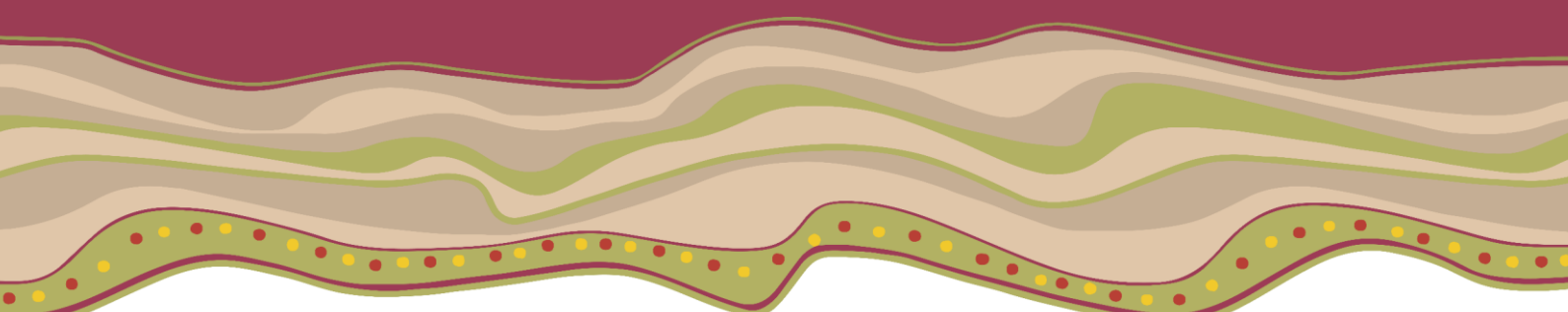


Scheme Requirements

National Safety and Quality Health Service Standards
(NSQHSS)



Scheme Requirements

National Safety and Quality Health Service Standards (2ed)

Name of Scheme

The name of this scheme is Australian Health Service Safety and Quality Accreditation Scheme (AHSSQA). The standards are the National Safety and Quality Health Service Standards (second edition) – [NSQHSS].

The following is a summary of aspects of the NSQHSS assessment process as detailed in requirements set out in approved procedures. Further detail is available from HDAA on request.

Obligation on HDAA as an Approved Accreditation Agency for the NSQHSS Second Edition

HDAA will co-operate with the Australian Commission on Safety and Quality in Health Care (*The Commission*) as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations, including participating in various fora, meetings, research, reviews and other Commission activities relevant to the Scheme such as reporting on assessment activity and outcomes.

Consent to disclosure of information relating to health service organisations

In signing this Client Service Agreement, you are providing written consent for HDAA to:

- Provide the Commission demographic information, accreditation outcome data or other information in respect of your organisation, or any of your facilities or services, of the kind required to be reported in accordance with the Policy and HDAA's conditions of approval (reportable information);
- Disclose of any such reportable information to the relevant regulator or the Commission at any time; and
- Provide for inclusion of certain reportable information relating to demography and accreditation assessment outcomes of your organisation, as determined by the Commission from time to time, in public reporting on individual health service organisations. This may include:
 - Instances of any significant risks identified during an assessment. A significant risk is one where there is a high probability of a substantial and demonstrable adverse impact for patients. In each case, a significant risk will be sufficiently serious to warrant an immediate response to reduce the risk to patients. This may include interventions or changes to systems, the clinical care service environment, or clinical practice;
 - Health service organisations changing accrediting agency during an assessment or before an accreditation award is determined;
 - All actions that are awarded *not applicable* status at assessment; and
 - Information on health service organisations that are not awarded accreditation.
- Provide for inclusion of certain reportable information relating to demography and accreditation assessment outcomes of your organisation, as determined by the Commission from time to time, in routine aggregated public reporting by the Commission of accreditation assessment outcomes of health service organisations.

