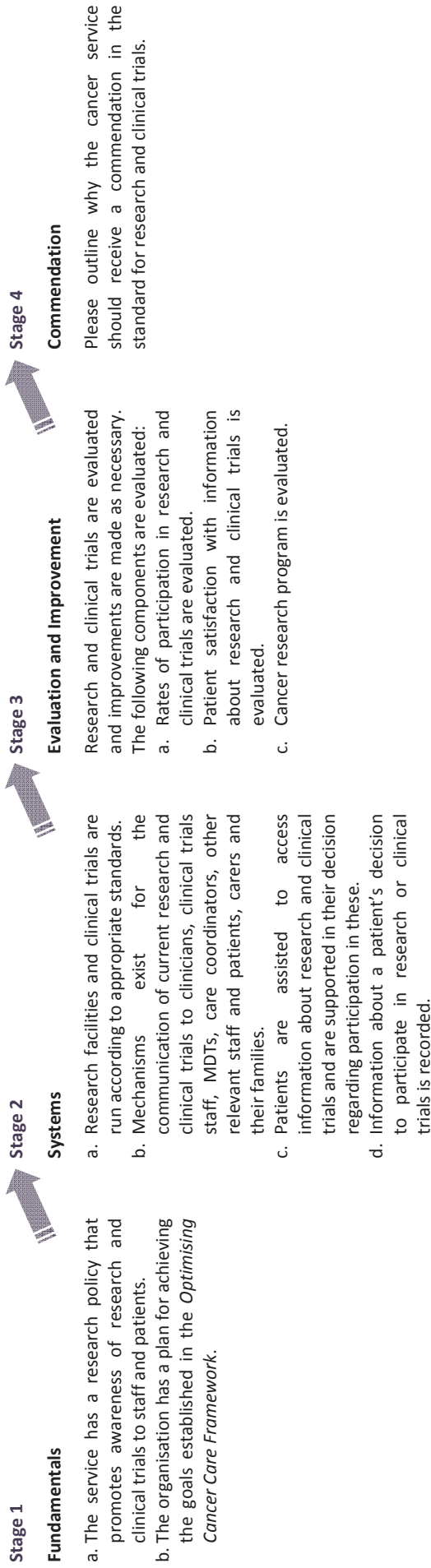
(removal of this standard has been recommended)

Standard: The cancer service maximises the well being of the population through health promotion, prevention and detection of health problems.



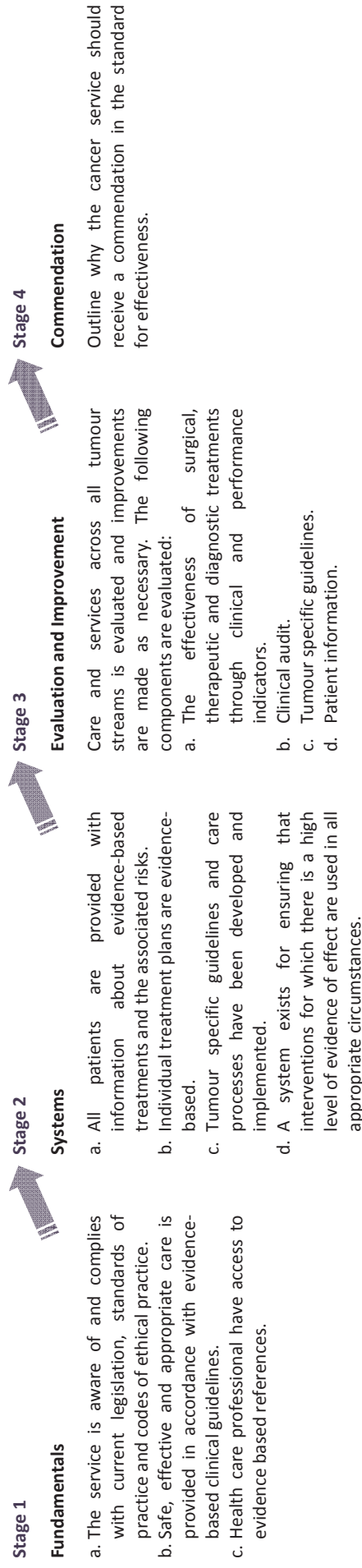
CaS 11. Research and clinical trials

Standard: Research and clinical trials support the development of new therapies and interventions.



Cas12. Effectiveness of cancer care (tumour specific)

Standard: Care and services across all tumour streams are based on the best available evidence and most effective methods.



Glossary

Allied health professionals	Specially trained and/or licensed health care workers, other than medical practitioners, nurses, dentists. Refers to social workers, physiotherapist, radiotherapists and psychologists.
Cancer nurse coordinator	A nurse with specialist and expert training in cancer care who facilitates patient-centred cancer care, and continuity of care throughout the patient's care journey.
Central Cancer Registry	Also known as a population-based cancer registry. Central cancer registries collect incidence and survival data on all cancer patients who reside in a defined geographical area or who are diagnosed and/or treated for cancer in a geographical area. Population based cancer registries are essential for assessing the extent of the cancer burden in a specific geographic area.
Clinical Cancer Registry	Cancer information system that allows for the monitoring of the quality of care and outcomes for cancer patients and their carers.
Clinical pathway	Multidisciplinary plans of best clinical practice for specified groups of patients with a particular diagnosis, that aid in the coordination and delivery of high quality care.
Clinical practice guidelines	Published guidelines issued by a central authority that are aimed at informing medical practitioners of treatment and investigation methods preferred by experts and/or proven by research.
Clinical trial	Research conducted with the patient's permission, often involving a comparison of two or more treatments or diagnostic methods or earlier evaluation of a new therapy, with the aim of gaining better understanding of the underlying disease process and/ or methods by which it may be treated. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment and requires approval of an ethics committee.
Complementary therapies	A range of approaches to care provision to complement standard therapy aimed at enhancing quality of life, including (but not limited to) counselling, acupuncture, massage, meditation, relaxation therapy, music, art, visualisation, guided imagery, aromatherapy and dietary therapies, and other socialization programs aimed at good health.
Community	The broad range of stakeholders with an interest in health services. This includes individual consumers, organisations and groups, health professionals and specific populations. (Source: NSW Department of Health, Circular 2003/1, January 2003)
Consumer	An individual who uses or is a potential user of health services, including the family and carers of patients and clients. ³⁴
Lead clinician	A clinician member of an area-wide, site-specific clinical group who takes responsibility for the group's coordination and operation. This clinician need not necessarily be the most professionally or academically senior member of the group. ³⁵

Medical oncologist	A specialist medical practitioner who studies and treats cancer using chemotherapy, hormones and other drugs.
Multidisciplinary care	An approach combining the knowledge, skills and expertise of a range of health professionals, whereby all members of the team liaise and cooperate together with the patient to diagnose, treat and manage the condition to the highest possible standard of care.
Oncology	The science of the treatment of malignant cancers, either with surgery, radiotherapy, chemotherapy or combinations of these modalities.
Palliative care	The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is to achieve the best quality of life for patients and their families.
Pathology	The branch of medicine concerned with diagnosing the disease, especially its histology, biochemistry or cytology.
Peer review	A process whereby peers professionally evaluate a colleague's work.
Population health	The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria.
Psychosocial support	The culturally sensitive provision of psychological, social and spiritual care.
Radiation oncologist	A medical practitioner who specialises using radiotherapy in the treatment of patients suffering from cancer.
Strategy	A long term plan of action designed to achieve a particular goal. ³⁶
System	A group of interacting, interrelated or interdependent elements forming or regarded as forming a collective entity. ³⁷

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