

Fact sheet 17:

Short notice accreditation assessment

KEY ACTIONS
for regulators, accrediting agencies
and health service organisations

This fact sheet outlines the introduction of mandatory short notice accreditation assessments as part of the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme for Australian hospitals and day procedure services, collectively referred to as health service organisations (HSOs).

Short notice assessments

Mandatory short notice assessments to the [National Safety and Quality Health Service \(NSQHS\) Standards](#) and where applicable, the [National Clinical Trials Governance Framework \(NCTGF\)](#) commenced in July 2023.

Existing announced and voluntary short notice assessments of hospital and day procedure services ceased from that time. Refer to [Appendix 1](#) for guidance on transitioning to short notice assessments.

The introduction of short notice assessments ensures the assessment outcome reflects day to day practice, identifies gaps and supports HSOs to improve safety and quality systems and process.

Box 1: Benefits of short notice assessments

- Support continuous compliance with the NSQHS Standards and quality improvement strategies
- Transfer the focus of assessments from preparation for assessment to assessment of day-to-day practice
- Remove the administrative burden of preparation for accreditation, enabling the workforce to redirect their efforts to other priorities
- Change the perception of a not met action from 'systems and services failure' to an 'opportunity for improvement.'

Accrediting agencies will coordinate the assessment of clinical trial services when the health service organisation is undergoing assessment to the NSQHS Standards. As clinical trial services are a new service type undergoing assessment, HSOs will be assessed to the actions in the NCTGF for clinical trial service provision once in the first three years, against a [maturity scale](#).

Beyond the first three years, HSOs will transition to full assessment under the AHSSQA Scheme and be assessed as either having met, met with recommendations or not met actions within the NCTGF and receive 60 days to remediate.

Timing of assessments

A short notice assessment may occur at any time during a three-year accreditation cycle. It will involve an on-site assessment of all applicable actions from the eight NSQHS Standards and where applicable the Clinical Governance Standard and the Partnering with Consumers Standard for clinical trial service provision, during a single assessment visit.

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.

Accreditation expiry date

An accreditation cycle is three years. After mandatory short notice assessments commence, the cycle dates will remain the same regardless of when the assessment occurs (be it during the first, second or third year of the cycle).

Once the current accreditation expires, a new accreditation cycle begins with an expiry date three years later. In this way, HSOs are assessed once in a cycle and assessment can occur at any time during that cycle.



Excluded dates

HSOs may identify up to 20 business days per accreditation cycle for exclusion of a short notice accreditation assessment (as outlined in [Box 2](#)).

Days on which a HSO does not routinely operate are not counted in the excluded dates. However, a HSO should inform their accrediting agency if the days of usual business change. HSOs may incur accreditation costs if assessors arrive on site for an assessment and services are not operational.

Box 2: Excluded dates: Key points

- HSOs may request up to 20 business days per accreditation cycle be excluded from short notice assessments
- Excluded dates are to be calculated based upon 'days of usual' business, on which the entire service is operational
- Submissions to an accrediting agency of excluded dates should provide a rationale and supporting evidence to confirm that performing a short notice assessment on these dates would directly impact consumers, or that consumers of the service would be unavailable
- Excluded dates will not be accepted where a mandatory repeat assessment is required. These are scheduled assessments that must occur within the specified timeframe.

Self-assessment

Self-assessment against the requirements of the NSQHS Standards and NCTGF is an active continuous process that supports quality improvement.

Where required, a HSO will need to have mechanisms to keep its self-assessment documentation up to date and review this at least quarterly. This may include information regarding:

- An overview of governance systems, policies and committee structures
- Risk register
- Confirmation of not applicable actions
- Changes of scope of practice
- Outcomes of complaints, incidents and/or feedback
- Confidentiality and conflict of interest management.

Organisational information

HSOs routinely provide information to their accrediting agency to allow for planning of assessments. All information required by accrediting agencies should be maintained and updated regularly, including when changes to information occurs.

Information requirements for the assessment of clinical trial services are provided in the [Fact sheet – Sampling for clinical trials accreditation assessment](#) and [Fact sheet – Process for accreditation to the National Clinical Trials Governance Framework](#).

Box 3: Self-assessment: Key points

- Self-assessment is an important part of the continuous improvement cycle for health service organisations
- A self-assessment tool provides a place to collate evidence of processes and improvements and assists in identifying gaps in compliance with standards
- Information on the organisation's self-assessment should be kept current, and reviewed at least quarterly
- Self-assessment tools provide a receptacle for evidence that can be easily accessed during a short notice assessment
- Self-assessment tools may be accessed via the Commission's website or an HSO's accrediting agency or be developed by the HSO.

