

4. ACCREDITATION MODELS AND INITIATIVES

This section provides an overview and analysis of the findings of the review of literature and consultations regarding other accreditation models in breast cancer screening and health care more generally. This section includes an overview of the implications for BreastScreen Australia of current initiatives and drivers for future changes in healthcare accreditation. Detailed findings of the literature review may be found within the appendixes to this report:

- International models of quality assurance for breast cancer screening (Appendix C)
- Other accreditation systems in health (Appendix D)
- Accreditation – current initiatives and future directions (Appendix E).

4.1 OVERVIEW OF THE LITERATURE REVIEW

The purpose of the review of other quality assurance and accreditation models is to understand developments in breast and other cancer screening services internationally to inform our understanding of best practice quality assurance and accreditation models.

The following guidelines were applied to source appropriate information for the literature review:

- existing literature reviews of accreditation systems and particularly documents produced as part of the Australian Commission on Safety and Quality in Healthcare's review of accreditation systems and the proposed model for health care accreditation;
- searches on databases with on-line access through the World Wide Web, such as MedLine (PubMed);
- other sources of relevant information including websites of major health and social care departments and international health information agencies; and
- an assurance that information reviewed is up-to-date, with consideration primarily of current practices in the United Kingdom, Sweden, Canada, New Zealand, Netherlands and the European Union.

4.2 SEARCH STRATEGY

This review has examined accreditation and monitoring practices in developed nations with similar breast cancer incidence rates and screening services, as follows:

- European Union
- United Kingdom
- Netherlands
- Sweden
- Norway
- Canada
- New Zealand

The areas of investigation included the following:

- accreditation models and their regulatory framework
- elements of the different models including standards development processes and core criteria of the accreditation system/s
- policy and program context that the accreditation program/s sits within
- assessment of the impact of accreditation programs, in particular on client outcomes
- incorporation of the consumer perspective into accreditation models
- results of accreditation system evaluation and reviews and subsequent recommendations and changes implemented
- underpinning principles of accreditation programs
- accreditation decision making and the appeals process
- governance models
- standards development process
- communication of accreditation system information to services and information provision to new services
- applying for accreditation, the preparation and any self assessment process including information to quantify the burden of the system at different levels of the organisation
- external review process (site visits and data audits)
- training and education including site visitor training.

Where websites were written in a language other than English, they have been translated using *Windows Live Translator* with a 'sensitivity test' of the translations being conducted by the authors of this report.

4.3 LIMITATIONS AND ASSUMPTIONS

The literature review has been developed using publicly available information. In some cases, this information was supplemented and verified through discussions with relevant representatives (reported in the body of the text as 'personal communication'). These are listed in Appendix A (Consultations). Information was verified through personal communication for the following countries:

- England
- European Union
- Canada
- Sweden
- New Zealand.

There are few studies that explore the effectiveness of accreditation in improving safety and quality. There are significant technical difficulties in constructing a robust evaluation methodology due to the complexity of factors that affects the quality of care provided by a service.

"It is difficult to evaluate or determine the benefits that accreditation can bring to an organisation because the 'end points or products' of accreditation are hard to define. They vary according to the expectations of users and observers, the starting point of the organisation and the rigour of the accreditation process." (Australian Commission for Safety and Quality in Health Care 2006)

The following assumptions are made regarding the effects of accreditation and quality assurance:

- Accreditation and quality assurance processes increase the quality of the screening program
- High quality programs have high rates of detection of small invasive breast cancers and ductal carcinoma in situ
- High quality programs have lower rates of interval cancers (cancers that may have been missed during screening)
- High quality programs have high rates of participation and re-screening
- Where direct evidence is not available on the impact of accreditation and quality assurance per se, the above shall be used as indicators of the efficacy of quality assurance mechanisms.

This report also acknowledges limitations due to the 'considerable variation' in the data definitions and validation procedures as well as the quality of reporting of clinical indicators. This impacts on the specificity and sensitivity of indicators as comparators and therefore their use in drawing conclusive findings (Lynge, Olsen, Fracheboud & Patnick 2003). Therefore no direct benchmarking of key performance indicators for cancer detection and participation was undertaken.

4.4 INTERNATIONAL MODELS OF QUALITY ASSURANCE FOR BREAST CANCER SCREENING

The universal acknowledgement of the critical importance of the delivery of high quality screening services to maximise benefit and minimise harm has led all breast cancer screening programs to invest in quality improvement. Investment in quality assurance is more variable ranging from the decentralised locally managed quality models as seen in Canada and Sweden to more highly regulated and monitored programs in England and New Zealand.

All countries studied have defined quality standards and a number of key performance measures relating to cancer detection and participation. Reporting, monitoring and assessment mechanisms vary considerably in their complexity and the requirements of screening services to participate. Canada is the only country of those studied that does not have at least some element of a mandatory compliance model although strong peer pressure effectively produces similar results. Most countries utilised self assessment of service performance against standards, periodic reporting of key performance measures and site visits by an external multidisciplinary team to validate self assessment findings.

