

# Chapter 8

## A Health Check for the service: ACCHO approaches to accreditation

This resource is a chapter from: The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector. Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide.



# A Health Check for the service: ACCHO approaches to accreditation

## Summary

Accreditation is the formal process that ACCHOs and other health organisations go through to demonstrate they meet national Standards of practice. Achievement of accreditation provides independent and external recognition that the ACCHO is a well-functioning and professional organisation. To conduct their day to day business as a health service, ACCHOs must have clinic accreditation. Those that offer extended services (e.g. aged care, disability services, mental health, dental, early childhood education) have additional accreditation requirements.

Accreditation can be managed by a small group or large team of ACCHO staff, depending on the size of the service, though all staff contribute to achieving accreditation. Representatives from external accrediting bodies visit the ACCHO to meet with staff and collect information. ACCHO staff provide Accreditors with documents (e.g. policies, procedures and reports) as evidence of the systems they have in place to fulfil the requirements of the Standards. Accreditation benefits the ACCHO since it provides community, funders and partner organisations with assurance that the ACCHO has systems in place to provide a quality and professional service.

The content within this chapter was based upon an in-depth case study with a metro ACCHO, further refined with input from the CREATE Leadership Group, and strengthened with additional learnings from other ACCHO case studies.

## What we cover in this chapter:

- What is accreditation?
- Why do ACCHOs need accreditation?
- Who coordinates the accreditation process?
- Accreditation Standards and how they apply to ACCHOs
- How often do Accreditors come?
- How do ACCHOs collect, store and prepare information to support accreditation?
- How is the information provided to the Accreditors?
- What resources do ACCHOs use?
- What happens when the Accreditors come to the service?
- Benefits and outcomes of accreditation
- Enablers of accreditation
- Challenges of accreditation
- Recommendations
- Discussion
- References
- Reflection Tool

## What is accreditation?

Accreditation is the formal process that ACCHOs and other health organisations go through to demonstrate that they meet all requirements of national Standards of practice (the 'Standards'). It can be seen as a 'health check for the organisation' and generally includes long cycles of assessment (e.g. every three years). Achievement of accreditation provides independent and external recognition from an authoritative accrediting body that the ACCHO meets national Standards.

## Why do ACCHOs need accreditation?

Clinical accreditation is a requirement of the Federal government's funding agreements for ACCHOs and is needed to apply for additional funding opportunities such as the Practice Incentives Program for general practices. Accreditation also gives assurance to clients, funders and partner organisations that the ACCHO has the systems in place to deliver quality health care.

## Who coordinates the accreditation process?

Depending on the size of the ACCHO, a small group or large team of people may coordinate the accreditation process and prepare the organisation for the visiting Accreditors. It is good to have a group of people managing the process rather than just one person, so that there is increased capacity within the organisation and so that it doesn't burden just one staff member. This team of people can help to drive accreditation and subsequent quality improvement activities and may notify ACCHO staff of the upcoming accreditation activities via email and during staff meetings. The following boxes provide examples of how different ACCHOs manage the accreditation process.

The *Metro ACCHO* has a team of three people within the 'Accreditation and Quality Unit' that coordinate most of the accreditation activities. The Unit's primary role is to support the organisation with coordination of quality improvements, planning and reporting processes and preparing documentation for the accreditation process. This includes uploading evidence to the online portal of the accrediting body prior to the Accreditor's site visit.

At a large *Regional ACCHO*, a 'CQI and Accreditation Officer' coordinates the organisation's continuous quality improvement and accreditation activities and supports staff across the organisation to contribute to both processes.

At a small *Regional ACCHO*, the executive assistant to the CEO coordinates the accreditation process for the ACCHO with support from a nurse in the clinic. This responsibility is in addition to the diverse tasks they do to support the CEO.

## Accreditation Standards and how they apply to ACCHOs

There are several Standards that ACCHOs can be accredited against, that cover the health clinic, whole organisation, or specific programs and services.

### Health clinic accreditation

ACCHOs require clinical accreditation under the *Royal Australian College of General Practitioners Standards*. Those that train general practice registrars require accreditation under the *Royal Australian College of General Practitioners Vocational Training Standards*.