Length of notice

The length of notice for assessment will vary on the service type:

- HSOs in metropolitan, regional and rural areas with public transport options will be given 24 hours' notice of an assessment. That means once notified, there is one full business day before the assessment commences
- HSOs in rural and remote locations with limited or no public transport options will be given 48 hours' notice. That means once notified, there are two full business days before the assessment commences. These services will be determined following consultation with regulators and stakeholders
- HSOs where permissions are required to be obtained to undertake the assessment, for example some Aboriginal communities or prison services, will be given two to four weeks' notice.

Planning phase

During the planning phase, consideration should be given to management of short notice assessment processes between accrediting agencies and HSOs. Agreed approaches should be reflected in contracts and include:

- Processes for HSOs to review a list of accrediting agency assessors, and provide comment on proposed assessment teams
- Processes for HSOs to seek approval for 'not applicable' actions at the commencement of the accreditation cycle, or whenever change to the service occurs
- Mechanisms for assessors to access facilities and information technology systems to conduct an assessment
- Planning and coordination of strategies for assessing HSOs with specific requirements such as those requiring special permission to enter, high risk settings, or where facilities are spread over wide geographical areas
- Arrangements for assessing HSOs that provide care outside of usual business hours
- The provision of information on services and facility maps for assessors to be able to navigate the HSO unchaperoned
- Scope the additional assessors days required for clinical trial sites.

Assessments processes

On the day of the assessment, the assessment team will request consent to enter the premises. They will show their credentials and give the person in charge notification of the visit.

The person in charge will have delegated authority to support the assessment process and will be the point of contact for the assessors during the assessment.

An assessment team must not enter the premises of a service unless consent has been granted and will leave the premises if consent is withdrawn.

If the assessment does not proceed, the accreditation assessment will be conducted on another date determined by the accrediting agency. Any costs incurred as a result will be met by the HSO.

Assessors will make every effort to ensure that the conduct of the accreditation assessment does not disrupt the usual delivery of care and services provided by the HSO.

Box 4: Assessment methodology: Key points

Assessors will gather evidence from a variety of sources including:

- Interviews with members of the workforce, consumers and their nominated representatives, health care providers, clinical trial participants and sponsors, allied health workers, volunteers, and contractors
- Observation of workforce practices and interactions with consumers across all operational and clinical areas
- Review of documents and records to confirm that safety and quality systems are described in policies and procedures, to assess compliance and review reported outcomes
- Examination of how the HSO's quality improvement systems are used to reduce risks.

Entry meeting

An entry meeting will occur with the person in charge, or their delegate, where the assessment team will provide information regarding the proposed conduct, length and scope of the assessment.

This approach enables flexibility for assessors to address any emerging issues, accommodate the needs of the service and the availability of the workforce, and to minimise disruption to consumers (see [Box 5](#)).

The assessment team will approach the person in charge, or their delegate, to:

- Verify information detailed in the self-assessment document and material provided to enable sampling of clinical trials services
- Access policies, data and workforce information, or other evidence required to measure the service's performance against the NSQHS Standards and the NCTGF
- Confirm the clinical trials sites to be sampled.

Box 5: Entry meeting: Key points

At the entry meeting the lead assessor will clarify:

- How the assessment will be conducted including the length of time and areas of the service reviewed
- How to obtain access to security passes for the facility and the IT system
- Arrangements for information gathering such as availability of documents and access to records
- Arrangements for interviews with the workforce, patients, and consumers
- The process for requesting additional information where key issues are identified
- The process for the person in charge to provide information or seek clarification on matters raised by the assessors.

Consumer involvement

The [NSQHS Standards](#) includes requirements for HSOs to partner with consumers in the planning, design, and evaluation of health care and clinical trial services.

HSOs should implement systems to notify consumers and clinical trial participants and trial sponsors that an assessment is occurring and that assessors may be observing and talking to them about the care they are receiving (with their consent).

Box 6: Consumer involvement: Key points

- Feedback and complaints mechanisms are elements of the [Australian Charter of Healthcare Rights](#) and are essential to developing and monitoring services
- Feedback can help to identify gaps, what is working well, and examples of good practice
- Consumers and consumer representatives should be provided with opportunities to provide input into the assessment process in writing, in person, via telephone or electronically, including in confidence or anonymously.

