

6 Comparison with like assessments

6.1 Review of issues

One of the issues to be considered by the HACC Officials Standards Working Group in implementing the HACC National Service Standards Instrument is the comparability of the HACC Instrument with other quality appraisal mechanisms applied to HACC agencies.

To inform these deliberations, a study comparing the HACC National Service Standards with the Disability Services Standards, the Community Health Accreditation and Standards Program (CHASP) Standards, and the Australian Council of Healthcare Standards (ACHS), was undertaken and a working paper published in January 1997 (Butkus 1997).

At that time, it was noted that difficulties arise in attempting to make direct comparisons between distinct quality appraisal mechanisms based on the content of their standards, given differences in both their interpretation and the processes through which they are implemented within the field. Comparing an agency's performance against the HACC National Service Standards and CHASP is difficult, unless one is able to take into account the possible differences in method and approach, and the level at which 'well met' is set. For example, in the pilot test of the HACC National Service Standards Instrument, agencies generally spent a number of days completing the Instrument and preparing for their review by an assessor, which took from one-half to an entire day. In contrast, agencies undergoing a CHASP appraisal spend three to six months in self-assessment and preparation, compiling in the process vast quantities (one agency mentioned 10 ring binders) of materials for the reviewers to examine. The review teams then spend one to four days in the service examining the information provided by the agency, observing activities, and speaking to staff and consumers. A comprehensive analysis of the processes involved in these various quality appraisal mechanisms, as opposed to the Instrument, is outside the scope of this project.

Comparing the performance of a particular agency against various quality appraisal mechanisms is also made difficult because of the differences in purpose and development of these mechanisms. The Disability Service Standards are designed to assess the quality of services in terms of their compliance with the Disability Services Act, while CHASP and ACHS were developed within the health field, aimed at accrediting agencies against prescribed standards with clearly defined indicators. In contrast, the role of the HACC National Service Standards Instrument and review process as a regulatory mechanism is not yet clearly defined. Interpretation of the various program standards is made more complex by the particular nature of the language used, reflecting as it does the values and principles of the fields in which the quality appraisal tools have been developed.

It was hoped that analysis of the data collected during the pilot test of the HACC National Service Standards Instrument might provide an opportunity to compare the outcomes of the review processes described in the working paper. However, the significant differences between the various processes used to operationalise different quality appraisal Instruments preclude a meaningful comparative score (Butkus 1997). In fact, the other systems under consideration apply no such single score as that used in the HACC system. It is also difficult to meaningfully compare the number of 'met' standards an agency has achieved in each process, given the differences in the number, nature and structure of the standards and indicators used by the four systems, and the differences in the ratings scales employed by each.

A shared feature of the appraisal processes under review is that all result in the development of action plans, either by the agency itself as a result of its self-assessment (HACC National Service Standards and Disability Service Standards), or in the form of recommendations by the person surveying the agency (ACHS or CHASP). During the pilot test of the HACC National Service Standards Instrument, few agencies rigorously developed and returned their forward action plans to the project team. Action plans were not central to the aim of the pilot – to test the validity and reliability of the Instrument. However, if action plans were to be more rigorously collected, it might be useful to examine the plans developed by or recommended to single agencies involved in more than one quality appraisal, with a view to gaining information about the comparability of the outcomes of the various quality appraisal processes.

The following summary briefly outlines the different sets of standards discussed, and the general mechanisms by which agencies are assessed in relation to these standards. A more detailed version of this analysis is available as an Institute working paper (Butkus 1997).

6.2 Summary of like assessment mechanisms

6.2.1 Community Health Accreditation and Standards Program

The CHASP standards comprise 414 standards or indicators grouped according to 58 objectives, which in turn are organised into 10 sections (ACHA 1993):

1. Assessment and care
2. Early identification and intervention
3. Health promotion
4. Community liaison and participation
5. Rights of consumers
6. Client health and program records
7. Education, training and development
8. Planning, quality improvement and evaluation
9. Management
10. Work and its environment

The review process consists of four phases:

1. An internal assessment phase, over three to six months, involves all staff and management.
2. A review team consisting of a trained internal reviewer and two or three external reviewers spends one to four days in the service collecting information from a range of sources which includes staff, management, consumers, documents, sample records, and an inspection of the facilities.
3. The review team provides a written report to the service on its attainment of the standards.
4. Services develop action plans, which must be formally agreed with CHASP if the agency is seeking accreditation.

