

Discussion document on accreditation

Introduction

ACC introduced a requirement for accreditation against the Allied Health Sector Standards within the Endorsed Provider Network (EPN) Physiotherapy Services contract. This has been a mechanism aimed at driving quality and reducing direct monitoring requirements by ACC.

Physiotherapists have indicated a desire to maintain a requirement to comply with the Allied Health Sector Standards but have expressed concern regarding the cost of compliance and overall value of certification given the current audit requirements.

This discussion document summarises current requirements and proposes areas for consideration in future contract requirements related to certification against the Allied Health Sector Standards.

Current requirements

Compliance against the Allied Health Sector Standards has been audited based on the following requirements.

JAS-ANZ Procedure 32

The Health and Disability Services (Safety) Act 2001 empowers the Director General of Health to designate any person or organisation to audit the provision or likely future provision of health care services by providers or prospective providers. The Joint Accreditation System of Australia and New Zealand (JAS-ANZ) has been identified by the Ministry of Health as an organisation able to accredit agencies in line with the requirements for Designated Audit Agencies (DAA's). Procedure 32 was specifically developed by JAS-ANZ to include the Ministry of Health objectives of auditing in accordance with the intent of the Health and Disability Services (Safety) Act 2001.

ACC adopted Procedure 32 by replacing terms (Ministry of Health (MOH) = ACC, Designated Audit Agency (DAA) = Conformity Assessment Body (CAB), Guidelines for DAA = ACC guideline) and additionally noting non-applicable clauses as 1.3, 2.1.2, J2.1.14, J2.1.20, 2.1.7, K2.1.38, 2.1.8, J2.1.40.

This procedure also requires DAA conformance with ISO/IEC Guide62:1996 (General requirements for bodies operating assessment and certification/registration of quality systems – International Organisation for Standardisation) and NZS ISO 19011:2003 (ethical conduct, fair presentation, due professional care, independence, and evidence based approach).

ACC Guideline

The following points summarise the basis of the ACC guideline for conformity assessment bodies to audit against the Allied Health Sector Standards:

- Requires certification for a three year period

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- Surveillance at 18 months or can be combined with a site visit if this falls between 6-24 months post the initial full audit
- Time on site – determined by Procedure 32, Guidance to clause 3.3 Assessment J3.3.1
 - o Single site private practice with less than 3 FTE = 5 hours 1 auditor
 - o DHB = 1 day for the main business site
- Audit team competence
 - o Lead auditor
 - o Clinical/technical expert with an allied health qualification, greater than 2 years post graduate experience and current APC
- Types of audit
 - o Full – review of all standards and criteria including an on-site visit to the main business site and where a business has multiple sites – a sampling methodology ($y=\sqrt{x}$) (e.g. 10 sites would require 3 to be audited). Policies and procedures must be viewed off site. Clinical notes audit is required of each allied health professional within the service from a sample of or over 3 months duration.
 - o Provisional audit – new business – required prior to the commencement of service delivery and becoming operational. Includes a site visit, document review. Requires verification at 6 months post the provisional audit. Provisional audits also apply where an existing business is expanding their service.
 - o Verification audit – requires site visit, includes clinical notes review (sampled as above). Can result in a three year certification where a verification audit follows a provisional audit.
 - o Verification visit – site visit against relevant criteria not covered by the full or provisional audit. Is not a full audit.
 - o Surveillance audit – follows Procedure 32 requirements. Review of prior critical or high risk items from previous audit and assess nonconformities identified in the full audit. Also includes customer complaints review, any changes to documents or processes. Includes a site visit to the main business site. The main site needs to demonstrate control over the remote sites. Minimum number of sites required in a surveillance audit is the square root of the number of remote sites with 0.6 coefficient rounded to the upper whole number.(e.g. 10 sites would require 2 sites).
 - o Sale of business – requires a full certification audit within 6 months of sale to maintain certification
 - o Transferring to new premises – on-site verification required to check policies and procedures have adapted to the new site – required within 6 months of occupying the new premises
- Audit reports as per ISO/IEC Guide 62, 3.4.1 and in addition the level of compliance, executive summary, corrective actions, areas covered by the assessment, observations made, report of non-conformities (typed and written in the present tense)
- Levels of attainment (NA, UA, PA, FA, CI)
- Evaluation methods (interview, visual inspection, questionnaire, document/record review)
- Risk assessment using a risk matrix
- Assessment committee
 - o Includes an auditor independent of the audit being assessed and a consumer representative
 - o Assesses each audit report
 - o Makes a determination as to whether certification has been achieved against the standards
 - o Held within 6 weeks of the audit

