

National Aged Care Alliance

Discussion Paper

Aged Care Accreditation

A continuous improvement orientation for the accreditation system applied to the aged care community throughout Australia

November 2004

National Aged Care Alliance

Discussion Paper

Aged Care Accreditation

A continuous improvement orientation for the accreditation system applied to the aged care community throughout Australia

November 2004

Contents

Executive Summary.....	3
Recommendations	4
The Existing Accreditation Model within Residential Aged Care.....	6
Identification of Key Issues and Future.....	8
Principles	
1. Credibility	9
2. Application to the Continuum of Care	10
3. Improvement Orientation	13
4. Independence.....	15
5. Choice and Competition	17
6. Sustainability	19
7. Accountability	21
Conclusion.....	23
National Aged Care Alliance.....	25

Executive Summary

Accreditation in Aged Care: Key Issues

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations in aged care including consumer groups, service providers, unions, and health professionals working together to determine a more positive future for older people in Australia.

This paper is an outcome of Alliance discussions about the accreditation of residential aged care services and seeks to form a basis for discussion by all interested parties in relation to accreditation, and to frame a future for accreditation systems across all aged care service delivery structures.

The purpose of the paper is to explore the key issues around the accreditation of aged care services and identify the principles required to address these across the continuum of care in which aged care services are provided.

The introduction of accreditation into the residential aged care sector in Australia has been of significant benefit in improving service delivery for older people in Australia. However, as with any system, there is a need for continuous improvement.

The Alliance has developed the view that any accreditation system applied within aged care services should:

- have credibility in the eyes of the Australian community;
- be readily applicable across the continuum of care;
- maintain an improvement orientation in its own right;
- not only maintain its independence, but be seen to do so;
- provide choice for users of accreditation services;
- be economically sustainable into the future; and
- be transparently accountable to the Australian community.

This paper proposes some future directions that can optimise the benefits of accreditation, be applicable to services across the continuum of care within the aged care community, and provide a framework for the ongoing quality of aged care services in which the Australian community can be confident, and of which, it can be proud.

Recommendations

The National Aged Care Alliance calls on Government to examine the following recommendations in order to provide an appropriate accreditation framework for the aged care community.

Implementation of a framework aimed at promoting public confidence, accountability, and a continuous improvement orientation would be based on the principles of:

- credibility,
- application to the continuum of care,
- improvement orientation,
- independence,
- choice and competition,
- sustainability, and
- accountability.

It is proposed that:

1. Suppliers of accreditation services to the aged care community must do so through the established quality industry structure in Australia, and be licensed to operate in this manner by JAS-ANZ. In this way, JAS-ANZ will be responsible for overseeing those accreditation bodies providing such services, including their processes for decision-making, review, complaints and appeals.
2. An aged care accreditation system must be able to meet all the accreditation requirements of the aged care community, covering all aspects of a potentially diverse range of services provided in aged care, and be capable of application across the continuum of care. Duplication and repetition must be eliminated to minimise disruption and maximise the level of funding going to service delivery.
3. The Australian Government should ensure that the subject of duplication and resource waste through multiple accreditation systems across State and Australian Government departments is made a priority in COAG discussions, enlisting bilateral support for the recognition of systems based on the JAS-ANZ structure.
4. An accreditation system in Australia must be customer focused, flexible and responsive to the needs of its customers. The nature of the aged care community is dynamic, and service suppliers to this community must reflect the same sense of dynamism.

