

KEY ACTIONS for health service organisations and accrediting agencies

Fact sheet 4: Rating scale

This fact sheet details the rating scale to be used by assessors when a health service organisation is assessed to the National Safety and Quality Health Service Standards.

Assessment process

When a health service organisation is assessed to the NSQHS Standards, assessors examine evidence of performance. This may include administrative and clinical performance data, observation of clinical practice, discussions with the workforce, patients and consumers, inspecting the organisations resources, records and documents.

All actions assessed are rated using a standardised rating scale of met, not met and met with recommendations (see [Table 1](#)).

Within five days of an assessment, a summary report on the initial assessment is provided to the health service that details all actions rated not met or met with recommendations. This report also is to provide information on evidence seen and explanation for the rating.

Organisations with actions that are rated not met or met with recommendations have a remediation period of **60 business days** to address these actions before they are reassessed at a final assessment.

At the final assessment, assessors will review all actions rated **not met** or **met with recommendations** to ensure the organisations meets the requirements of the Standards (see [Box 1](#)).

Box 1: Assessment and accreditation cycles

An accreditation assessment is conducted over a period of one to four months (an assessment cycle).

The **assessment cycle** involves an initial assessment, and where actions are rated not met or met with recommendation a final assessment occurs after 60 business days.

An **accreditation cycle** is the three years over which an accreditation award is valid.

At final assessment, organisations with one or more not met actions are not eligible for accreditation. Hospitals and day procedures services not awarded accreditation must be reassessed to all relevant actions in the NSQHS Standards within 12 months to be awarded accreditation (see [Flow chart of an assessment to the NSQHS Standards](#)).

Accrediting agencies will provide health services with a full report on the outcome of the accreditation assessment.

Mandatory reassessment

Health service organisations may be required to undertake a mandatory reassessment if they have eight or more actions from the Clinical Governance Standard rated not met, or if combined, the number of actions rated **met with recommendations and not met** make up 16 per cent or more of all actions assessed. See [Fact sheet 3: Mandatory reassessment of health service organisations](#) for further information.



Clinical trials rating scale

For the first accreditation cycle, clinical trial sites are assessed using a maturity rating scale. The outcome of assessment of a clinical trials site does not impact the

accreditation result of the health service organisation in the first cycle of assessments. See [Fact sheet – Maturity rating for clinical trial service assessment](#) for further information.

Table 1: Rating scale

During an accreditation assessment, actions will be rated using the scale below:

Rating	Application	Reporting and follow up requirements
Met	All requirements are fully met.	<p>Reporting</p> <p>Accrediting agencies will provide the health service organisation with a written report within 30 business days of completion of the initial assessment.</p> <p>Follow up</p> <p>Non required, however health service organisations may implement suggestions for improvement if these are identified by the accrediting agency.</p>
Met with recommendations	<p>Initial assessment</p> <p>The requirements of an action are largely met across the health service, with the exception of a minor part of the action or location in the organisation, where the additional implementation is required.</p> <p>Final assessment</p> <p>All actions rated met with recommendations are to be reassessed at final assessment.</p> <p>If the health service is fully compliant with the requirements of the action at reassessment, the action can be rated as met.</p> <p>If the action is not fully met organisations can remain a met with recommendations rating and be reassessed during the next assessment cycle.</p> <p>Mandatory reassessment</p> <p>Actions rated met with recommendations are assessed during mandatory reassessment.</p> <p>Actions rated met with recommendation can continue to be rated met with recommendations if improvements are still required.</p> <p>A health service cannot be awarded met with recommendations for the same action, for the same reason and in the same location in two consecutive accreditation cycles. Should this occur, the action is to be rated not met.</p>	<p>Reporting</p> <p>For all actions rated met with recommendations, assessors are to provide a clear and concise explanation of the following:</p> <ul style="list-style-type: none"> ■ The minor part of the action(s) that has not been fully met ■ The specific part of the action or location in the service that the rating applies ■ Requirements for the action to be fully met. <p>Follow up</p> <p>All actions rated met with recommendations are to be reviewed by assessors at the final assessment.</p> <p>Met with recommendations may be awarded at each assessment within the same accreditation cycle.</p>

Rating	Application	Reporting and follow up requirements
Not Met	<p>Initial assessment</p> <p>Part or all of the requirements of the action have not been met.</p> <p>Final assessment</p> <p>At the final assessment, not met actions may be rated met, met with recommendations, or not met.</p>	<p>Reporting</p> <p>At the summation meeting following an initial assessment, assessors are to specify actions they have rated not met and provide an explanation for the rating.</p> <p>A summary report on the initial assessment, including a list of not met actions, is to be provided to the health service organisation within five business days. This report should include a written explanation for all not met ratings.</p> <p>Health services will be provided with a remediation period of 60 business days.</p> <p>Final assessment</p> <p>At the final assessment, actions that were rated not met or met with recommendations at the initial assessment will be reviewed.</p> <p>Where there are one or more not met actions at final assessment, the organisation's accreditation will be withdrawn and the regulator informed.</p>
Not applicable	<p>The action is not relevant in the service context being assessed.</p> <p>Applications for not applicable status of an action(s) should be submitted to the approved accrediting agency well in advance of the assessment. Accrediting agencies are to provide an initial determination of the health service organisation's submission before undertaking the scheduled assessment.</p> <p>At assessment, assessors are to verify that the decision to award these actions not applicable status is justified.</p>	<p>Refer to Advisory AS18/01: Advice on not applicable actions</p>
Not assessed	<p>Actions that are not part of the current assessment process and therefore not reviewed.</p>	

Questions?

For more information, please visit: safetyandquality.gov.au/standards/nsqhsstandards.

You can also email the Safety and Quality Advice Centre: AdviceCentre@safetyandquality.gov.au or call 1800 304 056.