Exit meeting

The lead assessor will convene an exit meeting to provide a summary of the assessment outcomes. This is an opportunity to identify what is working well and opportunities for improvement. Meeting attendance is at the discretion of the person in charge.

Assessors will notify the HSO of final steps for reporting as per the [Flow chart of an assessment to NSQHS Standards and National Clinical Trials Governance Framework](#).

Assessors will inform the organisation of their recommended ratings for actions that are not met or are met with recommendations, for each facility and clinical site assessed.

Recommendations to assist HSOs address gaps identified in the assessment of their clinical trial services will also be provided.

Post short notice accreditation assessment

A summary report on the initial assessment, including a list of actions rated not met or met with recommendations, will be provided to the HSO within five business days. This report will include a written explanation for all ratings listed.

Remediation and final reporting

If a HSO has actions which are rated 'not met' or 'met with recommendations' at initial assessment, there is a remediation period of 60 business days to implement improvements and demonstrate compliance with actions.

Where key information, personnel or consumer representatives were not available at the time of the assessment, HSOs will have up to five business days to arrange interviews or provide the accrediting agency with additional evidence for consideration. These actions are subject to review at the end of the remediation period (see [Diagram 1: Submission of additional key information post assessment](#)).

A final report is prepared notifying the HSO if it has retained its accreditation, as outlined in the [Flow chart of an assessment to NSQHS Standards](#). The final report includes:

1. Assessment outcome to the NSQHS Standards
2. Assessment against the maturity scale for actions in the NCTGF with explanatory statements relating to gaps identified in the assessment of clinical trial services (where applicable)
3. A Maturity Score Card for the clinical trial service (where applicable).

As a maturity score is applied for the first round of assessment to the National Clinical Trials Governance Framework there is no impact on awarding accreditation if actions are rated as initial or growing on the maturity scale. See [Fact sheet – Maturity rating for clinical trial service assessment](#).

Evaluation of short notice accreditation assessment

The commencement of short notice accreditation assessment was one of six strategies agreed to in 2018 following review of the accreditation arrangements.

The aim is to ensure assessments to the NSQHS Standards are robust and accurate. Short notice assessments allow for the review of day-to-day practice, rather than reviewing an HSO that has prepared for an assessment.

The Commission will monitor and evaluate the introduction of short notice assessments. HSOs will be invited to provide feedback via a post accreditation assessment survey.

Which health service organisations are to undergo short notice assessments?

All hospitals and day procedures services that are assessed to the NSQHS Standards will be required to undergo short notice assessments.

Where a service is undergoing assessment to the NSQHS Standards and the National Clinical Trials Governance Framework as part of contractual or funding obligations, it is up to the funder to determine if assessment is required.

Where prior notice or permission is required before entry, a longer period of notice will be provided. This may include prison services, high-risk settings, Aboriginal communities, or fly-in fly-out services that operate intermittently.

Transitioning from voluntary short notice assessment to mandatory short notice assessments

Health service organisations that are currently being voluntarily assessed at short notice will complete the current cycle of assessments before transitioning to mandatory short notice assessments.

HSOs that have:

- Registered but not commenced a voluntary short notice assessment will move directly to mandatory short notice assessments
- Completed one short notice assessment to three or four standards, will have their next assessment to the remaining unassessed standards and then move to mandatory short notice assessments
- Completed two short notice assessments, will have the remaining standards assessed at the next assessment and then move to mandatory short notice assessments.

The current accreditation expiry date will remain unchanged for each of these HSOs.

Organisations commencing assessment to the NSQHS Standards

Organisations that have not previously been assessed to the NSQHS Standards will generally commence with an announced interim assessment before moving to short notice assessments. For further information on the criteria for interim assessments is [available here](#).

Organisations that do not meet the criteria for interim accreditation and have not previously been assessed to the NSQHS Standards or the National Clinical Trials Governance Framework, may for the first assessment be assessed at an announced assessment. This will allow the accreditation cycle and accreditation expiry date to be established. All subsequent assessments are to be at short notice.

Questions?

For information on the NSQHS Standards visit: <https://www.safetyandquality.gov.au/standards/nsqhs-standards> or contact the Safety and Quality Advice Centre at: AdviceCentre@safetyandquality.gov.au or call 1800 304 056.