5. Accreditation service suppliers must be given an incentive to continue to improve their services, ensuring true value is delivered in exchange for the investment in systems and payment for the accreditation service provided. A competitive model has the potential to deliver such an advantage.
6. The Australian Government should facilitate the 'pooling' of best practice examples within aged care by an independent party, auspiced if necessary by an initial Australian Government grant.
7. A clear delineation of responsibilities between the Australian Government and accreditation service suppliers must be achieved, and independence and impartiality be seen to be assured.
8. That choice of accreditation provider be available in residential aged care and that legislation be introduced allowing the aged care standards and accreditation agency to broaden the accreditation services they offer. Choice and value for the resources invested in accreditation must remain at the centre of any and all future accreditation structures.
9. Aged care accreditation systems must be sustainable in the long term, both in terms of accreditation service provision and the ability of the aged care community to meet the costs of the service provided. To this end, neither the Australian Government nor the aged care community should be required to cross subsidise any accreditation service supplier.
10. Aged care quality standards, both present and prospective, must remain the province of the Minister for Health through the Minister for Ageing and the Department of Health and Ageing. This ownership however must include a responsibility to interact with an appropriate advisory group comprised of experienced consumer, industry and stakeholder representatives, to assure the practical application of decisions and determinations made.
11. The existing exclusive agreement between the Australian Government and the Aged Care Standards and Accreditation Agency, should be reconsidered and discussions commenced with a range of potential suppliers of accreditation services to identify what is the best accreditation model (single provider or choice of provider) for aged care services into the future.

The Existing Accreditation Model within Residential Aged care

The accreditation standards are governed by the Aged Care Act 1997, specifically Part 4.1 Quality of Care, Division 54 Quality of Care, and 54-2 Accreditation Standards, in which it states –

- (1) The Quality of Care Principles may set out the Accreditation Standards. Accreditation Standards are standards for quality of care and quality of life for the provisions of residential care on and after the accreditation day.
- (2) The following are examples of matters with which the Accreditation Standards may deal:
 - (a) health and personal care of care recipients,
 - (b) the lifestyle of care recipients,
 - (c) safe practice and the physical environment in which residential care is provided,
 - (d) management systems, staffing and organisational development relating to the provision of residential care.

On reviewing this section of the Aged Care Act 1997, it appears that the responsibility for the Accreditation Standards rests within the authority of the Australian Government Department of Health and Ageing. The relatively generic statements of the Accreditation Standards suggest that the authority for their interpretation and application in practice also rests with the Department.

The agreement between the Australian Government and the Aged Care Standards and Accreditation Agency is based on the provisions of the Aged Care Act 1997, through Part 5.4 Accreditation Grants, Division 80 Accreditation Grants, 80-1 Accreditation Grants, in which it states –

- (1) The Secretary may, on behalf of the Commonwealth, enter into a written agreement with a body corporate under which the Commonwealth makes one or more grants of money to the body for the following purposes...
- (2) Accreditation Grants Principles set out the guidelines for the accreditation decisions and processes.

It would seem from reviewing this section of the Act that, should it be considered desirable, the Australian Government has the capacity to make changes to the way in which aged care accreditation is currently structured, including altering the premise that accreditation must be based on the existing 44 outcomes. There appears to be an inherent spirit of review and continuous improvement within the framing of the legislation.

Whilst the Principles are considered part of the Act, the Minister can amend them at any time prior to presentation to the Parliament and should bipartisan support be gained for such amendments they could be readily incorporated into the existing legislative framework.

The Alliance considers that the existing accreditation model, whilst providing substantial and measurable positive results for the residential aged care sector, must be evolved into a system that caters more appropriately for the needs of the aged care community across the continuum of care.

A seamless accreditation system is consistent with the current endeavour to provide integrated aged care services across community, acute inpatient, short-term respite and rehabilitation and residential care. While this does not necessarily require one accreditation system to cover all areas of care, it does require similar principles, consistency in desired outcomes, an overarching framework (including the capacity for mutual recognition) and the capacity for different systems to complement each other so that aged care services providers and the aged care workforce are not wasting resources and effort meeting different accreditation requirements from different accreditation service providers.

Identification of Key Issues and Principles

This discussion paper is predicated on seven principles that the Alliance considers should underpin any accreditation system, particularly one that applies to the aged care community. These are:

- credibility,
- application to the continuum of care,
- improvement orientation,
- independence,
- choice and competition,
- sustainability, and
- accountability.

The information in this report draws on Australian Government documents and the annual reports of the Aged Care Standards and Accreditation Agency, in addition to the knowledge and experience of those groups represented on the Alliance.

The identification of key issues has led to the formulation of principles to address the critical gaps in current accreditation services to the aged care sector. These principles should underpin accreditation services to the aged care community into the future. The recommendations of the National Aged Care Alliance are based on these principles.

