

The Remote Health Standards and Accreditation Program

Peter Frendin

AGPAL Group, NSW

The Remote Health Standards and Accreditation Program (RHSAP), jointly endorsed by the Australian Council on Healthcare Standards (ACHS) and the Royal Australian College of General Practitioners (RACGP), is a framework for the provision of safe, high quality health care to people living in remote areas of Australia. It is envisaged RHSAP will assist the effective community control of remote health services and support better health outcomes for people living in remote areas, including people of an Aboriginal or Torres Strait Islander descent.

Background

In October 2007, senior managers of the then Northern Territory Department of Health and Families Remote Health Branch sought a meeting with ACHS, RACGP and Australian General Practice Accreditation Limited (AGPAL) to discuss the possibility of existing standards being customised to more adequately reflect the realities of remote health service provision. Remote Health Services by their very nature have some very unique characteristics which include:

- geographical, social, professional isolation
- small, dispersed, highly mobile populations in increasing numbers of outstations
- low levels of infrastructure including public transport
- poor infrastructure repair & maintenance e.g. public housing and amenities
- relatively high staff turnover
- multidisciplinary teams with expanded roles and limited resources
- climatic extremes
- large Indigenous populations and tourists
- high numbers of visiting 'experts' with often poor service coordination
- potential for cross cultural calamities.

It was also envisaged there may be a significant gain in remote health status, particularly for Aboriginal and Torres Strait Islander people, if the provision of remote health services could be structured in line with current best practice.

In July 2008, the *Co-operative Research Centre for Aboriginal Health* published a report on accreditation frameworks operating in the Australian health sector and their applicability to Aboriginal community controlled health services. The report which supported the early views of NT managers in the field noted:

- A proliferation and diversity of standards and the absence of coordination to minimise duplication and confusion for health services
- The importance of improving outcome measurement and improving quality outcomes in health care
- The importance of consumer participation in standards setting and the evaluation of health care
- Standards developed in the health sector can address health specific issues that generic standards can not
- It would be advantageous to improve linkages and coordination between current accreditation approaches and initiate reciprocal recognition to reduce duplication of standards compliance and free up resources for continuous quality improvement.

In July 2010, the Commonwealth Office of Aboriginal and Torres Strait Islander Health (OATSIH) published a separate report on quality and accreditation programs and requirements relevant to OATSIH funded health organisations. The report noted that some Aboriginal Community Controlled Health Organisations (ACCHOs) funded by OATSIH had burdensome reporting requirements related to multiple funding streams and multiple 'part organisation' accreditation frameworks. The report recommended:

- All ACCHOs meet defined Standards in order to apply for funding
- Whole of organisation accreditation for ACCHOs to support the benefits of mutual recognition.

In the context of the early thinking of NT remote health managers, these reports and contemporary Government strategies to reduce health inequities, the Northern Territory Government Department of Health (NT DoH) formed a partnership with ACHS, AGPAL and RACGP for the purpose of developing a unique, 'whole of organisation' set of accreditation standards for remote health services in the NT in 2010.

At the same time the NT and the Commonwealth governments were in full swing with their 'Regionalisation' initiative, aimed at handing over appropriate NT DoH run health centres to ACCHO's. Accreditation against RHSAP was to be viewed as one method of assessing a health service's readiness for this handover.

Standards development process

The development of the RHSAP was overseen by a Steering Group comprising representatives from each of the partner organisations with relevant experience and expertise in remote health care delivery, standards development and/or assessment. A Working Group also comprising representatives from each of the partner organisations was responsible for developing and testing successive drafts.

As a starting point in the development process, ACHS EQUIP5 Standards and the RACGP Standards for general practices (4th edition) were mapped against the Australian Safety and Quality Framework for Health Care (this was prior to the introduction of the National Standards) to form 'blended standards' comprising all the fundamental components, in particular those deemed mandatory, of both the ACHS and RACGP documents. Over many months of consultation with key stakeholders (including representatives from the Aboriginal Medical Services Alliance Northern Territory), these 'blended standards' were progressively refined (or 'remotecised') to form a new set of standards applicable to the unique day-to-day reality of remote health service provision. Some of the issues that needed to be addressed included:

- Population health / Preventative health approach
- Role of Traditional Healers
- Lack of infrastructure in remote settings
- Telemedicine and e-health initiatives
- Emphasis on remote team and leadership needs
- Expanded scope of practice (non-referral oriented care)
- Different legal / professional / ethical contexts
- Role in Community development
- Self determination
- Role of Traditional owners in health service delivery
- Health service delivery related to community events / incidents
- Retrieval / Evacuation processes

- Overnight care of retrieval patient.