4.4.1 THE FOLLOWING THEMES AND OBSERVATIONS WERE SYNTHESISED FROM THE REVIEW OF INTERNATIONAL BREAST SCREENING MODELS:

- There is considerable variation in the different international models of quality assurance for breast screening programs. A number of factors appear to determine the model including historical models of governance of service quality, the nature of the service, funding levers, political drivers, and the type of service.
- There are a number of challenges in interpreting the relative value of the different models of quality assurance in place within breast cancer and bowel cancer screening programs in the countries studied. In some countries, particularly in Europe there has been considerable change in recent years as harmonisation of systems and standards occur. Much of the written information that is available is out of date or significant changes are planned in the near future. Limited detailed information is available on the actual quality assurance processes. In addition many countries have regional management of quality assurance activities and can have different approaches although standards setting remain centralised.
- There is a move towards harmonisation of standards and quality assurance processes among the European Union member states. This state of flux in the accreditation and certification processes limits the applicability of accreditation models to a review of the BreastScreen Australia accreditation system.
- The principle that quality assurance activities are an essential and integral part of health service delivery is firmly established through policy directives and there is evidence that this is strengthened where it is supported through regulatory levers including legislation and funding drivers
- There is increasing recognition of the disparity in standards and quality of service between screening and diagnostic services. This has led towards merging of screening and diagnostic standards in some countries and anecdotal evidence of a significant improvement in the quality of care provided to women on their journey through the screening, diagnostic and treatment cycle.
- Differences in measurement and reporting of key performance indicators make it difficult to make a true comparison between the quality of services. It would also be inappropriate to draw conclusions regarding the comparative benefits of one quality assurance model over another based on the relative performance due to the effects on quality of other variables such as workforce, program funding and regulatory mechanisms.

4.5 OTHER HEALTH CARE ACCREDITATION PROGRAMS

There is an increasing push among both developed and developing countries for accreditation of health related services, primarily to provide funders and consumers with information regarding the safety and quality of care provided by these services. Within Australia, there are a number of independent, not for profit organisations that undertake assessment of service compliance against set standards. As part of the review of literature the following accreditation programs were researched. Detailed findings are presented in Appendix D):

- ACHS Evaluation and Quality Improvement Program (EQulP)
- National Association of Testing Authorities (NATA) accreditation against RANZCR medical imaging standards
- International Society of Quality in Health Care (ISQua) accreditation programs
- Bowel Cancer Screening Program – England

Both ACHS and NATA are independent, not-for-profit organisations that run multiple accreditation programs and have strong industry and government support. Both undergo external evaluation of their programs and are recognised international leaders within their scope of practice.

The ISQua accreditation programs have particular relevance to this review in that they focus on the health care sector and have developed standards for accreditation programs, development of health care standards and site visitor training. These provide a combination of expert opinion and evidence based standards that may be used as a reference for development of the core criteria for best practice in accreditation.

The bowel cancer screening model demonstrates the importance of partnership with professional colleges and the potential for flow on improvements to diagnostic and treatment services from quality improvement activities initiated within screening services.

4.6 CURRENT INITIATIVES AND DIRECTIONS IN ACCREDITATION

In response to increasing dissatisfaction with the impact and burden of existing quality assurance systems and findings of the Patterson Report, the Australian Commission for Safety and Quality in Health Care (the Commission) identified the need to:

- review existing health standards and identify opportunities to streamline or reduce duplication
- identify a best practice model of accreditation
- improve the rigour and robustness of accreditation surveys
- develop mechanisms to ensure there is an appropriate response where unacceptable threat to patient safety or quality of care is identified through the accreditation process (Patterson 2005).

The Commission identified several issues around the performance of accreditation programs including effectiveness in identifying poor performance, transparency, governance and resource requirements. The Commission also identified a number of issues around standards including the proliferation of standards, access to standards, the process of developing standards, differences in terminology between sets of standards, variance of structure, style, and purpose, and the appropriateness of their use in assessment.

The Commission conducted a review of current accreditation arrangements within Australia and international directions in improving accreditation systems within health and subsequently developed an alternative model for safety and quality accreditation of health care organisations which responds to the issues identified.

4.6.1 FUTURE DIRECTIONS

In describing the way forward the Commission has outlined 11 reform strategies, all of which have some relevance in considering options for improving the BreastScreen Australia accreditation system. The Commission proposed an integrated package of reforms to be applied nationally, the primary focus being to avoid overlap and duplication within standards and accreditation processes and include:

- developing a register of accrediting bodies
- standardising accreditation language and definitions
- training and competency testing of surveyors
- better use of data for evaluation of health service performance
- system-wide accreditation against safety and quality standards
- introduction of unannounced surveys
- introduction of tracer methodology in external accreditation reviews
- registration of sets of health care standards
- harmonisation of health service standards
- detailed mapping of standards
- identification of core safety and quality areas.