1. Credibility

1.1 Key Issues

The accreditation system applied to the aged care community should have credibility both to the aged care sector and more broadly, to the Australian community.

The current residential aged care accreditation system has been designed and implemented as a single dimensional model, applicable only to the activities of residential aged care.

The Aged Care Standards and Accreditation Agency has responsibility for the existing residential aged care accreditation system. It is acknowledged that, whilst the Aged Care Standards and Accreditation Agency experienced difficulties during its initial establishment and the first round of accreditation, it has sought to address these issues. The Agency has very recently had its own systems and processes reviewed by an independent third party.

Credibility relates generally to the perception held of the accreditation process and the Agency by the general population, including the media (especially since full details of accreditation reports are public documents); but it must also relate to credibility as perceived by the aged care community directly.

The manner in which the Agency has been incorporated means that effectively there is no independent appeals process relative to the activities and determinations that are made. Likewise, the criteria used in reaching decisions and determinations are not transparent, leading to perceptions of a lack of consistency and the possibility that outcomes could be subjective in nature.

The Alliance considers that the current accreditation system does not provide adequately for promoting 'best practice' in residential aged care facilities, and that it is in danger of producing an assessment workforce with a very limited reference capability, being exposed only to residential aged care.

The Alliance further considers that the credibility of the current accreditation system would be greatly enhanced by exposing it to broader application to the entire continuum of aged care services across other settings in which aged care is provided. Such a focus would present an imperative and opportunity to drive efficiencies and encourage the existing system to seek to provide 'value' in the service it offers. This, in and of itself, will enhance the credibility of the accreditation system.

Accreditation in residential aged care has been developed outside of the existing quality frameworks for health and community services in Australia. The Australian Government in association with the government of New Zealand has made a commitment to the development of a quality industry with

the establishment of the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). JAS-ANZ has been established to be the accrediting body for accreditation service providers recognised by both the Australia and New Zealand governments. JAS-ANZ has experience in the health care sector, and can contribute to providing independent, impartial and competent accreditation bodies to carry out accreditation for the aged care community to the Accreditation Standards (for further information see www.jas-anz.com.au).

1.2 Principles

- The services provided by an aged care accreditation system should be entirely consistent with the standards against which it assesses the aged care community. In particular the accreditation service provider should be capable of having the criteria within Outcome 1.9 'External Services' applied to it by all of its customers.
- Just as the Australian system of aged care holds strong credibility worldwide, the accreditation system assessing it should likewise hold such credibility. An accreditation service provider:
 - should be a recognised part of established quality industry systems through JAS-ANZ,
 - must be subject to assessment of its systems and continuous improvement compliance, and have this assessed against established international quality standards,
 - must be subject to an independent review process, and
 - must be required to operate a feedback system (a compliments and complaints mechanism) that is regularly reviewed and is capable of adjustment to ensure customer satisfaction.
- Decision making processes should be clearly understood by the Australian community, and exhibit transparency and consistency. Decisions must also be subject to appeal and review, having access if necessary to an independent, inexpensive and responsive mediation process such as that available through the JAS-ANZ system and processes.

1.3 Recommendation

Suppliers of accreditation services to the aged care community must do so through the established quality industry structure in Australia, and be licensed to operate in this manner by JAS-ANZ. In this way, JAS-ANZ will be responsible for overseeing those accreditation bodies providing such services, including their processes for decision-making, review, complaints and appeals.