Under the guidance of AGPAL and the ACHS, the draft RHSAP Standards, Criteria and Measures were subject to pilot testing and a final self-assessment desktop review at four remote health centres in the Northern Territory in 2012. Feedback from these field review processes was an important reality check and allowed successive drafts to be fine-tuned to the remote health setting.

Format of the Remote Health Standards and Accreditation Program

As this program commenced prior to the development of the National Standards by the Australian Commission of Safety and Quality in Health care, the RHSAP Standards were grouped into 3 sections which mirrored the Australian Safety and Quality Framework for Health Care:

- Consumer Centred
- Driven by Information
- Organised for Safety

There are 13 standards which have related criteria and measures against which compliance with each standard will be assessed. Given the limited resources at most remote health centres it was agreed that required measures would be assigned to either the overall health service (if present) or the local health centre, reinforcing the view that where ever possible centralised input was not only essential but necessary to lessen the burden of accreditation preparation at the local health centre. It was felt that support provided to health centres from the corporate office would be enhanced if the Standards identified where and when this type of support would be expected.

For each criterion there is a list of resource materials designed to facilitate the interpretation and implementation of a particular standard. There are some key themes which apply throughout the RHSAP to reinforce an overarching emphasis on safe, quality health care and a day-to-day commitment to quality improvement:

- Risk management
- Incident management
- Evaluation of activity
- Training

To avoid repetition, these themes have been distilled into specific criteria but they will apply across the full suite of standards and involve multiple areas of activity. It was agreed that if a health service/health centre met the requirements for RHSAP accreditation they would receive joint accreditation by both ACHS and AGPAL, a first in Australia. With implementation of RHSAP throughout the NT imminent this program was unfortunately put on hold in 2013, due to my mind on the mistaken view that implementation should not occur prior to the roll out of the National Standards.

Where to now

ACHS and RACGP remains the owner of all RHSAP Intellectual Property and in any modifications to, or enhancements, updates or new releases of these Standards.

The Australian Commission of Safety and Quality in Health care is progressively implementing the requirement for a range of health services to be assessed against the National Standards. Whilst in time it is envisaged the National Standards themselves will lose some of its wording that is acute care focused, the Commission will introduce a number of guides to assist health care providers to meet the National Standards in their particular setting. At this time there is no guide that can assist and help inform remote health services to meet the National Standards and with this in mind RHSAP comes into its own.

Given the uniqueness of remote practice, health services operating in this space can benefit from implementing the structure, process and outcomes RHSAP Standards require, immediately. Whilst RHSAP was originally developed to help a remote health service mature and develop into providing

safe and high quality health care to its service population, the journey was to be viewed as progressive and developmental. On achieving certain levels of compliance to the RHSAP Standards Services would move from recognition of participation, to recognition of progress and ultimately to be awarded accreditation.

With the advent of the National Standards some remote health services may no longer wish to achieve 'accreditation', and instead wait until assessment against the National Standards is mandated in the future. However it is suggested all remote health services would benefit substantially by working towards the RHSAP requirements, no matter what their future intentions are. The RHSAP partners view RHSAP as a foundation or stepping stone for services wishing to achieve accreditation in the future. Working towards RHSAP in the interim will help an organisation improve the health of their population by fine tuning their service delivery and increasing the support they provide to their staff. RHSAP by its very nature will help ensure a systems approach to developing a quality service.

The partners are committed to continue to work together to promote and make RHSAP available in remote Australia. Assessment of an organisation's progress in meeting the RHSAP requirements will be jointly assessed by both ACHS and AGPAL/QIP surveyors.

Recommendation

That RHSAP be used by remote health services and centres across Australia as a framework for the provision of safe, high quality health care to residents living and working in remote Australia.

Acknowledgment

This paper contains many of the thoughts and words of the RHSAP partners and their past and continued contribution is acknowledged and greatly appreciated.

Presenter

Peter Frendin started his professional life by training as a general Nurse at Sydney Hospital in the mid 70s and has had a varied career in health ever since. Peter has worked as a remote area nurse in SA and WA, managed hospitals and regional health services in NSW, WA and the NT and worked in Dubai and India as a health management consultant. More recently he headed remote health services for the NT Department of Health in Central Australia overseeing some 33 remote health centres and prison health facilities. Having qualifications in Nursing and midwifery he holds a postgraduate qualification in Health Services Management and is a graduate of the Australian Institute of Company Directors and a Consumer and Community Advisor with the Cancer Institute of NSW. Peter is married to his long suffering wife Jenn (24 moves in 35 years would try anyone's patience!) and they have two (nearing) middle aged boys. Both Peter and Jenn are passionate about Indigenous and rural/remote health, with Jenn currently overseeing the remote AOD Workforce program here in the NT. Peter meanwhile has taken on a new challenge as the NSW/ACT General Manager for the AGPAL Group of companies, Australia's most comprehensive quality and accreditation agency in the health and human services sector.