Stakeholder Focussed Evaluation of a Pilot Cancer Service Accreditation Program in NSW Informs Program Direction

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Purpose

Cancer service accreditation supports the continuous quality improvement in cancer care necessary to ensure optimal clinical outcomes for cancer patients, yet there is currently no such accreditation system within Australia. A Cancer Service Accreditation Program (CSAP) including an accreditation model and accreditation standards developed by the Cancer Institute NSW in collaboration with public and private health service providers, clinicians, State and Federal accreditation bodies and consumers was pilot tested across 6 cancer services in NSW from October to December 2007. The purpose of this paper was to develop and implement an effective and comprehensive stakeholder focussed evaluation for the CSAP to ensure program relevance, effectiveness and adoption by stakeholders.

Research and Evaluation Methods

The methodology used to develop the evaluation report involved 5 key stages: A situation analysis to review evidence and stakeholders to ascertain key areas for evaluation; Development of an Evaluation Framework to define key evaluation areas, evaluation questions, performance indicators, data collection and analysis methods; Development of the data collection infrastructure in the form of a case study framework for pilot site and stakeholder discussions; Pilot site and stakeholder evaluation data collection prior to and following commencement of the CSAP; and A Pilot Test Report containing the analysis and reporting of the evaluation data. The CSAP was piloted in six sites, including rural, metropolitan, private and public facilities. The pilot included a self assessment against the standards and a peer review.

Findings and Conclusions

Nine key evaluation areas were identified and formed the basis of the evaluation framework. The evaluation findings for each of the areas were as follows:

Acceptable: *That the Program is acceptable to consumers, clinicians and other stakeholders involved in cancer services.* Key factors that were raised regarding acceptability of the pilot CSAP were the definition of the cancer service, the need for tumour-stream specific standards, the need for greater relevance to the private sector, issues relating to the design of components of the CSAP and ensuring an appropriate balance between process and outcome measures. Having a component of the CSAP containing tumour specific standards was considered essential to ensure that the clinical indicators are relevant to the service being reviewed. Overall the evaluation message was that the CSAP has great potential but must provide a framework and process to improve the standard of services.

Achievable: *That the Program is achievable across all cancer services in NSW.* The evaluation identified the key barriers to achieving accreditation were resources to support the process and difficulty in obtaining the required data. Another key issue identified was the need for standards to be specific to the level of cancer service to ensure the ability to achieve by a diverse range of services. Other trends observed amongst stakeholder comments were that smaller services thought accreditation was achievable if they had the resources to document policies and processes. Larger services thought accreditation would be more achievable with standards specific to service delivery models and tumour streams.

Appropriate: *That the Program is appropriate for assessing the quality of cancer services.* Population health and credentialing standards were considered to be not appropriate for the CSAP and the research and clinical trials standard needed be interpreted separately. Additional standards addressing staff numbers and skill mix against evidence-based practice and staff welfare were thought to be of value as well as standards that are tumour stream and clinical support service (eg. chemotherapy services) specific. There were overall concerns as to the validity of the quality measure produced. Again this would be addressed by including standards with a specific clinical focus and the inclusion of precise wording and guidelines to support standard interpretation.

Complementary*: That the Program adds to rather than duplicates other accreditation systems that are used by cancer services.* There was a range of views as to whether the CSAP duplicated other accreditation systems. The significant areas of duplication were credentialing, access, consumer participation and population health. Duplication was thought to be best addressed by the incorporation of a stronger clinical focus in the standards, the development of standards for categories of cancer services and the development of tumour stream/clinical support service specific standards for comprehensive cancer services. In principle, the CSAP should provide all of the information necessary, and a rich set of evidence, to support hospitals obtaining accreditation under other accreditation systems, eg. EQuIP.

Effective: *That the Cancer Services Accreditation Program is considered to be an effective method for promoting improvements in cancer services.* It was expected by the majority that the CSAP would identify service gaps, highlight potential areas for improvement and improve documentation on processes and pathways. This view was supported following the surveyor site visits, with stakeholders enthusiastic about the potential of the CSAP to facilitate beneficial practice change. The question of implementation of the CSAP resulting in improved patient outcomes proved to be difficult for stakeholders to answer. The comments that were made supported the existing literature that there was little or no link between quality accreditation programs and patient outcomes but that there was considerable scope to generate beneficial improvements in the standard and consistency of cancer service delivery.