2. Application to the Continuum of Care

2.1 Key Issues

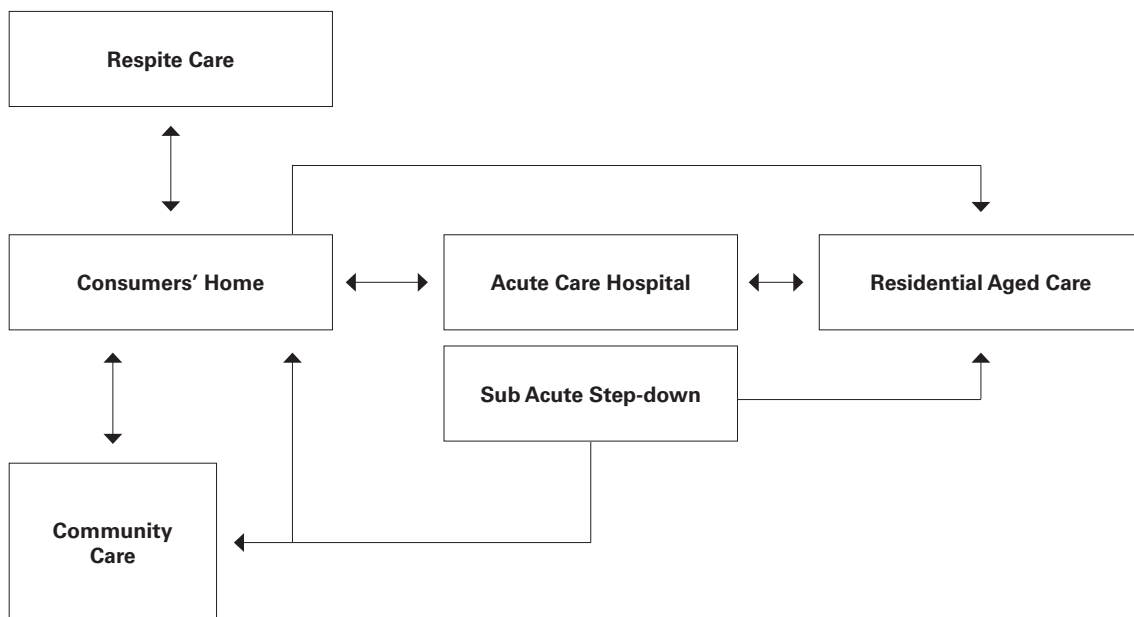
The development of multi service organisations in residential aged care are now a significant and important part of the aged care community, and reflect the commitment of the Australian Government 'on the ground'.

An accreditation system applied to the aged care community must be capable of application across the continuum of aged care services. There are a substantial number of residential aged care services now subject to different and multiple accreditation systems, often reviewing the same information.

Across the continuum of care, there are substantial components of care that are not considered by the existing residential aged care accreditation system. The gaps are being filled by additional accreditation systems that often, coincidentally, reflect the existing funding silos. These additional accreditation systems have no common basis and therefore result in substantial disruption to service delivery and waste of scarce resources.

An accreditation model that embraces the essential need for integration on the ground and has application potential to the continuum of care is necessary for future sustainability. There is a multiplicity of service types and interfaces that must be considered in determining an appropriate accreditation model. The accreditation model must provide for true person-centred care, for the benefit of older people in Australia, as well as younger people receiving care and support.

Continuum of Care Model



2.2 Principles

- The application of accreditation services must be based on the range of activities being provided by the aged care service.

The aged care community must be able to focus on the efficient and effective delivery of services in line with the needs of people in receipt of aged care services. Multiple accreditation system application leads to both staff and financial resources being diverted from this essential focus.

- The concept of accreditation has, as its base, a customer focused orientation, and this should be used as the basis of a partnership with the aged care sector for continuous review and improvement.
- The Council of Australian Governments (COAG) should seek to reach agreement to eliminate resource intensive duplication of accreditation systems to the aged care community.

The trend across all levels of government to focus on a risk management rather than an inspectorial approach is applauded. It is imperative however that accrediting agencies should be required to demonstrate their knowledge and capacity to accredit, and potentially be subject to a similar independent accreditation process. This would ensure that their own systems and processes are meeting the needs of their customers, efficiently and effectively.

- Accreditation systems must be structured in such a way as to have application across potentially all care delivery options such as the acute/aged care interface; community/residential; retirement living; and flexible care. An accreditation service provider must be capable of responding positively to the full range of services provided by the aged care community, across the continuum of care.
- Some organisations, in addition to aged care services, operate services for people with a disability, provide retirement living options as part of the continuum of care, as well as a myriad of complementary services such as respite, rehabilitation, step-down, transitional and other care and accommodation service delivery.

