

## Attention David Goddard QC

At the conclusion of my verbal submission to the review I agreed to provide further supplementary information on certain aspects of the Accreditation (now known as Certification) process.

The two areas of additional information were: -

- (a) Where the Standards required to be met by Physiotherapists indicate the requirement that Treatment Profiles are adhered to.**
- (b) Estimates of the cost to a Physiotherapy provider of becoming and maintaining Certification requirements.**

My Supplementary comments / information follow.

**Ref: - (a) Where the Standards required to be met by Physiotherapists indicate the requirement that Treatment Profiles are to be adhered to.**

**The Standard in place is known as:** - SNZ HB 8171.1:2005 Allied Health Services Sector Standard – Physiotherapy Services. I am referring to the Physiotherapy Services Audit workbook, which is the more detailed Standards documentation used as a guide to providers and auditors to ensure compliance with the Standard.

### **Extract from Standard 2 –**

#### **Quality and Risk Management.**

##### **Service Criteria –**

**Outcome:** There is a documented quality and risk management system in place that promotes the safety and well-being of the consumer.

**Guidance:** The quality and risk management system reflects continuous quality improvement principles and may be separate from, or included in the service / strategic / business plan.

Allied Health Professionals are accountable for their actions. Sound clinical judgement must be applied in balancing safety and risk in relation to the consumers own goals.

**Outcome Criteria 2.4.1 –** Relevant professional and clinical standards are identified, implemented and monitored to meet current accepted good practice and satisfy relevant legislative requirements in the applicable service or setting.

**Example sector solutions:**

This may be evidenced by, but is not limited to:

- (a) Access to professional codes of practice, standards and guidelines e.g. ethical codes of the Physiotherapy Board of New Zealand and the New Zealand Society of Physiotherapists (NZSP).
- (b) Standards of practice of Special Interest Groups of the NZSP and these being reflected in relevant policies and procedures.

**Summary:** - *The application of this standard to Physiotherapy practice requires adherence to several areas of practice including:* -

- *Standards of Practice*
- *Professional codes of Practice*
- *Standards and guidelines.*
- *Ethical codes*
- *Current accepted good practice*
- *Relevant legislation*
- *Sound clinical judgement*
- *Quality and risk management*

*By intent this standard aims to ensure that Quality and Risk Management including patient safety, treatment and ongoing management is conducted in an environment where a number of Statutory, Professional and Individual Clinicians ethical requirements are met.*

*By implication an auditor would expect to see the ACC treatment profiles identified as being met within the policies and procedures although not necessarily in response to this particular Standard – more likely to Standard 2.2.4 (see following comment)*

**Extract from - Standard 2 –****Organisational Management.****Service Criteria –**

**Outcome:** The day to day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate and safe services to consumers

**Guidance:** Management provides leadership for the quality of service delivery, and ensures there is opportunity for clinical input into the organisation's development and operations

**Outcome Criteria 2.2.4 –** The contractual requirements of any funder are identified, monitored and complied with.

**Example sector solutions:**

This may be evidenced by, but is not limited to:

- (a) All relevant personnel demonstrate knowledge and the implementation of contractual requirements.
- (b) A strategy demonstrating compliance

Summary: The intent of this standard is to ensure that those responsible for the organisation and management of the Physiotherapy service and all other staff comply with the terms of any funder's contract (s). By implication this includes an EPN contract and a defined requirement of the EPN contract is that the 'Treatment Profiles' are complied with – **see Attachment One**.

**Ref: - (b) Estimates of the cost to a Physiotherapy provider of becoming and maintaining Certification requirements.**

Estimates of the cost of achieving Certification vary depending upon whether actual or notional cost or both are taken into account as well as ongoing costs to maintain the providers systems to meet Certification requirements.

There are also additional costs to retain Conformance Auditing Bodies (CAB's) to complete audits, prepare audit reports and report outcomes as well as conduct surveillance visits between three yearly audits.

There are still more indirect costs relating to changes to facilities, technology upgrades, organisational changes and staff training.

**Attachment Two** illustrates my understanding of the situation and uses information available publicly available to providers, system preparation organisations and CAB's.

**Summary:** *The cost will vary depending upon the size and complexity of the organisation wishing to achieve Certification. The attached tables illustrate the several, options available to set up an organisation ready to be audited and the cost of auditing. The costs tabled should be taken as likely to be higher than an average calculation would indicate, because the larger more complex organisations often achieve some economies of scale resulting in 'quantity discounts'. A median indicative value would probably be more appropriate. There are no concessions inherent within the standards for different size of organisations.*

*I do know of practices that spend three hours each Saturday with two people maintaining their Quality System. One group that has a consultant spending 12 hrs per week another with a nearly full time Quality person. Many others where the principal in particular spends many hours after clinic closure maintaining their systems. Because of the reporting requirements of the Certification process, it is not possible to 'pass' surveillance audits without doing systems maintenance work. Passing the three year full audit is impossible without a significant amount of systems maintenance work.*

