

Evaluation of Accreditation Processes in 2017

Introduction

This evaluation investigated short-term quality indicators for the SA MET Health Advisory Council Accreditation process for intern and PGY2+ posts, which has been in place since 2014.

The evaluation reviewed accreditation processes that have taken place over the 2017 calendar year:

- > The Adelaide Prevocational Psychiatry Program, Inpatient Rehabilitation Unit, February
- > Mount Gambier Hospital & District Health Services, June
- > Whyalla Hospital and Health Service, June
- > Lyell McEwin Hospital, Renal Unit, August

Method

Feedback was requested from 23 staff members from Local Health Networks (LHNs) involved in coordinating accreditation processes and 12 accreditation team members who visited sites. Data was collected via an online survey and analysed.

Results

- > Three team members and three LHN staff provided feedback through the survey.
- > Collating the required submission documentation, using SA MET's templates and understanding/applying the Accreditation Standards represents a significant time investment for respondents.
- > Respondents find the SA MET's support meets all their information needs in particular responding to any questions by team members in a timely manner and collating and drafting the report. One respondent noted that the Project Officer's support made the accreditation process a lot easier.
- > All team members felt their contribution to the process was valued and their voice was heard.
- > One Respondent noted that the submission document, although it had improved from previous years, still required improvement, that their experience of the process was hard.
 - o It was suggested that the accreditation focus should be more on how LHNs comply with procedures/policies rather than having to submit them.
 - o The information gathered at the actual visit can be reflective of only one person's experience rather than a general experience.
- > Some LHN respondents noted it was difficult to develop/update term descriptions and respond to provisos in the time provided.
- > Respondents valued the support from the SA MET Unit noting in particular advice about understanding the accreditation standards, collating submission documentation and clarifying proviso responses.

Discussion

The findings of the evaluation showed that the SA MET Unit provided valuable information to team members and LHN staff in relation to accreditation visits and general accreditation processes. It was noted that whilst there were no concerns some services could be improved. There is scope for the SA MET Unit to provide more information to LHNs to increase their understanding of how to apply the Accreditation Standards to the practical setting, developing/updating term descriptions and responding to provisos in the time provided. The SA MET Unit appreciate and recognise the hours of work that team members contribute before and after a visit.

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Appendix: Survey Data

Preparing for the Visit

Team Members

- > (1 / 3) respondents spent more than three hours reviewing the documents before the visit.
- > All respondents noted that they received enough information from the SA MET Unit to assist them in accreditation processes.

LHN staff

- > (1 / 3) respondents noted the workload and time commitment associated with the accreditation visit process was excessive and spent more than 60 hours in preparing for the visit.
- > Another LHN respondent noted ***"I have no idea – probably more than necessary as it was my first accreditation experience"***.
- > The third respondent spent 2-3 hours preparing.
- > (2 / 3) noted collating the required submission documentation represents a significant time investment with (1 / 3) using SA MET's templates and (2 / 3) understanding/applying the Accreditation Standards.

The Visit Program

All team member respondents strongly agreed that the visit provided them with sufficient time for discussions and agreed the accreditation standards were easy to apply to a practical setting.

Support by SA MET Unit

- > All three team members felt supported by the SA MET Unit in all of their information needs.
- > All LHN staff valued the SA MET Unit's timely support and advice provided during the accreditation process.

The most valuable service during the accreditation process was noted by respondents.

"I found the project officer managing our accreditation to be very responsive to all of my questions in a very timely fashion. I really appreciated this and it made accreditation a lot easier."

"The fact that SAMET staff collate and draft the actual report."

Report writing

- > One team member spent over three hours developing the report whilst two team members spent an hour.

Satisfaction with contribution

- > All three team members felt their contribution to the process was valued and their voice was heard.
- > Team members noted the reason for contributing in an accreditation visit:

"Standardising the experiences for trainees across the state is important."

"I enjoy the experience and giving back to improving SA Health."

"It will help my colleagues improve their work standards and environments. It would also help me develop a better understanding of the requirements of a 'well oiled' unit and help develop the skills required to improve the unit."

Accreditation Functions

- > (1 / 3) respondents found the ease of general accreditation processes to be hard in particular developing/updating term descriptions and responding to provisos in the time provided.
- > The advice sought from the SA MET Unit in relation to a visit or general accreditation processes were:
 - Understanding the accreditation standards
 - Collating submission documentation
 - Developing the site visit program
 - Clarifying proviso responses

Accreditation Team

- > All LHN respondents agreed that the visit was conducted in a collegial manner, team members were knowledgeable and showed appropriate experience and conducted themselves in a professional manner.

General Comments

“I think there is still considerable double up in the submission document (although it's much improved from previous years). I also think we shouldn't have to supply SA Health policies that all LHNs have - this is standard I think accreditation should focus more on how we comply with the procedures/policies. I think the information gathered at the actual visit can be reflective of only one person's experience rather than a general experience. I'm not sure it's that reliable.”