An accreditation service provider must be capable of addressing the systemic issues relative to a wide range of service activities. While a single dimensional accreditation service provider may be appropriate in some circumstances, there must be options available for those aged care service providers who offer more than a single dimensional service. Accreditation assessors should be capable of lateral application to suit the needs of the customer of the accreditation service.

2.3 Recommendations

An aged care accreditation system must be able to meet all the accreditation requirements of the aged care community, covering all aspects of a potentially diverse range of services provided in aged care, and be capable of application across the continuum of care. Duplication and repetition must be eliminated to minimise disruption and maximise the level of funding going to service delivery.

The Australian Government should ensure that the subject of duplication and resource waste through multiple accreditation systems across State and Australian Government departments is made a priority in COAG discussions, enlisting bilateral support for the recognition of systems based on the JAS-ANZ structure.

An accreditation system in Australia must be customer focused, flexible and responsive to the needs of its customers. The nature of the aged care community is dynamic, and service suppliers to this community must reflect the same sense of dynamism.

3. Improvement Orientation

3.1 Key Issues

An accreditation service provider must be capable of identifying and promulgating best practice. There must be an avenue by which such best practice can be accessed by all aged care service providers.

There is a fundamental issue in relation to any accreditation service, that assessors should be exposed to a variety of industry activities, to enhance their personal reference point and experience. Quality system assessors have an inherent ability to contribute positively to the organisation they are assessing, by bringing knowledge and experience of alternative industry activities. Initiatives for example within the information technology or hotel industries could also be suitable for application to aged care services, at any point in the care continuum. The Alliance considers that it is important for assessors to have such exposure to deliver 'added value' through the assessment process.

The promulgation of 'best practice' within aged care currently is effectively taking place through networks, both formal and informal. The accreditation process should be an integral component of the further development of 'best practice'.

The suppliers of accreditation services must themselves be subject to a basic requirement of an improvement orientation, which is independently assessed as being active and effective.

3.2 Principles

- The assessor reference point must be constantly challenged to ensure that 'best practice' can be identified within the aged care community.

Within the accreditation assessment community, there must be a mechanism through which they are made aware of changing models of service provision and innovation within the aged care community.

- An accreditation process must deliver value to the organisation being assessed.

An accreditation assessor who has current knowledge of developments, ideally in a range of industries, will provide demonstrable value to the organisation being assessed.

The range of activities undertaken by many aged care service providers is very broad and extends to areas such as food safety, information technology, laundry, security, accounting, management and many others in addition to direct service delivery. An effective accreditation system should have positive application to all such areas.

For an accreditation assessor to be capable of 'value adding' to the assessment process, exposure to other industries and organisations providing such services outside of the aged care community would be a significant advantage. For example, innovation in food safety systems could be expected to come from large hotel chains. Developments in information technology will be occurring in software houses or project management organisations at a rapid rate. Assessors involved in assessing such organisations have an active and positive point of reference for the aged care community.

- Accreditation service providers should be able to 'pool' information on best practice and make this available to the aged care community.

To ensure independence in this process, such an information 'pool' should reside in an independent organisation such as JAS-ANZ.

This information would be available to all consumers, operators, and stakeholders in the aged care community.

3.3 Recommendations

Accreditation service suppliers must be given an incentive to continue to improve their services, ensuring true value is delivered in exchange for the investment in systems and payment for the accreditation service provided. A competitive model has the potential to deliver such an advantage.

The Australian Government should facilitate the 'pooling' of best practice examples within aged care by an independent party, auspiced if necessary by an initial Australian Government grant.

4. Independence

4.1 Key Issues

Accreditation service providers should not only state that they are independent both in practice and financial terms, but they should also be seen to be independent.

There exists a current confusion in the minds of many service providers, workers in aged care and the community, of accreditation and compliance and of the roles of the respective Aged Care Standards and Accreditation Agency, and the Department of Health and Ageing (including the Complaints Resolution Service). There is a general perception that the Agency is both a service provider to the aged care community and an instrument of enforcement of Departmental policy. There is a clear conflict of interest between these two activities.

