



Scheme Requirements

National Safety and Quality Health Service Standards (NSQHSS)

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.

HDAA Obligations

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.

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

- The Commission's [policy on approval](#) under the scheme
- Conditions of approval as an accrediting agency
- The relevant applicable standards
- Any orientation or training programs required by the Commission to be undertaken by assessors
- Data specifications and processes for the scheme
- 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.
- Commission Advisories and Fact Sheets in respect of any aspect of the Scheme, including but not limited to:
 - The Commission's assessment framework for safety and quality systems (refer to [Fact Sheet 12](#))
 - The Commission's rating scale for accreditation assessments (refer to [Fact Sheet 4](#))
 - The Commission's Requirements for the conduct of Short Notice Assessment Accreditation under the Scheme (refer to [Fact Sheet 17](#))
 - Notification of significant risk (refer to [AS18/09](#))
 - Sampling for accreditation assessment (refer to [AS18/13](#))
 - Annual declaration relating to conflict of interest (refer to [AS21/13](#))
 - Cultural safety training for assessors (refer to [AS22/04](#))

Preventing bias and managing conflicts of interest

HDAA will ensure that there is no 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.

In accordance with the Commission's policy on [avoiding and managing conflicts of interest](#), HDAA will report any actual or perceived conflict of interest on the part of HDAA or its assessors that arises at any time in managing or conducting assessments or awarding of accreditation to the Commission as soon as practical after HDAA becomes aware of it. At this time HDAA will also advise the Commission how the conflict will be effectively managed.

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

Obligations on the health service organisation

As part of an accreditation assessment, the health service organisation 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 request and obtain information from the clinical and operational management, staff and others (including consumers) of the health service organisation, or any of its relevant facilities or services, in the course of an accreditation assessment
- Work with HDAA to ensure assessors do not engage or discuss with any such external consultant, or where applicable the consultant's personnel, in relation to any aspect of the accreditation assessment either before, during or after the process
- Provide an annual Attestation Statement to HDAA in relation to clinical governance as directed by the Commission (refer to [Fact Sheet 7](#))
- Maintain a detailed self-assessment to the applicable standards which is reviewed quarterly
- Consent to the attendance of personnel from the Commission in any on site or virtual component of an assessment as observers, at the discretion of the Commission, and
- Where the Commission personnel attend as observers, to access to any documentation prepared by the Agency as part of any such assessment and to information concerning the management and conduct of the assessment process by the Agency which may be requested by the Commission.

For short notice assessments, HDAA will require the following on an annual basis and when changes occur:

- The health service organisation's completed self-assessment
- A list of not applicable actions
- Conflict of interest objections in relation to potential HDAA assessors
- Advice on 20 business days, per accreditation cycle, to be excluded from short notice assessments
- Notification of usual procedural or treatment days
- Confirmation there is a process for orientation to the facility, including IT and/or building access
- Facility layout maps, where relevant

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 with demographic information, accreditation outcome data or other information in respect of your organisation, or any of your facilities or services, in accordance with [the Policy](#) and HDAA's conditions of approval
- Disclose any reportable information to the relevant regulator or for the Commission to disclose this information to a relevant regulator at any time
- 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:
 - Significant risks identified during the assessment (refer to [AS18/09](#));
 - Change of accrediting agency during an assessment or before an accreditation award is determined (refer to [AS18/05](#));
 - All actions that are requested to be or rated as not applicable;
 - Instances where accreditation is not awarded; and
 - Information relating to demography and accreditation assessment outcomes of your organisation for routine aggregated public reporting by the Commission of accreditation assessment outcomes of health service organisations.

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 accreditation assessment days as set out by the Commission in [the Policy](#) 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
- Is adequately supported by HDAA in their role as lead assessor.

HDAA will ensure that any assessor in an assessment team, regardless of role, has 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
- 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.

Assessment planning and sampling

In determining the assessment duration and sampling, HDAA shall consider the requirements of the Scheme and relevant advisories (refer to [AS18/13](#)).

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 following an on-site assessment visit for an accreditation assessment conducted under the Scheme.

Provision of assessment services

HDAA provides a 3-year accreditation cycle.

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 both announced and short notice assessments in line with the Scheme Requirements.

Short notice assessment program

Short notice assessments will be conducted as per the Scheme and in line with the requirements of [Fact Sheet 17](#).

Short notice assessments are mandatory for Australian hospitals and day procedure services. Where a health service is undergoing assessment to the NSQHS Standards as part of contractual or funding obligations, it is up to the funder to determine if assessment is required.

A short notice assessment will:

- Occur at least once in a three-year accreditation cycle
- Commence at least four months before the current accreditation expiry date
- Be completed before the current accreditation cycle expires
- Be conducted more than six months after the last assessment
- Occur no more than four years after the previous assessment.

HDAA assessors will advise clients 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.

HDAA will:

- Give health service organisations the opportunity to nominate 20 business days per accreditation cycle to be excluded from short notice assessments
- Contact the health service organisation one full business day prior to the commencement of the assessment
- Accept additional information or evidence to be considered to support the health service organisation's claim of compliance with actions within 10 business days.

As per [Fact Sheet 17](#):

- On the day of the assessment, the assessment team will request consent to enter the premises
- The person in charge of the health service organisation will have delegated authority to support the assessment process.

If the assessment does not proceed based on refusal of the health service organisation, any unrecoverable costs incurred will be charged to the health service organisation and the assessment will be conducted on another date determined by the accrediting agency.

Announced assessment program

Where an announced assessment is requested by a health service organisation, HDAA will:

- Conduct at least one on-site assessment visit (and a final assessment where indicated) within a three-year accreditation cycle
- Ensure an on-site assessment visit occurs no later than 3 years after any prior on-site assessment visit (irrespective of which agency undertook the previous accreditation)
- Commence the assessment at least four months before the current accreditation expiry date
- Provide at least 4 weeks' notice of the date for commencement of the on-site assessment is provided.

It is the responsibility of the Health Service Organisation to determine if an announced assessment is appropriate. Where assessment to the NSQHS Standards is required as part of contractual or funding obligations, it is up to the funder to determine the type of assessment required.

Reporting during assessment process

Significant patient risk is one where there is a high probability of a substantial and demonstrable adverse impact for patients if the practice is to continue.

As per [AS18/09](#), where any significant patient risk is identified in the course of an assessment, HDAA will:

- Ensure assessors inform the health service organisation that a significant patient risk has been identified
- Discuss immediate action with the health service organisation and required them to develop and submit, within 2 working days, a plan of action to remedy the risk
- Notify the relevant regulator and the Commission within 2 working days that a significant patient risk has been identified and provide a copy of the health service organisation's action plan as soon as practicable.

Where a health service organisation terminates its contract for accreditation services during the course of an accreditation assessment, HDAA will notify the Commission within two working days.

Reporting on assessment outcomes

HDAA will:

- Notify providers 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
- Provide a written report of the accreditation assessment within 30 working days of completion of a final accreditation assessment

- Notify the Commission where exemplar practice has been identified 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
- Date accreditation is awarded.

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
- Date accreditation is awarded.