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- Certification document
 - o Copy of audit report as per ISO/IEC Guide 62, 3.5.3
 - o List of sites
 - o Effective date of certification and term for which it is valid
- On-going monitoring
 - o DAA must have procedures to ensure corrective action has been taken in accordance with the risk awarded

Discussion

JAS-ANZ Procedure 32

Procedure 32 requires amendment in order to be specific to ACC requirements. Procedure 32 was originally developed to meet the intent of the Health and Disability Services (Safety) Act 2001 requirements for audit agencies.

ACC Guideline

Physiotherapist feedback

Physiotherapists have already identified the opportunity to:

- Amend the provisional audit requirements where an existing vendor wishes to open another practice whereby an initial site visit and provisional audit would not be undertaken but a full audit occur at 6 months post commencement of operation. This recommendation is founded on the basis that documents, systems, policies and procedures would be transferred across from the main business and had already been audited.
- Remove the surveillance audit requirement unless there are aspects that have been partially attained or unattained from a prior audit. The basis for this recommendation is based on a cost benefit argument where costs outweigh any benefit.
- Agree to a list of criterion that can be ranked as NA for the purposes of the accreditation audit linked to contractual requirements.

Further considerations

1. District Health Boards already have to comply with the Health and Disability Sector Standards which have a large overlap and cross over to the Allied Health Sector Standards. Particular aspects of the Allied Health Sector Standards could be selected to be audited in addition to the Health and Disability Sector Standards to reduce duplication and costs.
2. A self-audit prior to a full audit could be undertaken by Physiotherapy vendors which could reduce the time taken on site by auditors.
3. The surveillance audit could have two categories
 - a. Off-site review and telephone interview
 - b. On-site where non-conformity has warranted this
4. Clinical notes review requirement could be reduced where a physiotherapy vendor could demonstrate peer review and case review by appropriately qualified and experienced

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physiotherapists external to the vendor (and who could declare no conflict of interest). This could be developed through the NZSP.

5. Do not require an assessment committee to routinely review the award of certificates but rather adopt a sampling methodology for this part of the process (would have to be checked with JAS-ANZ).
6. The period of certification for those vendors having already had a period of certification of three years could have a period of certification of four years.
7. Consumer interview does not appear to have been a feature of the current audit requirements and anecdotal evidence suggests that consumers are not interviewed as part of the on-site audit process. Including a requirement to interview consumers along with staff would strengthen the value of the current audit process.
8. Transferring to new premises could be managed through provision of floor plans and photos rather than requiring a full on-site audit.
9. Allow all Designated Audit Agencies to provide audit services on behalf of ACC.
10. Develop mechanisms for information sharing between audit agencies, vendors and ACC that assists in driving quality and increases the value of audit.

Standards review

The Allied Health Sector Standards are due for review. Preliminary work has occurred to scope the requirements.

A memo to present a reasoned case for ACC to continue to fund the revision of the Allied Health Sector Standard 8171 was presented to the Acting National Manager of ACC on the 22nd May 2009.

A decision is pending.

Next steps

This draft discussion document will be tabled with the internal ACC working group and after amendment to include feedback will be tabled with NZSP for comment that will inform service development.

Meet with JAS-ANZ and current audit agencies to discuss this paper.

Agree the process for physiotherapy vendors where accreditation against the standards has lapsed should there be agreement to include accreditation in future service requirements.

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