The initiative of the 'Roadshow' organised in 2002 was a positive step forward and one welcomed by the aged care community. In spite of this initiative, the role confusion perception remains.

There is a critical issue reflected within the annual reports of the Agency, which indicate that the financial viability and sustainability of the Agency is reliant on funding grants from the Australian Government. Whilst it is understood that this is an essential economic reality at this stage, it could indicate that there is a strong potential for moral hazard in the decisions and actions taken by the Agency. There is a clear imperative for accreditation service providers to be capable of making decisions independently of determinations made elsewhere.

The concept that the responsibility for determining the standards and criteria remaining with the Department of Health and Ageing is supported, however the Alliance considers that this responsibility would be greatly enhanced through a standing committee made up of representatives of the aged care community. It is feasible that such members could be readily drawn from the membership of the Alliance, given our broad representative base.

Maintaining clear separation between the Department of Health and Ageing and accrediting bodies, will mean that the relevant standards can be monitored, reviewed and improved, reflecting the preferences and needs of the stakeholders in the process.

4.2 Principles

- A service provider of accreditation services should not be reliant on a major single income stream for its financial sustainability.

An organisation should not be subject to potential conflict of interest or moral hazard due to its financing stream.

- Accreditation should be clearly seen as a process of assessing conformance against standards, leaving compliance with legislation to be monitored by the Department of Health and Ageing.

There must be a clear delineation, both in theoretical and practical terms, between the two functions.

The basic principle of accreditation is to eliminate inspectorial approaches in favour of system solutions. This must be clearly preserved to demonstrate independence from compliance activities.

- Accreditation service providers should not be seen as establishing the requirements for regulatory compliance within the aged care continuum. This role should be retained within the Department of Health and Ageing, enhanced through the establishment of an advisory committee potentially drawn from the membership of the Alliance.
- Any relationship between Government, the Department of Health and Ageing and an accreditation service provider should only be through a contested and transparent contractual arrangement.

4.3 Recommendation

A clear delineation of responsibilities between the Australian Government and accreditation service suppliers must be achieved, and independence and impartiality be seen to be assured.

5. Choice and Competition

5.1 Key Issues

Choice for purchasers of services and competition between providers of services are two key elements in producing productivity and efficiency gains. Choice of accreditors and competition between accrediting bodies is promoted in other health care areas, yet the aged care sector has no choice in its accrediting body.

The aged care community is not an homogeneous industry. It ranges from stand-alone facilities with relatively few residential or community places, through to government, community and privately owned and operated facilities numbering thousands of clients. It also covers services of all sizes and configurations in metropolitan, rural and remote areas.

Many providers of aged care services also provide additional services, which the current accrediting body does not have the mandate to accredit. As a direct consequence, providers and aged care workers are exposed to multiple accreditations with the attendant resource and cost implications.

Accreditation should provide, through its processes, benefits to the organisation being reviewed. There must be recognition of multiple site organisations operating on a standardised system. This recognition is not as well developed in the residential aged care accreditation system as it is in other accreditation services available in the health and community services sectors.

Accreditation processes for some small stand alone facilities may need to be more educative and assistive in nature. Processes for accreditation of rural and remote, and Indigenous services in particular, must take account of the very real differences in their operational environment and their resourcing arrangements. Recognition of such variances may be enhanced if aged care services have the ability to access a range of accreditation service providers and be able to select an accreditation service provider perceived to have the understanding and capacity to recognise and support such differences.

There is an inherent potential advantage to the Aged Care Standards and Accreditation Agency through the introduction of choice and competition. The ability of the Agency to broaden their income and business base will provide an improved level of security to the organisation and its employees. An opportunity to spread the financial costs and risks associated with the services it provides away from a single customer base has to provide an advantage to the Agency and its stakeholders. The Agency likewise would have a competitive advantage given its experience over recent years, and may indeed maintain a reasonable level of support from those within residential aged care who have no other activities or need for alternative accreditation arrangements.

For those within aged care whose activities are broader than residential aged care, the Agency could, with expansion of their service offer, and licensing under the JAS-ANZ banner, be an active and productive competitor for the provision of accreditation services.