In conducting accreditations using the Scheme (including the relevant standards), HDAA must properly and effectively implement all provisions and components of the Scheme applying from time to time to accrediting agencies, including:

- The relevant standards applying from time to time;
- The commission's assessment framework for safety and quality systems manual, as varied from time to time;
- The commission's policy on approval under the scheme, as varied from time to time;
- Any orientation or training programs required by the commission to be undertaken by assessors;
- Conditions of approval as an accrediting agency;
- The data specifications and processes for the scheme as varied from time to time;
- The commission's rating scale for accreditation assessments, issued from time to time;
- The Commission's Requirements for the conduct of Short Notice Assessment Accreditation under the Scheme, issued from time to time;

- The Commission's instructions on the Scheme, as issued in Fact Sheets, issued from time to time including (but not limited to):
 - Repeat Assessments.
 - The Assessments using Patient Journey Methodology.
 - Attestation Statements required to be submitted by Health Service Organisations.
 - Notifying the Commission of Exemplar Practice in Health Service Organisations.
 - Testing high-risk scenarios during assessments.
 - Guidance on safety and quality data to be reviewed during an assessment.
- Commission Advisories in respect of any aspect of the Scheme issued from time to time; and
- Membership and Terms of Reference of the Accrediting Agencies Working Group established by the Commission to consult on the ongoing design and application of the scheme and its associated activities.

HDAA will ensure that there is no conflict of interest, or real bias or apprehension of bias, on the part of HDAA or its assessors at any time in conducting accreditation assessments and awarding accreditation using the Scheme. Any conflict of interest or real bias or apprehension of bias that arises in the conduct of accreditation assessments, or in the awarding of accreditation must immediately be acknowledged and addressed by HDAA and notified to the Commission.

Without limiting the circumstances in which an apprehension of bias on the part of HDAA may arise, involvement of a person for and on behalf of HDAA in an accreditation assessment of a health service organisation, within less than 3 years of concluding employment, providing support or consultancy services with that health service organisation, constitutes an apprehension of bias on the part of HDAA.

For the avoidance of doubt HDAA does not provide consultancy or other services to a health service organisation, which involves any advice or services to enable or assist the organisation:

- To achieve or maintain accreditation under the Scheme; or
- To achieve or maintain any standards to be used in an accreditation process under the Scheme.

HDAA will not conduct an accreditation assessment using relevant standards under the Scheme at the same time as it conducts an accreditation assessment using any non – Scheme standards, proprietary or otherwise. For the avoidance of doubt this does not prevent HDAA from undertaking an on-site assessment visit for a non-Scheme accreditation immediately prior to, or immediately following, an on-site assessment visit for an accreditation assessment conducted under the Scheme.

HDAA will ensure it, and its assessors, always conduct themselves ethically and lawfully in respect of the conduct of assessments and the award of accreditation using the Scheme.

HDAA assessment teams and personnel

HDAA Lead Assessors are qualified to lead, manage and coordinate any accreditation assessment process, and will have participated fully and actively in at least 100 accreditation assessment days using relevant standards under the Scheme in the preceding 5-year period.

The lead assessor:

- Has the knowledge, skills and experience required to manage accreditation assessment processes, an accreditation team and health service organisation engagement;
- Has a sound understanding of health service delivery within an Australian context; and
- Is adequately supported in their role as lead assessor by HDAA.

HDAA will ensure that the lead assessor has not undertaken more than 2 consecutive assessment cycles in respect of a facility or service and that other assessors in the team (in any capacity) have not undertaken more than 2 consecutive assessment cycles in respect of a facility or service

HDAA assessment teams are comprised:

- Of qualified assessors with experience in the sector and service type where they will be assessing;
- With the mix of skill to effectively assess each of the relevant standards;
- Of the appropriate size and with enough time to rigorously assess the service; and
- At least half of the assessors (including the lead assessor) having participated fully and actively as assessors (not as observers or trainees under supervision) in at least 20 accreditation assessment days using relevant standards under the Scheme in the preceding 12 months.

HDAA will ensure the assessment team is adequately briefed, including being provided with adequate documentation, about your health service organisation and any facility or service to be assessed, and the scope of the assessment to be undertaken.

Provision of assessment services

HDAA provides a 3-year accreditation cycle, (subject to transitional arrangements agreed with the Commission where applicable).

Health services entering the scheme will be assessed by a staged assessment process for accreditation involving an initial on-site assessment and review, followed, where applicable, by a remediation period of a duration specified in the Commission's instructions on the Scheme, to allow a health service organisation to address any material concerns identified at initial assessment, and a final assessment.

