

**From:** [REDACTED]  
**To:** [Emma Langford](#); [Annette Keay](#)  
**Subject:** Approval framework for WRPs  
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**Attachments:** [image003.png](#)  
[NSQHS Standards analysis for WRP framework \[REDACTED\] Aug 2020.pdf](#)

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Hello Emma and Annette,

Following on from our recent discussions, you'll recall from my 2018 response to the discussion paper that I proposed that the NCAF should be reviewed against other robust and relevant frameworks to determine how it can promote and support better governance and quality management of the health services that WRPs provide. In my response, I suggested that National Safety and Quality Health Service (NSQHS) Standards could be referenced as a model framework.

I have since taken a closer look at the NSQHS Standards and how they could be applied. I've attached a summary of my analysis.

In my view, the Standards could be easily adapted to workplace rehabilitation, with very few adjustments to language, context and variables, including relative risks. Doing so would help build an integrated system of clinical governance and care for the whole health system – where performance-oriented strategy and policy-making, and conformance-oriented accountabilities are required of all health services organisations, and not just those providing acute and primary care.

You may be aware that the Australian Commission on Safety and Quality in Health Care has a [Draft NSQHS Standards Guide for Community Health Services](#) open for consultation. The draft guide demonstrates how the Standards can be adapted to context (e.g. removal of the Blood Management Standard; adjustment to terminology, etc).

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/draft-nsqhs-standards-guide-community-health-services>

Adopting the Standards would ensure that workplace rehabilitation is firmly placed within the frame of health services; and that the identity of rehabilitation providers as health service organisations comprised of health practitioners with healthcare accountabilities is rightfully reinforced and communicated to consumers.

Further, application of the Standards will help control the safety and quality risks that arise for people who transition from acute and primary care into rehabilitation.

On another level, adoption of the NSQHS Standards would help ensure that WRPs are equipped to support the implementation of SIRA's Health Outcomes Framework (HOF). For instance, Standard 1 (Clinical Governance) communicates relevance criteria and actions:

- Action 1.1g re: 'reviewing and monitoring safety and quality performance', actions 1.8 and 1.9 re 'Measurement and quality improvement', and actions 1.21, 1.22, 1.23, 1.27 and 1.28 under 'Clinical performance and effectiveness' directly support multiple domains and outcomes of the HOF.
- Actions 1.2 and 1.4, and action 1.15 ('Diversity and high-risk group') and action 1.22 support HOF outcome 2.3 (experience and accessibility - appropriate level of healthcare).
- 'Incident management systems and open disclosure', actions 1.11 and 1.12 – support HOF outcome 5.5 (provider capability, delivery and experience – toward zero incident/adverse events).
- 'Feedback and complaints management', actions 1.13 and 1.14 – support HOF domains 2

and 6 (specifically HOF outcome 2.1 – satisfaction with end-to-end services).

- Action 1.27 re ‘evidence-based care’ supports HOF domain 5 (safety and quality of healthcare).
- Actions under ‘Safe environment for the delivery of care’ support HOF domain 2 (experience and accessibility).

Furthermore, implementation of Standard 5 (Comprehensive care) would be central to the attainment of health outcomes across the six domains of the HOF.

More to come on health outcomes in a separate email.

Ciao for now ... [REDACTED]

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