Consequently, there are significant potential advantages to all aged care participants through the introduction of choice and competition.

5.2 Principles

- Accreditation service providers must have the needs of its customer as its focus. Giving the aged care community the opportunity to select the service provider most likely to deliver 'value' services is a concept that should be seriously considered.
- A competitive environment is a clear impetus to delivering required outcomes. Competition has the potential to lead to increased efficiencies, an improved 'value' framework in service delivery, and reflect the varying needs of the customer base. Such an environment will lead to improved benefits for all concerned with the delivery of aged care services.

5.3 Recommendation

That choice of accreditation provider be available in residential aged care and that legislation be introduced allowing the aged care standards and accreditation agency to broaden the accreditation services they offer. Choice and value for the resources invested in accreditation must remain at the centre of any and all future accreditation structures.

6. Sustainability

6.1 Key Issues

Like any other service provider, an accreditation service provider must be capable of ensuring its financial sustainability into the foreseeable future. This is particularly important given the level of funds held at any one time by an accreditation body, and the disruption to accreditation status that would come about should such an accreditation body find itself in a financially compromised situation.

An analysis of the annual reports of the Aged Care Standards and Accreditation Agency reflects that the existing commercial sustainability of the Agency is doubtful without continuing substantial grant funds being made available from the Australian Government, or alternatively substantially increased costs being passed on to the aged care service provider network.

Under the existing system, the Agency is confronted with a morale hazard, in that effectively their decisions on accreditation periods have a direct impact on their income generation. Whilst no doubt there are systems in place within the Agency to deal with this potential conflict, it is unfortunate that the Agency is in this unenviable situation.

It has been known since the start of the current accreditation system, that the fees levied by the Agency are significantly higher than those available through alternative accreditation service suppliers. This is understandable when the substantial corporate infrastructure that has had to be established and maintained, by necessity, to service a relatively small and limited commercial market is considered.

In effect, both the Australian Government and residential aged care services are paying a premium because of these factors. The Agency, on the other hand, has not apparently moved to enter other markets where it would be possible to spread its overheads and therefore deliver additional value to its current customers, the residential aged care providers of Australia. We imagine this must be a component of the Agency's strategic planning structure, however such information does not reside currently in the public domain.

The extension of accreditation service delivery across a range of competitive suppliers would be consistent with the contestability tests that are used by the Australian Government on a whole range of supply arrangements, including the availability of subsidies for community and residential places.

6.2 Principles

- An accreditation agency should not be reliant on an income stream from any one source for its financial survival.

Accreditation service providers, like any other business, must look to a range of customers and income sources to ensure long-term viability.

Accreditation service providers should likewise not be reliant on a single industry group and its potential vagaries for its sustainability.

- An accreditation service provider must be free from the potential moral hazard of determining its own income streams based on the accreditation determinations that it makes.

Transparency of decision-making and independent review must be a hallmark of any future accreditation system.

- The process of selection of a supplier of accreditation services should be no different to the selection of any other supplier of services. It should be based on agreed performance standards; a service agreement; and systems allowing for action to be taken in the event of non-compliance.

- A supplier of accreditation services, for its own developmental sake, should be exposed to a range of industry activity to constantly improve its own frame of reference, broaden its commercial risk, and spread its overhead cost structure. This is considered to be essential for long-term sustainability.

6.3 Recommendation

Aged care accreditation systems must be sustainable in the long term, both in terms of accreditation service provision and the ability of the aged care community to meet the costs of the service provided. To this end, neither the Australian Government nor the aged care community should be required to cross subsidise any accreditation service supplier.

7. Accountability

7.1 Key Issues

Whatever the shape of the accreditation system, it is imperative that the Australian community maintains confidence in aged care services. Consumers of aged care services must be able to access information about their proposed service provider and their performance against the relevant standards.

JAS-ANZ has been established to be the accreditation body for accreditation service providers and is recognised by both the Australian and New Zealand governments. JAS-ANZ has experience in the health care sector, and can contribute to providing independent, impartial and competent accreditation bodies to carry out accreditation to the Accreditation Standards. Consumers, industry and Government have an opportunity to be involved in program development, to ensure that the sector's needs are adequately incorporated (for further information see www.jas-anz.com.au).