HDAA provides options of either announced or short notice assessment of facilities/services to health service organisations as part of an accreditation program (Note: this condition only applies once the Commission has issued its Requirements for the Conduct of Short Notice Assessment Accreditation under the Scheme).

Announced assessment program

(Subject to any transitional arrangements agreed with the Commission involving transition to a 3-year assessment cycle, multi-site sampling may be permitted under condition or any direction of the Commission concerning the timing and frequency of accreditation assessment in any case or class of cases):

- At least one on-site assessment visit and completion of at least one accreditation assessment (including remediation and final assessment where applicable), within a three-year accreditation cycle;
- The onsite assessment visit occurs no later than 3 years after any prior on-site assessment visit, (irrespective of which agency undertook the previous accreditation); and
- At least 4 weeks' notice of the date for commencement of the on-site assessment is provided.

Short notice assessment program

(Subject to any transitional arrangements agreed with the Commission involving transition to such a program):

- At least 3 on-site assessment visits in each 3-year accreditation cycle;
- No more than 2 assessments in any one year of the cycle;
- When transitioning from announced to short notice assessments, for the health service organisation to be able to maintain accreditation status, the first of the three required assessments are conducted before the expiry of any current accreditation irrespective of which agency undertook the previous accreditation; and
- At least 48hrs notice of the assessment commencing is given.

HDAA Assessors will use the most current version of the relevant standards (unless the Commission otherwise approves use of another version in any case or class of cases):

- Without modification;
- Assessing each action within the relevant standards, including each element within an action;
- Rating each action using the commission's rating scale as published by the commission from time to time;
- Notifying the commission as part of routine reporting where exemplar practice is identified;
- Ensuring assessors use the assessment framework for safety and quality systems manual that incorporates the PICMORS method;
- Testing high risk scenarios during assessment using the process specified by the commission;
- Using patient journey methodology specified by the commission;
- Using the commission's data specifications and processes for the scheme, as varied from time to time, during accreditation assessments;
- Involving consumers in the assessment process in a meaningful way;
- Ensuring that at least 60 percent of the time spent by assessors in any on site assessment visit occurs in clinical practice settings;
- Ensuring enough time is allocated to properly collate assessment findings at the conclusion of an assessment visit;
- Ensuring health service organisations submit the commission's proforma attestation statement to HDAA:
 - For announced assessments, prior to an assessment visit by HDAA to any of their facilities or services; and
 - For short notice assessments, as specified by the Commission in its Instructions on the Scheme.

HDAA Assessors will advise you of:

- The preliminary views on the outcome of the assessment, at the conclusion (closing meeting) of an assessment visit; and
- Any material concern identified during an assessment process; at the time the concern is identified.

Reporting during assessment process

HDAA will notify you as soon as practicable of any significant risk of patient harm identified in the course of an assessment of facilities or services and will request an action plan to fully address the risk be developed and submitted by the relevant health service organisation within 2 working days.

HDAA must notify the relevant regulator and the Commission within 2 working days of a significant risk being identified during an assessment and provide any action plan developed by the health service organisation to mitigate the risk.

HDAA will notify the Commission within 2 working days of being notified of termination of its contract for accreditation services using the Scheme, where such termination occurs in the course of an accreditation assessment.

Reporting on assessment outcomes

HDAA will notify you in writing, within 5 working days of completion of an initial accreditation assessment, of the outcome of the initial assessment, including specifying all matters that require remediation.

HDAA will provide you a written report of the accreditation assessment within 30 working days of completion of a final accreditation assessment.

HDAA will notify the Commission where it identifies exemplar practice in the course of undertaking an assessment using the Scheme.

Accreditation certificates

HDAA will include the following information on certificates awarded for any accreditation using the Scheme:

- Name of health service organisation;
- Facility unique identifier
- List of each facility and health service covered by the award;
- For each listed facility or service, whether the applicable accreditation relates to announced or short notice assessment;
- For each listed facility or service, the relevant standards to which the accreditation relates;
- Date of commencement and expiration of the relevant accreditation cycle; and
- Date accreditation is awarded (note: in the case of short notice assessment programs, award of accreditation may occur following submission of the relevant attestation statement and the initial on-site assessment visit in an accreditation cycle, with maintenance of accreditation dependent on the satisfactory outcome of subsequent on-site assessment visits within the cycle).