Addressing infrastructure issues was considered essential to effectiveness, including a process for feedback and review of CSAP recommendations, access to resources to address gaps and tools for measuring service delivery changes resulting from CSAP participation. Importantly, improvements through CSAP should be facilitated by incentives rather than penalties. Longitudinal tracking of patient satisfaction measures was thought to have the most potential for identifying service improvement. As clinical indicators were not included in the pilot their potential to be tracked longitudinally as a measure of service improvement could not be assessed in this evaluation. Few stakeholders recognised the important benefit of accreditation programs generating data to compare services in order to identify opportunities for improvement, i.e. the potential to benchmark cancer services.

Evidence-based: *That the Program reflects the best available evidence on accreditation processes.* Most stakeholders found it difficult to comment on the extent to which the CSAP was evidence based. Overall, the great majority of the stakeholders thought that the CSAP as piloted was consistent with the evidence on accreditation systems in health services. Those stakeholders that expressed concerns did so largely because they had insufficient time to assess the CSAP documentation. The process of pilot testing the draft CSAP has in itself generated much valuable evidence for refinement of the system to better meet the needs of cancer services in NSW. Incorporating this evidence into a refined CSAP will be crucial to deriving maximum benefit from the application of the system.

Sustainable: *That the Program is sustainable beyond the initial implementation.* A key issue regarding sustainability of the CSAP is the cost to cancer services of involvement. An average 44 hours was required to prepare for the CSAP site visit and 40 hours on the days of the site survey. Stakeholder comments reflected the pressure on cancer services staff to focus on direct service delivery rather than quality review programs and the need for a dedicated staff person and tools for recording evidence to allow full participation. Positive comments were received from stakeholders regarding the costs of implementing the CSAP relative to the benefits they expected to derive. This issue is fundamental to the sustainability of the CSAP and indicates stakeholders are willing to incur a reasonable level of cost in the pursuit of improvements in cancer services. Given that the costs of accreditation are considered reasonable and commensurate with the expected benefits, the evaluation concludes that a cancer services accreditation program is likely to be sustainable.

Valuable: *That the Program is valued by all relevant stakeholders.* Pilot sites derived significant value from participating in the CSAP. Stakeholders identified value associated with learning from application of the standards and interactions between CSAP staff, internal and external. Concerns included lack of doctor support for the CSAP and again the need for clinically focused, outcome based standards to address this issue. Wider consultation of doctors was also recommended. The use of a peer review model for the CSAP was uniformly considered valuable by stakeholders as was the program overall for consumers who would gain value from attending an accredited cancer service. The anticipated value for consumers was greater in regional and rural cancer services. Only marginal benefit was thought to be derived for staff satisfaction in working in a CSAP accredited service.

Well Executed: *That the stakeholders involved in the Program as piloted consider that the accreditation process was well executed.* The timeframe for the development and piloting of the CSAP was thought to be ambitious and despite the considerable stakeholder involvement, some stakeholders were thought to have been disengaged by the process. Regarding the survey day, stakeholders from the smaller pilot sites thought a one day site review was sufficient but this was not the case for the comprehensive cancer services. Stakeholders were satisfied with the on-site feedback and there was thought to be value in including an observation component in the site visits particularly in patient waiting rooms. The review team mix of doctor, nurse, consumer and service manager with experience in accreditation programs was considered to be ideal. A fifth member should be added to the team where needed to reflect the specific characteristics of that site (e.g. a private hospital cancer service).

In conclusion, the evaluation data indicated wide support for the CSAP and acceptance of the 12 accreditation standards with some modifications. The program would be effective in identifying service gaps and areas for quality improvement. However, based on the balance of process and outcome measures piloted the CSAP may not significantly impact on clinical outcomes. Areas requiring further consultation included: whether the CSAP will alter patient outcomes; the appropriate governance structure for the CSAP; how many standards should to be utilised; the definition of a cancer service; is tumour specific cancer accreditation required; is the use of “tracer methodology” appropriate; the role of accreditation in meeting effectiveness criteria; and the appropriateness of the CSAP in the private sector.

Implications for Evaluation Practice

This study demonstrates the critical nature of comprehensive stakeholder focused evaluation for health services programs to ensure relevance, effectiveness and adoption by stakeholders. Improvement through accreditation is achievable for cancer services but only with the broad support from stakeholders gained through this ongoing evaluation process.