*Based upon my assessment of costs tabled' preparation can vary: -*

- For Initial Set up costs between \$24,000 and \$7,000 at todays prices depending upon the services utilised - not the size complexity of the organisation.*
- For ongoing costs between \$1440 and \$350 per month depending upon the services utilised - not the size complexity of the organisation. For a three year audit cycle this equates to \$51,840 and \$12,600 respectively*
- For Initial Certification Audit \$2,300 and \$1,800 per audit and reporting*
- For ongoing surveillance visits \$1,800 and \$900 per visit and reporting*

*The resulting range for the set up costs and first three years of Certification is: -*

<b>Costs Element</b>	<b>Est. Maximum Cost</b>	<b>Est. Minimum Cost</b>	
<b>Initial Set up</b>	\$24,000	\$ 7,000	
<b>Ongoing first 36 months</b>	\$51,840	\$12,600	
<b>Initial Certification Audit</b>	\$ 2,300	\$ 1,800	
<b>Surveillance Audit</b>	\$ 1,800	\$ 900	
<b>Total Initial 3 years Certification</b>	\$79,940	\$ 22,300	

NB There has been some cost reductions since the SNZ:8171 Certification process started about 12 months ago. The previous NZPAS associated costs were higher because of the (then) Accreditation processes used and the mandatory membership requirements inherent within that system.

#### **Beneficial outcome of Accreditation and/or Certification**

I am conscious in providing the forgoing information in respect of costs that there should be some 'balance' relating to the benefits of the implementation of Quality Systems that are validated by Accreditation and/or Certification.

The following comments are from my own experience, not specifically researched, but resulting from consultation, references and interactions with many Physiotherapy Clinics nationwide, both large and small businesses.

Certification using the on line system that I advocate over the past two years has resulted in some 120 clinics achieving Compliance to the following example regulation: -

- Health and Safety Requirements with processes in place and demonstrated to be working
- Facilities are better set up, safer and more user friendly
- The requirements of several important health related regulations are now being met in a meaningful and coherent way including:
  - Health and disability Commissioners Code of Consumers Rights
  - Privacy, Confidentiality and Health Records Information.
  - Employment regulations and associated labour management activities ie EEO
  - Electrical Safety, Building and Company Regulations

There are many other benefits emanating from achieving Certification that improve services to patients. As I (and others) previously submitted, direct clinical outcomes are outside of Certification. However many involved with the development and implementation believe that the environment in which clinical outcomes are delivered have been improved by the Certification process.

There is also documented evidence that the implementation of quality systems does reduce costs. In the longer term there can be confidence that this will be so in the delivery of Healthcare Services.

## Attachment One

### Physiotherapy Endorsed Provider Network

Purpose of the Service	<p>The purpose of this service is to provide physiotherapy services that are accessible to claimants.</p> <p>ACC pays these physiotherapy clinics an increased fee; in return they cannot charge claimants a co-payment during normal working hours. Claimants may still be charged for some services as outlined in the service specifications.</p>		
Provider entry requirements	<p>Endorsed Providers are physiotherapy clinics that have achieved certification against the New Zealand Physiotherapy Accreditation Scheme Standards 2003 by an auditing agency approved by ACC and have chosen to take up an EPN contract.</p>		
The Service Process	<p><b>Entry into service</b></p> <p>Physiotherapists may lodge the claim on the claimant's behalf (within the ACC Competency to Lodge framework) or referrals may be received from an already accepted claim.</p> <p>Claimant may self refer or be referred by a health practitioner.</p>	<p><b>Characteristics of the service</b></p> <p>Services are limited to the <a href="#">Physiotherapy Treatment Profiles 2000</a> trigger number or 16, which ever is the lesser of the two, before an ACC32 Request for Further Treatment must be submitted.</p> <p>Level B consultations have a trigger number set at 8, or the Treatment Profile trigger, which ever is the lesser of the two, before an ACC32 form needs to be submitted.</p>	<p><b>Where next?</b></p> <p>Claimant recovers from the effects of their injury and leaves the episode of care or is referred to their GP or specialist for further treatment.</p>
Legislative basis	<p><a href="#">Schedule 1, Part 1 of the Injury Prevention Rehabilitation &amp; Compensation Act 2003</a></p>		
Expected outcomes	<p>The claimant has achieved treatment goals as a result of treatment delivered by the physiotherapist. Treatment provided is in line with ACC's <a href="#">guidelines</a> and the <a href="#">Physiotherapy Treatment Profiles</a>.</p>		
How engaged	<p>By <a href="#">contract</a>: 2-year term. <a href="#">Application form</a> to become an EPN.</p>		
Who to contact	<p>To enquire about a contract, contact <a href="mailto:Healthwise@acc.co.nz">Healthwise@acc.co.nz</a></p>		