The availability of information on aged care services, and its ease of access, must remain a feature of a future accreditation environment. The media, consumers, and aged care providers should have access to information relating not only to assessment results, but also to examples of 'best practice' in aged care services.

The Australian community also has a right to see that their investment in these services is providing a positive return through quality service delivery based on an improvement orientation. In concert with this improvement philosophy, the Australian community would surely react positively to the continued availability of such information access, particularly if it can be made available without the continuation of direct taxpayer funding through Australian Government grants. The ability to demonstrate efficient and effective use of taxpayers funds indirectly through the contributions made by aged care providers to accreditation service suppliers, should also appeal to the Australian Government and the Australian community at large.

7.2 Principles

- The aged care standards must remain the province of the Minister for Health through the Minister for Ageing and the Department of Health and Ageing, supported by an appropriate reference group comprised of experienced consumer, industry and stakeholder representation.
- Information relating to the performance of aged care services against the relevant standards must be readily available to the community. To this end, an information website would show the service results against the required standards, through the auspices of JAS-ANZ or other appropriate services.

- The Australian community must be able to establish, to their satisfaction, that precious service resources are being directed efficiently and effectively to the care of those who need the services and support of the aged care community.

3.3 Recommendations

Aged care quality standards, both present and prospective, must remain the province of the Minister for Health through the Minister for Ageing and the Department of Health and Ageing. This ownership however must include a responsibility to interact with an appropriate advisory group comprised of experienced consumer, industry and stakeholder representation, to assure practical application of decisions and determinations made.

The existing exclusive agreement between the Australian Government and the Aged Care Standards and Accreditation Agency, should be reconsidered and discussions commenced with a range of potential suppliers of accreditation services to identify what is the best accreditation model (single provider or choice of provider) for aged care services into the future.

Conclusion

The National Aged Care Alliance is seeking comment from government, the bureaucracy, key stakeholders and the community, on the key issues, principles and recommendations outlined in this discussion paper.

Accreditation of aged care services is an essential component of the provision of quality care. The Alliance considers that the existing accreditation model, whilst providing substantial and measurable positive results for the residential aged care sector, must be evolved into a system that caters more appropriately for the needs of the aged care community across the continuum of care.

The nature of the aged care community is dynamic, and service suppliers to the aged care community must reflect the same sense of dynamism. The Alliance considers that any future accreditation system for aged care services must be based on the seven principles outlined in the discussion paper:

- credibility,
- application to the continuum of care,
- improvement orientation,
- independence,
- choice and competition,
- sustainability, and
- accountability.

Comments on the discussion paper should be directed to the National Aged Care Alliance secretariat (C/- PO Box 4239 Kingston ACT 2604, email: anfcanberra@anf.org.au) and be received by close of business Monday 28 February 2005.

National Aged Care Alliance

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisation in aged care, including consumer groups, providers, unions, and health professionals, working together to determine a more positive future for aged care in Australia. The Alliance was formed in April 2000.

The Alliance's vision for aged care in Australia is that:

All people in Australia have access to planned and properly resourced integrated quality aged care services that are flexible, equitable, that recognise diversity and promote choice and respect for users and workers.

Members of the Alliance are:

COTA National Seniors Limited
Carers Australia
Lutheran Aged Care Australia
Catholic Health Australia
Liquor, Hospitality & Miscellaneous Union
Australian Nursing Federation
Aged & Community Services Australia
Australian Society for Geriatric Medicine
Anglicare Australia
Australian Association of Gerontology
Australian Nursing Homes & Extended Care Association
Geriaction
Australian Medical Association
Alzheimer's Australia
Royal College of Nursing Australia
Health Services Union
Baptist Care Australia
Australian Divisions of General Practice
Australian Physiotherapy Association
UnitingCare Australia
Pharmacy Guild of Australia
Australian Pensioners' and Superannuants' Federation
Royal Australian College of General Practitioners
Australian Healthcare Association