

## KEY ACTIONS for health service organisations

### Fact sheet 3:

# Repeat assessment of health service organisations

## AHSSQA Scheme

The Commission is responsible under the National Health Reform Act 2011 for the formulation of standards relating to health care safety and quality matters and for formulating and coordinating the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme (the Scheme).

The Commission has undertaken a comprehensive review of the Scheme and produced a series of fact sheets to outline the changes to accreditation processes for health service organisations.

## NSQHS Standards (second edition)

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality-assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met.

Health service organisations will transition to the second edition of the NSQHS Standards from January 2019.

**If a health service organisation is found to have a large number of not met actions at initial assessment and is subsequently awarded accreditation, they will be required to be reassessed within six months of the assessment cycle being completed. The assessment cycle is the period of initial and final assessment and reporting.**

This reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards.

Health service organisations assessed to the NSQHS Standards will have a three-year accreditation cycle.<sup>1</sup>

An assessment cycle for a health service organisation is conducted over a period of one to four months. The assessment cycle involves an initial assessment, and where actions are not met, a final assessment. The final step is a report on the assessment, notifying the organisation if they have been awarded accreditation.

If an organisation has actions which are not met at their initial assessment, there is a remediation period in which they must demonstrate sufficient change has been implemented for actions to be rated met or met with recommendations at their final assessment, and to be awarded accreditation.

## Criteria for reassessment

There are two criteria for determining repeat assessment, reflecting the overall number of not met actions at initial assessment and the significance of any not met actions.

Accrediting agencies will be required to flag with the Commission any health service organisations that meet either criteria for reassessment.

The Commission in collaboration with the health service organisation's regulator will confirm the need for reassessment and notify both the health service organisation and the accrediting agency.

1. The accreditation cycle is the three years over which an accreditation award is valid.



A repeat assessment will be required if:

- 16 percent of all actions assessed are not met

Or

- Eight or more actions from the Clinical Governance Standard are not met.

For health service organisations on an announced assessment pathway, 16 percent will equal approximately 24 not met actions. This will vary depending on the number of not applicable actions. For health service organisations undertaking a short notice assessment, the number will be 16 percent of the standards being assessed.

### Reassessment process

Accrediting agencies will be required to confirm a reassessment date with the Commission and the health service organisation within 10 business days of being notified a reassessment is required.

Reassessment will involve an onsite assessment at which all not met actions from the initial assessment and all actions rated met with recommendations will be reassessed. Where a HSO has participated in a short notice assessment and meets the criteria for reassessment, the reassessment at 6 months will be via the announced method.

There should be evidence that strategies are in place to embed the changes that were necessary to achieve accreditation. There should also be demonstrated progress on actions that were rated *met with recommendations*. These actions will be rated as *met*, or where full implementation is not finalised, can retain a *met with recommendations* rating and will be reassessed at the next onsite assessment.

Following completion of the reassessment:

- Where all actions are either met or met with recommendations, then accrediting agencies will submit data to the Commission on the reassessment in their routine monthly data submissions. The organisation's accreditation award will remain in place and the expiry date will be unchanged.
- Where there are one or more not met actions, the accrediting agency will be required to notify the relevant regulator and the Commission. There will be no 60 business day remediation period associated with this process. The organisation's accreditation will be withdrawn. They will be required to work with their regulator to comply with regulatory requirements for unaccredited health service organisations for that state or territory. This will include reassessment to all eight NSQHS Standards within 12 months.

### Questions?

For more information, please visit:

[safetyandquality.gov.au/nsqhs-standards](https://safetyandquality.gov.au/nsqhs-standards)

You can also email the NSQHS Standards Advice Centre at: [accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au) or call 1800 304 056.