### Organisational accreditation

There are multiple organisational accreditation Standards such as the *Quality Improvement Council Health and Community Services Standards*, the *International Organisation for Standardization (ISO) 9001 Quality Management System Standards* and the *Australian Service Excellence Standards (Version 5)*. Organisational accreditation is not compulsory in all jurisdictions though is a condition of many funding agreements. It is for each ACCHO to decide whether to undertake organisational accreditation and to choose the accreditation Standard that best suits the service.

### Accreditation for specific programs and services

ACCHOs that have extended services have additional accreditation requirements, such as accreditation under the *Aged Care Quality Standards* for those that provide aged care, accreditation under the National Disability Insurance Scheme's (NDIS) *NDIS Practice Standards* for those that provide NDIS disability services, and accreditation under the Australian Children's Education and Care Quality Authority's *National Quality Standards* for those that provide early childhood education. There are some ACCHOs that have a functioning Registered Training Organisation that also require accreditation under the Australian Skills Quality Authority's *Standards for Registered Training Organisations*. There may be additional state or territory-based accreditation requirements that the ACCHO must also achieve.

Seven examples of accreditation Standards for the ACCHO sector are outlined in Table 12, with details of each accrediting body and what the accreditation demonstrates.

The *Metro ACCHO* is accredited under four separate accreditation frameworks. These provide accreditation for the whole organisation, accreditation for the general practice clinic, accreditation to provide training to GP Registrars, and accreditation to offer a range of nationally recognised training courses through their Registered Training Organisation. The *Metro ACCHO* elected to voluntarily obtain organisational accreditation to establish the ACCHO as a quality service.

**Table 12: Accreditation Standards relating to ACCHOs**

Standard	Part of the ACCHO being accredited	Accrediting Body	What accreditation against these Standards demonstrates
<b>Essential Accreditation Requirements</b>			
Clinic accreditation:			
Royal Australian College of General Practitioners Standards (5 <sup>th</sup> Edition)	General Practice Clinic	Australian General Practice Accreditation Ltd, Quality Practice Accreditation Pty Ltd, and other providers	The health clinic has systems in place to provide quality general practice care.
<b>Voluntary Accreditation</b>			
Organisational accreditation under <u>one</u> of the following:			
International Organisation for Standardization (ISO) 9001 Quality Management System Standards <sup>1</sup>	Whole of organisation related to the quality management system	International Organization for Standardization	That the ACCHO meets international organisational standards that specifies requirements for a quality management system.
Quality Improvement Council Health and Community Services Standards (7 <sup>th</sup> edition)	Whole of organisation	Quality Improvement Council	Organisational systems are in place across multiple areas including governance, corporate systems, service delivery.
Australian Service Excellence Standards (Version 5)	Whole of organisation	Quality Innovation Performance Limited	Organisational systems are in place across management; people, partnerships and communication; and service provision..
<b>Additional Accreditation Requirements for some ACCHOs</b>			
The Royal Australian College of General Practitioners Vocational Training Standards	General Practice Clinic	Australian General Practice Accreditation Limited	The ACCHO has systems in place to be an 'Indigenous Health Training Post' providing culturally appropriate training and supportive environments for GP Registrars*.
Australian Skills Quality Authority – Standards for Registered Training Organisations 2015	Registered Training Organisation (RTO)	Australian Skills Quality Authority	The RTO provides courses that are nationally recognised and meet an established industry, enterprise, educational, legislative or community need <sup>2</sup> .
Aged Care Quality and Safety Commission's Aged Care Quality Standards**	Aged Care Service	Aged Care Quality and Safety Commission	The ACCHO has systems in place to provide quality aged care services.

\* GP Registrars are doctors who have finished medical school and who are in a formal training program to become General Practitioners (GPs).

\*\* Note that the Aged Care Quality Standards were brought in July 2019 and replace the Commission's Accreditation Standards (for residential aged care) and Home Care Common Standards.

<sup>1</sup>American Society for Quality (ASQ). (no date). *What is ISO 9001:2015 – Quality management systems?* Accessed on January 17, 2020 at: [asq.org/quality-resources/iso-9001](http://asq.org/quality-resources/iso-9001)

<sup>2</sup>Australian Skills Quality Authority. (2019). *Accreditation with ASQA*. Accessed on January 17, 2020 at: [asqa.gov.au/course-accreditation/accreditation-asqa](http://asqa.gov.au/course-accreditation/accreditation-asqa)

## How often do Accreditors come?

Representatives from external accrediting bodies visit the ACCHO to look at whether the ACCHO meets the national Standards. The accreditation cycle is often every three years once an ACCHO has completed the initial application process and has been assessed by an external accrediting agency. For an ACCHO to maintain their accreditation they must successfully be re-assessed at each cycle of accreditation.