4.6.2 IMPLICATIONS FOR BREASTSCREEN AUSTRALIA ACCREDITATION PROGRAM

While the Commission reforms are in the early stages of development and are unlikely to be implemented for some time, changes to BreastScreen Australia should align with the principles and objectives of the proposed reforms. Specifically, options for change to the BreastScreen Accreditation system should consider such issues as training and competency testing of surveyors, and decreasing burden through harmonisation of health standards, use of unannounced surveys, and identification of core safety and quality areas. The characteristics of the alternative model for healthcare accreditation should also be taken into account in considering options for the BreastScreen Australia accreditation system. These characteristics have been used to inform the development of core criteria outlined in Section 5.6 of this report.

The introduction of the Private Insurance (Accreditation) Rules 2008 marks an increasing concern from government regarding the consistency and integrity of accreditation programs. These rules require hospitals or health care organisations to be accredited or certified by an appropriate accrediting body (or engaged in the process to be accredited). The rules specify that an appropriate accrediting body is one that is accredited by:

- The International Society for Quality in Health Care Inc (ISQua) or
- The Joint Accreditation System of Australia and New Zealand (JAS-ANZ) or
- An entity that has been accredited by ISQua or JAS-ANZ.

Up until the introduction of these rules accreditation and certification of accrediting agencies was voluntary although most of the larger agencies such as ACHS and NATA have ISQua or JAS-ANZ accreditation. While currently not required to undergo accreditation, it may become an expectation that the BreastScreen Australia accreditation system undergoes accreditation in the future to bring it into line with other accreditation systems within Australia.

4.7 MODEL ELEMENTS OF INTEREST

There are a number of characteristics within international models and other healthcare accreditation models that provide interesting elements for consideration in developing options for the BreastScreen Australia accreditation system. These characteristics are outlined briefly below.

Articulated strategic framework for quality improvement

This approach ensures that there is a balance of funded quality improvement and assurance activities including research and development, supported collaboration and networking of breast cancer screening professionals, quality improvement, risk management, standards setting and compliance activities. Risk management activities include centralised reporting of sentinel incidents, credentialling and privileging. This approach is well developed in New Zealand.

Central management and sharing performance data

There is a move towards standardisation and centralisation of performance data including sharing performance data between services to assist a service to identify exemplar sites, and to access and share ideas for improving services. Most programs identified this as an objective of the program either currently or in the future.

External management of audit program

External management of the audit program in place occurs in quite different forms in New Zealand and the European Union. This approach provides the ability to separate service provision, standards setting and funding bodies from the quality assurance process (Appendix Section C). It also removes the management of the logistics of the accreditation/assurance process from government. Providing the external organisation is an accreditation agency it also has the potential to maximise the efficiency and effectiveness of the operational processes as this is being performed by an organisation whose core business is accreditation.

A number of weaknesses however have been reported in relation to the use of external auditors. These include:

- the external auditors are not specialist in breast cancer screening leading to a perception among providers that auditors did not understand the service
- difficulty in maintaining corporate knowledge within the external organisation due to staff changes
- issues with the alignment of the philosophy of the audit. External auditors are reported to have a more subjective approach with individual interpretation and discretionary decision making taking a greater focus in determining the outcomes of the audit.

Continual standards review and update

The establishment of standing specialist and/or multidisciplinary representative groups creates a resource that may be used to develop or review standards. These groups are resourced and supported to undertake this function and allows standards to respond to changes in evidence, technology and clinical practice.

Timing of accreditation cycle

Most accreditation systems have a standard cycle period for all services. This generally ranges from three to five years. Where services have underperformed or where performance presents a significant risk to safety and quality, services are required to report progress on improvement strategies to address accreditation recommendations with review periods from six weeks to one year.

Staged assessment against standards

Some accreditation systems stage the assessment of standards so that not all standards are assessed during every accreditation review. For example compliance with higher priority standards may be assessed at every cycle while lower priority standards may be assessed every second cycle. Priority is determined by consideration of risk to the quality of care or safety of people within the organisation if evaluation of that standard is not undertaken.

Unannounced survey visits

One strategy that is having increased uptake by other accreditation programs is the unannounced survey. Benefits include:

- decreased burden on health services to “prepare” for an accreditation visit,
- obtaining a more realistic view of the service as the site visitors see the service during business as usual
- potential to more accurately assess the degree to which continuous quality improvement is embedded into the practice.

Weaknesses of unannounced site visits include:

- site visitors may not have the opportunity to see the full spectrum of activities undertaken by the services
- Increased burden on site visitors as they are required to sift through material to find the information they need or wait to access information, films or notes.