HDAA may only extend the award of accreditation beyond 3 years in exceptional circumstances with the agreement of the Commission.

Accreditation testimonial

HDAA will include the following information in a testimonial (schedule) which is to accompany the certificate of accreditation:

- Health service organisation name;
- List of each facility and health service address covered by the award;
- For each listed facility or service, whether the applicable accreditation relates to announced or short notice assessment;
- For each listed facility or service, the relevant standards to which the accreditation relates, and any parts of the relevant standards excluded from the assessment as not applicable or not assessed;
- Date of commencement and expiration of the relevant accreditation cycle; and
- Date accreditation is awarded (note: in the case of short notice assessment programs, award of accreditation may occur following submission of the relevant attestation statement and the initial on-site assessment visit in an accreditation cycle, with maintenance of accreditation dependent on the satisfactory outcome of subsequent on-site assessment visits within the cycle).

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Obligations on your health service

As part of an accreditation assessment you must:

- Disclose at the commencement of the assessment process any external consultant contracted or appointed by your organisation to provide services or support in respect of the accreditation of the organisation or any of its relevant facilities or services (whether of a preparatory nature in anticipation of an accreditation assessment or services and support during or following an accreditation assessment);
- Enable HDAA assessors to routinely deal with, interrogate and request information from the management (clinical and operational) for the health service organisation, or any of its relevant facilities or services, in the course of an accreditation assessment; and
- Work with HDAA to ensure assessors do not engage or discuss with any such external consultant, or where applicable the consultant's personnel, any aspect of the accreditation assessment either before or during the process.

Submit an annual Attestation Statement in relation to clinical governance between July and September each year, or prior to any assessment being conducted (in a form to be directed by the Commission from time to time).

Assessment planning and sampling

In determining the assessment duration, HDAA shall consider the requirements of the ACSQHC for the assessment of NSQHSS and will consider the following: (a) size and complexity of the client, (b) any outsourcing of any activities included in the scope of the management system, (c) the number of sites and site sampling required, (d) number of staff, (e) number of patients receiving treatment (approximate), and (f) the risks associated with the activities of the client.

A client with multiple sites and or outlets may be comprised of different types of services.

Site visits for NSQHSS 2nd Edition assessments will involve the assessment team visiting all sites of an organisation that provide services unless an organisation is classified as non-acute and has more than 5 sites providing the same service type. Where a health service organisation has more than 5 sites providing the same service type a sampling methodology is applied as follows:

For a health service organisation with up to 20 separate health services that are to be assessed, the following calculation will be used:

- 5 sites assessed plus one third of all remaining health services are to be assessed, rounded up to the nearest whole number.

For health services with more than 20 health services that to be assessed, the following calculation will be used:

- 10 sites assessed plus one quarter of all remaining health services are to be assessed, rounded up to the nearest whole number.

The following rules are to be used when selecting the assessment sites for non-acute health service organisations (Advisory AS18/13):

- The corporate or main health service is always to be assessed;
- 75 percent of sites assessed are to be selected based on a risk;
- At least 25 percent of sites assessed are to be selected at random;
- Accrediting agencies are to notify the health service organisation of sample sites just prior to or at the commencement of the assessment, and for rural or regional sites no more than six weeks in advance; and
- Sample sites are to be selected by the accrediting agency, without taking into consideration the views of the health service organisation.

The size of the sample may be increased where there are special circumstances such as might apply to any of the site and or outlet selection criteria.

HDAA aims to have direct discussions with patients accessing services. HDAA shall be mindful of the possibility of others accessing conversations and shall take steps to ensure confidentiality is maintained. HDAA is respectful of patients who do not wish to participate in the assessment and shall document in the assessment report, where there have been no direct patient discussions.

For patient file sampling the size of the sample of files will be determined by the assessor once onsite and is generally 25% of the square root of the total number of actual patients accessing services ($y=\sqrt{x} * 0.25\%$) rounded up.

HDAA will require access to a sample of a minimum of 3 staff files per site.