## How do ACCHOs collect, store and prepare information to support accreditation?

The ACCHO provides Accreditors with documents (e.g. reports, policies and staff and community feedback reports) as evidence of their systems and services. Depending on the size of the ACCHO, information may be stored in paper based or electronic files, or through quality management system software. Evidence is provided in the form of policies and procedures and other documents negotiated with the Accreditors. This evidence need not include any specially created documents but rather the day-to-day operational policies and procedures that the ACCHO uses. Clinical accreditation is outcome-focused and patient centred and includes outcome focused indicators. To prepare for Accreditation, staff ensure sound practices all year round such as keeping client records up to date and being familiar with policies and procedures.

At a *Regional ACCHO*, the size of the service allowed them to incorporate a quality management system to record and store all organisational documentation electronically. The only road-block for this approach is that it is a license-based software, and they only have enough funding to buy 30 licenses in a service that employs over 50 staff.

At a small *Regional ACCHO*, information is collected and collated by hand (either electronic or written) as the service is unable to fund quality management system software.

## How is the information provided to the Accreditors?

ACCHO staff upload documentation to the online portal of the accreditation body before the due date set by the Accreditors. The Accreditors assess the documents prior to the visit and then meet with staff onsite to discuss. Staff aim to establish and maintain strong working relationships with accrediting organisations and liaison officers. This connection bridges the gap in understanding of the pros and cons of accreditation.

## What resources do ACCHOs use?

To support their clinic accreditation process, ACCHOs can use the in-depth guide produced by the Royal Australian College of General Practitioners, the *Interpretive Guide to the RACGP Standards for general practices (4<sup>th</sup> Edition) for Aboriginal Community Controlled Health Services*<sup>3</sup>. Note that there has not been an interpretive guide developed that aligns with the latest (5<sup>th</sup> edition) of the *RACGP Standards for general practices*. The Quality Improvement Council has an online portal with guidance related to organisational accreditation.

At a *Regional ACCHO*, the accreditation team regularly uses the Quality Improvement Council's portal which provides the list of Standards and how information can be used across different areas. The portal also provides useful paper resources.

<sup>3</sup>Royal Australian College of General Practitioners. (2015). *Interpretive guide to the RACGP Standards for general practices*. Accessed on January 17, 2020 at: [www.racgp.org.au/running-a-practice/practice-standards/standards-4th-edition/interpretive-guide](http://www.racgp.org.au/running-a-practice/practice-standards/standards-4th-edition/interpretive-guide)

## What happens when the Accreditors come to the service?

The designated Accreditation Officer or team within the ACCHO hosts the Accreditors and discusses how the service is meeting each of the Standards. Other ACCHO staff are also interviewed by Accreditors such as the CEO, Board member, General Practitioner, Aboriginal Health Worker, community member or client. Staff and stakeholder interviews take place to ensure systems are effectively implemented and communicated throughout the service. Depending on the accrediting body, the Accreditors may visit the service for a few hours or up to 3 days.

The *Metro ACCHO*, two Accreditors from Australian General Practice Accreditation Limited (AGPAL) came to the service for four hours, including one General Practitioner and one Registered Nurse. The Accreditors met with the team, went through the documents that were uploaded to the portal, and let the service know if anything was missing. The service found some additional evidence on the request of the Accreditors.

At a *Regional ACCHO*, three auditors from the Quality Improvement Council (QIC) came to the service for three days. Before the visit, QIC sent the service a Preparation Form outlining their site visit itinerary. During the visit, QIC auditors met with staff from across the organisation. After the site visit, QIC sent a report to the service outlining what Standards had been met, what Standards had not, and where additional evidence was required. The service had 3 months to provide additional evidence (known as 'a period of grace'). A Quality Improvement Plan was then developed which the service reported on after 18 months to demonstrate what they had implemented to meet all of the Standards. The service was given a contact person at QIC who they could communicate with in an ongoing way between the three yearly accreditation cycles.

