



## Submission to the Education and Health Standing Committee

### Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia

This submission addresses the Terms of Reference:

*(b) evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care*

QMS is a licensed provider of the Australasian Quality Improvement Council (QIC) Review and Accreditation Program for Health and Community Services [www.qic.org.au](http://www.qic.org.au), as well as SA Department of Families and Communities Service Excellence Program and the SA contractor for undertaking all Home and Community Care National Service Standards Reviews in SA. QMS has responsibility for all QIC review and accreditation in WA and have as our clients a number of WA Government and Non Government Drug and Alcohol Services, including work with the integrated service model currently in place in WA. In addition QMS has had an association with and conducted work for the peak body for the NGO Drug and Alcohol sector, WA Network of Alcohol and other Drugs (WANADA).

QMS would like to make a submission to this inquiry based on our significant experience in the areas of safety and quality in the health and community sector, in particular drug and alcohol services.

I would like to highlight the value of incentive based quality review and accreditation against agreed industry benchmarks in the pursuit of quality evidenced based services. The QIC Standards and Accreditation program is one program with a proven and effective means of promoting the use of evidence based practice, encouraging strategies for addressing barriers to access, ensuring mechanisms for community and consumer feedback are built into organisational systems, assessing the effectiveness of current services and developing a culture of continuous quality improvement in the sector. The reason I refer specifically to this program is that it is health specific and reflects the values of this sector. This program is also based on peer review which has additional benefits to the sector. It engages people working in the sector as peer reviewers, which provide professional development, sector development and capacity building, and the sharing of good practice across the sector.

QMS has had a long history of sector development using Standards and external review. The QIC review program has some key features that support capacity building and organisational development above some other models.

1. QIC accreditation is a voluntary process that organisations take on as the result of industry incentives (eg. As a management tool to guide change, to give organisations the edge in competitive tendering, Accreditation is requirement for tendering; general competitive environment in the sector etc)
2. Peer review is an immensely valuable management and sector development tool exposing reviewers from both management and service delivery to a wide range of organisational processes and systems and where appropriate sharing of good practice
3. The external nature of QMS/QIC as the assessing and/or accreditation authority sees us at arms length from any organisation we accredit with no direct link to funding decisions or funders per se.
4. The QIC Standards reflect the values and language of the health and community services industries, making them readily applicable to participating organisations

In our experience these features plus the requirements of the QIC Standards for quality outcomes for consumers and strong sustainable organisational systems are key to the development of a successful culture of continuous quality improvement and evidence based practice.

With respect to Drug and Alcohol services the QIC program has developed sector specific Alcohol Tobacco and other Drugs (ATOD) Standards for use in guiding best practice. These Standards were developed in consultation with experts in all states across the Alcohol and other Drugs sector, both government and not government. The Standards have been used across Australia and are widely accepted as reflecting current accepted good practice. In addition to this QMS has worked with WANADA to map the WA Alcohol and other Drug Sector Quality Framework for use in conjunction with QIC Accreditation for the Non Government sector. Sector relevance and engagement is a key factor in acceptance of accreditation and Standards.

It is with this background that I would like the standing committee to consider the value of introducing an accreditation program to the Government and Non Government Drug and Alcohol sector in WA.

#### **Issues for consideration:**

##### **Service level (ie. Drug & Alcohol Service) compliance versus organisational accreditation.**

Many Non Government Organisations (NGO's) provide multiple service types and are subject to multiple compliance against service specific standards. Any quality system needs to minimize duplication and support both good clinical practice and overall good governance. Notions of cross recognition and combined assessment should be considered. An integrated process that addresses both clinical and corporate governance is highly desirable. .QIC provides a n excellent example of both corporate governance and standards to support service delivery to ensure good clinical outcomes. It can also add additional service delivery standards into the process where applicable,

providing a flexible model for complex organisations. This integrated process helps to address multiple compliance issues faced by large NGO's.

### **Accessing existing frameworks or developing a “purpose built” framework**

Utilizing an existing flexible quality program like QIC is both economical and makes use of 20 plus years of experience and knowledge in standards and accreditation. It also utilizes existing infrastructure to provide an independent accreditation authority that operates across Australia and New Zealand, independent of government. The approach to Accreditation for this sector should proceed in partnership with Peak bodies and sector representatives, however, accreditation should be independent of both government and peak bodies to enable acceptance and independence. I would strongly advise an approach of partnership and refinement rather than creation of a separate system.

### **Barriers to participation in Accreditation**

Many organisations do not engage in accreditation off their own back due to the associated costs and staff resources required to establish the required formalised systems and the cost of assessment or contracting with the accreditation agency which can run into thousands of dollars each year.

Many NGO's also lack adequate infrastructure funding to dedicate staff to facilitate quality systems and or do not have staff with skills and expertise around quality processes. Processes to support this for the sector should consider these factors and include dedicated funding within budgets for paying for accreditation and possible funding of peak bodies for assistance and support to the NGO sector.

### **The current profile in WA in relation to Quality and Alcohol and Illicit Drug Prevention & Treatment Services:**

- The service arm of the Drug and Alcohol Office, Next Step is accredited under the QIC standards, including the Alcohol Tobacco and Other Drugs Standards
- WANADA has the WA Alcohol and other Drug Sector Quality Framework, NGO Drug and Alcohol services are expected to engage in a peer review process against some aspects of the Quality Framework but are not required to implement this in its entirety and there is no agreed process for its systematic implementation and monitoring
- QIC has endorsed use of the WA Alcohol and other Drugs Quality Framework for use in conjunction with the QIC core standards for NGOs in WA to achieve accreditation
- The NGO sector in WA appears to be at an “early emerging” stage in relation to their quality processes and accreditation readiness.

### **Benefits of an Accreditation framework summarized:**

- Articulates best practice in the field and supports benchmarking against this
- Provides an independent “report card” for each service and the sector as a whole
- Supports continuous improvement of the services
- Embeds a culture of continuous quality improvement within the services
- Encourages the development of a range of internal auditing and clinical governance processes
- Promotes and provides accountability around quality and evidence based practice

**In conclusion**

QMS has a 24 year history of engaging the Health and Community Sector in quality and safety processes through the QIC Accreditation and Standards Program and others. We have a commitment to meaningful and integrated quality processes. We promote working in partnership with Peaks and sector representatives to best achieve buy-in to quality review and accreditation. Our experience also tells us that these processes must be adequately supported by training to both build capacity and ensure maximum outcomes for the sector in terms of safety, quality and best practice.

Any accreditation program should also take the approach of working in partnership with agencies throughout their quality journey and that the best results come over the longer term with the building of a culture of quality improvement over several 3 yearly cycles of review and accreditation.

I would encourage the Education and Health Standing Committee to consider these issues in their deliberations in relation to ensuring:

*the evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care.*

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