

NSQHS Standards Consultation RIS
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Via email: NSQHSStandards@safetyandquality.gov.au

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Alzheimer's Australia comments on NSQHS Standards RIS

Thank you for the opportunity to comment on the consultation Regulation Impact Statement (RIS) for the revised National Safety and Quality Health Service (NSQHS) Standards.

Alzheimer's Australia strongly supports Option 2 in the Consultation RIS paper released by the Commission, that is, a transition to Version 2 of the NSQHS Standards by 2018-19, on the basis that this option offers the greatest benefit to consumers including people with dementia and their carers.

Alzheimer's Australia is the peak body providing support and advocacy for people with dementia and their families and carers in Australia. Dementia is the second leading cause of death in Australia, and there is no cure.¹ Alzheimer's Australia represents and supports the more than 353,800 Australians living with dementia, and the more than one million family members and others involved in their care². Our organisation advocates for the needs of people living with all types of dementia, and for their families and carers; and provides support services, education, and information. We are committed to achieving a dementia-friendly Australia where people with dementia are respected, supported, empowered, and engaged in community life.

As noted in Alzheimer's Australia's submission to the development of Version 2 of the NSQHS Standards in late 2015, our organisation is strongly supportive of the inclusion of safety and quality of care for people with cognitive impairment throughout the revised NSQHS Standards. As the prevalence of dementia increases in our community, it is critical that all hospitals and other health services are well equipped and motivated to provide safe, high quality care for people with dementia, as part of their core business. As the Commission is aware, people with cognitive impairment are high users of hospitals and other health care services, but have worse outcomes than other patients. People with cognitive impairment are at significantly increased risk of adverse events and preventable complications, they have longer hospital stays, and are more likely to die in hospital

¹ Australian Bureau of Statistics (2015) *Causes of Death, Australia, 2013*: Cat no. 3303.0

² Australian Institute of Health and Welfare (2012) *Dementia in Australia*.

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than other patients. Better screening, detection, and care has the potential to make a real difference.

The inclusion of cognitive impairment in the revised Standards addresses a critical gap that exists in Version 1 of the Standards. We are also pleased that Version 2 of the Standards addresses other important (and often related) gaps, including mental health, end-of-life care, health literacy, and Aboriginal and Torres Strait Islander health. In our view, addressing these gaps in coverage represents a very significant improvement in the potential contribution the Standards and related accreditation processes can make to ensuring quality and safety of care for consumers, particularly vulnerable members of the community including those with cognitive impairment.

There are a number of other key benefits the revised Standards offer for consumers. These include most notably the updating of the Standards to reflect the continually evolving evidence base, new models of care, and emerging quality and safety issues. As noted in the consultation paper, the credibility of the standards requires that they are built on a strong and current evidence base. It is also important that the Standards reflect emerging practice and emerging quality and safety issues.

We agree with the Commission's assessment (on page 25 of the consultation paper) that Option 2 offers clear benefits for consumers including reduced risks and safer care, a focus on addressing previous "gap" areas as outlined above, greater focus on patient participation in decisions about their own care, and improved clinical communication including through electronic channels. Given these important benefits, it is essential that the revised Standards be fully implemented as soon as practicable. Retaining the existing Standards for another three years (Option 1), or introducing only a subset of the revised Standards (Option 3) are simply not acceptable options. Either of these approaches would greatly compromise the quality and safety of care offered to Australian consumers.

Thank you again for the opportunity to comment, and we look forward to the early and full implementation of the revised NSQHS Standards. We remain keen to work with the Commission on the implementation of the Standards with meaningful consumer involvement, and more broadly on strategies to ensure that hospitals and other healthcare services are well equipped and motivated to identify and respond to the needs of people with cognitive impairment.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carol Bennett', written in a cursive style.

Carol Bennett
Chief Executive Officer
Alzheimer's Australia