## Benefits and outcomes of accreditation

Accreditation can be used as a value adding mechanism to ensure ongoing quality improvement processes are in place, and the service has clear policies and procedures to promote patient safety and quality care. A benefit of accreditation is the quality focus it brings to organisations. When ACCHOs involve all teams in the process through clear and transparent communication, staff can see how their individual activities play a key role in enabling the organisation to achieve accreditation and provide quality services to community. Accreditation can focus all staff on a common goal.

Accreditation ensures that systems are in place that promote client safety and identify and manage risks within the service. It also ensures a clear community feedback process is in place, increasing client engagement and participation, as well as an internal referral system to ensure continuity of client care across the service.

At the *Metro ACCHO*, accreditation has brought many benefits for ACCHO staff, the organisation and the community. Due to their close connection with clients and an inherited responsibility to provide quality care, staff are engaged in the quality improvement process. The service is a quality focused organisation with accreditation used as a value adding mechanism to identify quality improvement priorities and build a culture of continuous quality improvement at all levels. It has promoted consistent, quality services to the community by focusing on client and community needs. It also supported the delivery of cultural safety training to the workforce to enable the delivery of culturally safe care. Clients reported that the accreditation sticker gave them confidence - 'confidence that you guys know what you are doing'.



## Enablers of accreditation

- **The Board of Directors (hereafter, simply referred to as the Board), CEO and Senior Management Team champion the organisation in building a quality culture and promote staff investment.** Staff investment in accreditation is enabled by leadership promoting the value of accreditation to the organisation.
- **Achieving accreditation is everyone's business:** staff understand that accreditation ensures the ACCHO provides quality and client-centred care. All data and evidence for accreditation is recorded all the time, not just in preparation for the accreditation cycle. Staff have efficient and effective access to policies and procedures to support client services.
- **The Accreditation Coordinator/Team has a good understanding of the Standards:** this helps to streamline the process of gaining accreditation, minimise duplication across the Standards, and increase the efficiency of the accreditation process.
- **There are several people in the organisation who understand accreditation:** accreditation is undertaken by a team of people who manage the process. This also ensures there is succession planning in place and that knowledge of accreditation isn't lost when key people leave the organisation.
- **The ACCHO accreditation team has someone they can contact within the accrediting body:** a good relationship with the Accreditors helps to support the accreditation process because questions are answered in a timely way.
- **A quality management system is in place in larger organisations:** Some ACCHOs have quality management system (QMS) software which helps to store the information needed for accreditation. Smaller organisations often maintain a paper-based document management system.
- **Accreditation is ongoing:** There are 'quality items' on the agendas of monthly meetings to be discussed and documented. This helps to keep quality and readiness for accreditation on the agenda for all teams and staff.
- **ACCHOs celebrate the wins:** Organisations often celebrate achievement of accreditation with staff lunches and dinners.

## Challenges of accreditation

- **Accreditation terminology is unfamiliar and complex**

The first time an ACCHO undertakes accreditation, or the first time a staff member is involved in the accreditation process, it can be daunting and difficult. With increasing experience, the accreditation process becomes more streamlined and efficient.

A *Regional ACCHO* was able to overcome this challenge by making accreditation and continuous quality improvement everyone's business. Communication was a key factor (e.g. via emails, staff meetings and newsletters). The more information that was available for staff the more everyone felt encouraged to be a part of the process.

- **Accreditation is difficult when it is coordinated by just one person**

Accreditation is manageable when the responsibility is shared across the whole organisation. Having capacity and knowledge across multiple staff and roles helps to maintain corporate knowledge when there is turnover of staff. Larger organisations can benefit from having a team of people who support the accreditation and quality improvement process. The responsibility of accreditation should be acknowledged within the job descriptions of staff, so it is not just an added burden on top of other duties. Funding constraints play a vital role in determining how many staff members can be involved in managing accreditation.

The *Metro ACCHO* established an Accreditation and Quality Unit which is responsible for coordinating and communicating about the services' accreditation activities. This includes informing staff of accreditation visits and processes and reminding staff of policies and codes of conduct.



- **Increased workload for ACCHO staff**

Accreditation brings an increased workload for staff, who are often managing the activity along with other responsibilities in their role.

The *Metro ACCHO* established a team of employees to manage accreditation as the service had enough funding to do so and flagged it as an organisational priority.