The scoring system used is a four-point scale, where standards may be:

1. Exceeded
2. Met
3. Met in part
4. Not met.

6.2.2 Disability Services Standards

The Disability Services Standards comprise 22 minimum, 65 enhanced and 14 eligibility supporting standards, grouped into 11 sections (Commonwealth of Australia 1994):

1. Service access
2. Individual needs
3. Decision-making and choice
4. Privacy, dignity and confidentiality
5. Participation and integration
6. Valued status
7. Complaints and disputes
8. Service management
9. Employment conditions
10. Employment support
11. Employment skills development.

The review process in New South Wales (DCS 1995) consists of:

1. A yearly self-assessment by agencies, in conjunction with their consumers, to ensure that their transition plans are being implemented, or that they are continuing to conform to the Disability Services Standards.
2. Independent assessments:
 - every three years, for all services, whether conforming or in transition;
 - where a conforming service wants to enter or renew a three-year funding agreement;
 - where a service wants to move from non-conforming status to conforming status; or
 - when requested by consumers or other concerned people.

In the self-assessment tool, the scoring system used is a three-point scale where outcomes may be:

1. Achieved
2. Partly achieved
3. Not achieved at all

6.2.3 Australian Council of Healthcare Standards

The ACHS standards comprise 160 standards or indicators grouped according to 22 objectives, which are in turn organised into six sections (ACHS 1996). They are:

1. Continuum of care
2. Leadership and management
3. Human resources management
4. Information management
5. Safe practice and environment
6. Improving performance.

The review process consists of three phases:

1. A self-assessment is completed by the organisation.
2. An ACHS surveyor team appraises the organisation, drawing on information presented by the organisation to demonstrate its achievements, verification of these by the surveyors, and a discussion and summary of the surveyors findings. Verification of agency achievements is done through reviewing documentation, observing the organisation and its services, and through discussion with staff, clients and carers.
3. The organisation, in consultation with the surveyors, develops a quality action plan based on the surveyors' recommendations. Organisations may be accredited.

The scoring system used is a five-point rating scale, where standards may be:

1. Not applicable (NA)
2. Little achievement (LA)
3. Some achievement (SA)
4. Moderate achievement (MA)
5. Extensive achievement (EA)

Additionally, surveyors may apply a rating of:

Achievement with commendation (AC)

6.3 Summary

6.3.1 Findings

- The comparison of standards as assessed by the HACC National Service Standards Instrument with Community Health Accreditation and Standards Program Standards (CHASP), with Australian Council of Healthcare Standards (ACHS) and with Disability Service Standards (DSS) found areas of overlap for each comparison. However, in a number of areas, these other quality appraisal methods did not adequately address the HACC National Service Standards. The least compatible was ACHS.

- Further comparison was not undertaken in the pilot for three reasons. Firstly, it would have required a comparison of the process of assessment for each appraisal system. Secondly, this comparison was made difficult because of the different purposes of each of the appraisal methods; and, thirdly, a quantitative comparison was precluded because of incompatible ratings systems across methods.

6.3.2 Recommendations

- Further work comparing the HACC National Service Standards Instrument with other quality appraisal methods should be undertaken. This could usefully include comparison of the action plans that result from the appraisal methods.
- The findings of the detailed comparison of HACC standards with CHASP and DSS (Butkus 1997) revealed that no meaningful comparative scores could be constructed. While there was some overlap in the areas of service quality measured by these methods, it would be necessary for agencies to address issues of quality raised in the HACC standards that were not raised in either CHASP or DSS.
- The findings of the comparison of HACC standards with ACHS revealed that no meaningful comparative scores could be constructed, and that there was no HACC objective that was completely covered by the ACHS standards. Agencies that had undertaken an ACHS review would need to address issues of quality under each of the HACC objectives, precluding the use of an abridged Instrument for these agencies.
- For agencies that have undergone a review under another scheme, it is recommended that they fully complete the HACC National Service Standards Instrument at their first review, referring to other appraisal method results as appropriate. This would allow the performance of these agencies to be compared with other HACC agencies completing the Instrument. Subsequent reviews or reassessments may draw more heavily on the results of other appraisal methods.