A *Regional ACCHO* established a defined "Accreditation Officer" role within the service to support the everyday business of accreditation. This also decreased duplication of documentation and reports and helped prepare the organisation for accreditation as an ongoing activity, rather than just in the months prior to the Accreditors visit.

- **There are multiple accreditation frameworks that need to be met, some of which overlap**

Some ACCHOs require accreditation under multiple Standards for their health clinic, organisation and programs. For those with extended services (e.g. aged care, disability, early childhood, dental), there may be as many as eight or more Standards to achieve.

The *Metro ACCHO* increased efficiency when undertaking accreditation by identifying key documents that could satisfy the requirements of multiple Standards. This was enabled by their Accreditation and Quality Unit having a good understanding of all of the Standards.

- **Interpreting the Standards and identifying relevant and specific evidence**

Determining what evidence to provide auditors to demonstrate compliance against Standards can be a challenge. The Interpretive Guides (e.g. *Interpretive Guide to the RACGP Standards for general practices (4th Edition) for Aboriginal Community Controlled Health Services*) have been helpful, but not all Standards have guides for the ACCHO sector.

A *Metro ACCHO* overcomes this by discussing within their internal Accreditation Working Group what evidence can be used to show it meets the criterion. This requires a solid understand of the criterion and the underlying objectives.

- **Considerable financial resources are needed for undertaking accreditation against multiple Standards**

The process of accreditation is costly for ACCHOs who invest considerable staff resources over an extended period to prepare for, host and communicate with the accrediting bodies. There is considerable staffing pressures and financial burden for ACCHOs that need to achieve accreditation across multiple Standards.

A *Regional ACCHO* seeks support from their peak body to help them prepare for and achieve accreditation.

- **Delays in Accreditor site visits impacting on ACCHOs**

Regional and remote ACCHOs often experience delayed or rescheduled site visits due to a lack of Accreditor availability. This causes increased stress to staff and contributes to inefficiencies within ACCHOs.

## Recommendations

### Recommendations for ACCHOs

- Develop and foster a quality culture where accreditation is everyone's business. Make accreditation work for the organisation.
- Invest resources (e.g. time, staff and money), to embed accreditation processes across the organisation and centralise the coordination of accreditation activities.
- Employ and establish a dedicated team who is responsible for the day-to-day management of accreditation and continuous quality improvement, supported by key positions such as the CEO, executive management and the Board.
- Invest in the professional development of staff and teams (e.g. Accreditation Officer/ Accreditation and Quality Unit) within the ACCHO that prepare and manage the accreditation process.

### Recommendations for Peak Bodies

- ACCHOs would benefit from additional support from peak organisations in relation to accreditation. This could relate to financial support, training and networking opportunities. (e.g. a yearly state-based networking meeting of ACCHO Accreditation Teams which could be discussed at the CEO forums).
- ACCHOs would benefit from a yearly national networking meeting of ACCHO Accreditation Teams (e.g. hosted by NACCHO).

### Recommendations for Policy Makers

- As providers of comprehensive primary health care and extended services ACCHOs must achieve accreditation across multiple Standards which creates considerable staffing pressures and financial burden. Commonwealth and state/territory governments could provide additional supports (e.g. training and capacity building activities) to build capacity in ACCHO staff to enable the achievement of accreditation across multiple frameworks.
- Commonwealth and state/territory governments could allocate adequate resources within core funding agreements towards accreditation activities in ACCHOs that reflect the real time and personnel costs (e.g. allocate additional funding for a designated role to manage accreditation processes).
- Commonwealth and state/territory governments could support the development and implementation of Interpretive Guidelines for all accreditation frameworks for the ACCHO sector.

### Recommendations for Accrediting Bodies

- Accreditation bodies to understand the unique characteristics of the ACCHO sector and provide dedicated training and support mechanisms for ACCHOs with fewer financial and human resources.
- ACCHOs would benefit from RACGP Standards that align with concepts of holistic health rather than those only aligned with a biomedical focus.
- ACCHOs would appreciate development of an updated interpretive guide to the RACGP Standards, (i.e. *Interpretive Guide to the RACGP Standards for general practices (5<sup>th</sup> Edition) for Aboriginal Community Controlled Health Services*).

## Discussion

### Coordination of accreditation in Australia

Recognition of the value of accreditation to promote sustainable quality systems in health has been building at a global level since the early 2000s. It is valued as a move from 'institutional regulation to integrated health system development, that is from static control to dynamic improvement' (World Health Organisation 2003, p. 53). In Australia, accreditation is promoted by the Australian Commission on Safety and Quality in Healthcare (the 'Commission') as an effective mechanism for continuous improvement in health care safety and quality (Australian Commission on Safety and Quality in Healthcare, 2006). The Commission was established in 2006 (Australian Commission on Safety and Quality in Health Care, 2017) and continues to lead and coordinate improvements in safety and quality at the national level. Since 2010 its initial focus on the acute care sector has expanded to include primary health care (Australian Commission on Safety and Quality in Health Care, 2011).

### History of accreditation in ACCHOs

Accreditation was first introduced to the Aboriginal Community Controlled Health Organisation sector by the Australian Federal Government as part of the 2006-07 Budget measures. These measures included a strategy to further develop Indigenous-specific service delivery and sector capacity including continuous improvement processes and support for organisations and health management systems (Department of Health and Ageing, 2006). The aim was to encourage more Aboriginal and Torres Strait Islander health services to achieve accreditation through mainstream agencies and upgrade their health information management processes.

The 2007-08 Budget measure, *A Better Future for Indigenous Australians – Establishing Quality Health Standards*, provided funding until 2011 to assist eligible organisations funded by the then Department of Health and Ageing through the then Office for Aboriginal and Torres Strait Islander Health to become accredited against Australian health care standards. The initiative sought to achieve clinical accreditation against the Royal Australian College of General Practitioners (RACGP) framework and organisational accreditation. This focus on accreditation was met with overwhelming support within the sector as voluntary accreditation was already well underway. Some ACCHOs were already undertaking accreditation activities at this time and suggested that prioritising quality improvement through

accreditation shifted the focus from 'undertaking the minimum required to achieve accreditation to implementing best practice standards for improved service delivery, evidenced in part through accreditation' (Winnunga Nimmityjah Aboriginal Health Service 2008, p. 46).

ACCHOs are now encouraged to both obtain and maintain clinical accreditation. An implication of the Australian Commonwealth Government's focus on ACCHOs is that all funding agreements with the Commonwealth Government now have a condition that services must maintain clinical accreditation. It is also essential to become eligible for other sources of funding (e.g. Practice Incentive Program funding). ACCHOs applying for initiative specific funding must acquire additional accreditation such as for mental health, dental, NDIS and aged care.

National accreditation bodies suggest that accreditation benefits organisations by providing independent recognition that an organisation is dedicated to safety and quality, supports a culture of quality, fosters quality and performance assurance within an organisation, increases the organisations capability and reduces risk (Quality Innovation Performance, 2017). The value of accreditation for the ACCHO sector is yet to be determined from the ACCHO perspective. Accreditation is a mainstream concept that supports ACCHOs in capturing evidence and increasing quality service provision, which can benefit both the ACCHO and the community.

What is yet to be questioned is the degree to which accreditation has added burden to ACCHOs in relation to time and resources required to undertake accreditation activities; and whether accreditation and CQI support culturally-centred flexible and responsive service provision.

## References

Australian Commission on Safety and Quality in Healthcare. (2006). *National Safety and Quality accreditation standards – Discussion Paper*. Accessed on January 17, 2020 at: [safetyandquality.gov.au/wp-content/uploads/2012/01/2637-DiscussionPaper-NSQAS-Nov2006.pdf](https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/2637-DiscussionPaper-NSQAS-Nov2006.pdf)

Australian Commission on Safety and Quality in Health Care. (2011). *Patient Safety in Primary Health Care: Consultation Report*.

Australian Commission on Safety and Quality in Health Care. (2017). *Governance*. Accessed on January 17, 2020 at: [safetyandquality.gov.au/about-us/governance/](https://www.safetyandquality.gov.au/about-us/governance/)

Department of Health and Ageing. (2006). *Portfolio Budget Statements 2006-07 - Health and Ageing Portfolio Department of Health and Ageing, Editor*. Commonwealth of Australia: Canberra.

Quality Innovation Performance. (no date). What is accreditation? Accessed January 17, 2020 at: [qip.com.au/become-accredited/what-is-accreditation/](https://qip.com.au/become-accredited/what-is-accreditation/)

World Health Organization. (2003). *Quality and accreditation in health care services: a global review*. World Health Organisation, Geneva.

Winnunga Nimmityjah Aboriginal Health Service. (2008). *The experience of one Aboriginal community-controlled health service in achieving quality improvement through accreditation*. Winnunga Nimmityjah Aboriginal Health Service, Canberra, Australia.

# The ACCHO approach to accreditation: Reflection Tool

This Reflection Tool is designed to assist ACCHOs to reflect on the activities and mechanisms in place to prepare for and undertake accreditation.

Accreditation is the formal process that ACCHOs and other health services undertake to demonstrate that they meet the requirements of national Standards of practice. It can be seen as a health check for the organisation and provides independent and external recognition that the ACCHO is a well-functioning and professional service. ACCHOs must have health clinic accreditation as a minimum and may have additional accreditation requirements for specific programs and services. Accreditation can be used as a value adding mechanism to ensure ongoing quality improvement processes are followed and the service has clear policies and procedures in place to promote patient safety and quality care.

## We are accredited under the following Standards:

### Health clinic accreditation:

- Royal Australian College of General Practitioner's Standards for general practices (5th edition).

### Organisational accreditation:

- Quality Improvement Council Health and Community Services Standards (QIC).
- International Organisation for Standardisation (ISO) 9001 Quality Management System Standard.
- Australian Service Excellence Standards (Version 5)

### Accreditation for specific programs or services:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Step 1. Reflect on the accreditation requirements of your ACCHO and the systems you have in place to support the accreditation process.**

**Step 2. Are there additional approaches relevant to your scope of practice and context that your ACCHO could consider implementing in the future?**

## Our organisational approach to accreditation:

- Our Board, CEO and executive champion a quality culture in the organisation and promote staff investment in the accreditation process.
- There are multiple people who understand accreditation processes and are responsible for the coordination of accreditation activities. We have succession planning mechanisms in place in our accreditation team to ensure that corporate knowledge about accreditation is retained in the service even when key staff leave.
- Our accreditation team have a good understanding of the Standards to streamline accreditation processes, minimise duplication and increase efficiency.
- Our accreditation team have built a good working relationship with the Accreditors which enables us to seek support during the accreditation process where necessary.
- Our accreditation team seeks support from our peak body to help us prepare for and achieve accreditation.
- We strive to make accreditation everyone's business. We provide information to our staff on accreditation processes and activities via emails, newsletters and staff meetings. This includes reminding staff of policies and codes of conduct and informing staff of accreditation requirements and Accreditor's visits.
- We view accreditation as an ongoing process and have systems in place to ensure all data and evidence is recorded in an ongoing way, not just in preparation for the accreditation cycle.
- When we achieve accreditation, we come together to celebrate.

## Coordination of accreditation:

Recognising that each ACCHO is unique in size, scope of practice and context, the accreditation team may look like one of the following:

- Our ACCHO incorporates the coordination of accreditation and continuous quality improvement into existing roles, such as the executive assistant to the CEO and the Clinic Nurse working together to undertake the accreditation process.
- Our ACCHO has a designated staff member whose role focuses on the coordination of accreditation and continuous quality improvement activities. This staff member works with staff across the organisation with the support of the executive.
- Our ACCHO has a team of staff members who coordinate accreditation activities and continuous quality improvement processes.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Undertaking accreditation: storing and preparing evidence and meeting with Accreditor's:

- We use a paper-based recording system to record and store information.

**OR**

- We have an electronic Quality Management System to store our policies and procedures and other data.

- 
- We invest time in understanding and interpreting the Standards and reading through the online resources and interpretive guides provided by the accrediting body. We communicate with the liaison officer at the accrediting body to seek clarification where necessary.
  - We have negotiated practical ways of providing evidence to demonstrate we are meeting the required Standards.
  - We provide Accreditors with various documents (e.g. reports, policies, procedures and staff and community feedback reports) as evidence of our systems and services.
  - We have identified key documents that can satisfy the requirements of multiple Standards. This helps increase efficiency when we need to achieve accreditation across multiple Standards.
  - We upload documentation to the online portal of the accreditation body before the due date set by Accreditors.
  - We meet with the Accreditors during their site visit to describe our policies, procedures and processes. We provide additional information upon request to ensure we achieve the Standards.
  - Following the Accreditor's site visit, we review their report. If we haven't sufficiently met all the Standards, we prepare additional evidence and forward it to the accrediting body within the due date.