For information on the National Clinical Trials Governance Framework visit: <https://www.safetyandquality.gov.au/standards/national-clinical-trials-governance-framework> or email: hmr@safetyandquality.gov.au

Appendix 1: Guidance for conducting short notice accreditation assessment

When transitioning to short notice assessment

Health service organisation

- Ensure governance structures and processes are effective and comply with the NSQHS Standards
- Routinely monitor compliance with the NSQHS Standards and address identified gaps
- Review relevant NSQHS Standards advisories and fact sheets and ensure compliance
- Document actions from the NSQHS Standards that are not applicable in line with [Advisory AS18/01](#)
- Maintain and routinely document findings from self-assessment processes against the NSQHS Standards
- Provide access to education and training for the workforce in relevant areas related to the NSQHS Standards
- Maintain an organisational risk register
- Establish processes to identify the person in charge at any time, and whenever an assessment commences
- Contract with an accrediting agency approved by the Commission to undertake short notice assessments
- Work with your accrediting agency on approving a list of assessors who may be involved in the assessment
- Identify up to 20 business days per accreditation cycle to be excluded from short notice assessments (excluded dates)
- Submit Attestation Statements annually to your accrediting agency
- Establish processes to orientate assessors to the facility, issue security passes, facilitate IT access, provide maps of the facility and information on evacuation procedures

Accrediting agency

- Develop policies, protocols and procedures for conducting short notice accreditation assessments, including for
 - transport when assessors are on site, particularly where there are multiple facilities
 - communication between assessors
 - the conduct of assessments, including nominating a lead assessor, allocation of responsibilities within the assessment team and plan for the assessment of a facility
- Amend service contracts with HSOs to clarify assessments will be at short notice, and
 - assessments may be conducted at any time during a HSO's operating hours
 - clarify requirements for the HSO to provide IT and security access
 - include agreement for the Commission to conduct observation visits
- Train assessors in the requirements for and conduct of short notice assessments
- Establish processes to seek input from HSOs on the list of possible assessors who may be involved in its assessment to minimise conflict of interest at assessment and include a process for keeping this list updated. This may include obtaining feedback on the list from HSOs annually or when there are significant changes in the assessor workforce
- Establish processes to collect and incorporate excluded days into the planning for short notice assessments
- Implement processes to ensure the confidentiality of assessment scheduled dates.

Preparing for short notice assessment

Health service organisation

- Where applicable provide your accrediting agency with self-assessment data
- Review the list of potential assessors and provide feedback to your accrediting agency on any potential conflicts of interest that exist
- If relevant, apply to your accrediting agency for not applicable actions in line with [Advisory AS18/01](#)
- If applicable, submit proposed 'excluded dates' and relevant supporting documentation to your accrediting agency
- Notify the workforce of changes in assessment arrangements and expectations for information flow and their conduct during assessment
- Appoint a person in charge (or process for determining a person in charge) for assessments.

Accrediting agency

- Seek advice on assessor conflicts of interest from HSOs
- Invite HSOs to submit 'excluded dates' and consider these in the scheduling of assessments
- Review applications for 'not applicable' actions as per [Advisory AS18/01](#)
- Confirm assessor participation in assessments
- Schedule assessment dates in line with the Commission's scheduling criteria
- Review pre-assessment documentation and collect routine data from HSOs on organisational structure and service profile
- Draft assessment timetable with at least 75% of the time spent in operational areas
- Review pre-assessment documentation submitted by the HSO.

At a short notice assessment

Health service organisation

- Implement the communication plan for notifying the person in charge and key people when the assessors arrive on site
- Notify the workforce and consumers that an assessment is underway and that they can expect to see and/or speak with assessors
- Orientate assessors briefly to the HSO and provide maps of the facility, a safety induction, building security and IT access
- Provide information on the HSO's electronic filing system and file naming convention
- Participate in assessment processes, when questioned by assessors, however assessors are not expected to be chaperoned during the assessment
- Identify any security or safety issues that may necessitate a member of the workforce accompanying the assessment team
- Schedule daily exit meetings with the lead assessor
- Notify the workforce of feedback from assessors at the conclusion of the assessment.

Accrediting agency

- Conduct an entry meeting to notify the person in charge of
 - assessment details including length and scope
 - details and role of members of the assessment team and any other participants
 - name and contact details of the lead assessor
 - assessment methodology
- Participate in orientation to the HSO and safety induction
- Obtain IT and security access for the assessment team
- Conduct assessment in line with policy requirements of the Australian Health Service Safety and Quality Accreditation Scheme
- Use PICMoRS structured assessment methodology
- Notify HSO of significant risks or issues identified that may lead to not met or met with recommendation ratings
- Conduct an exit meeting and provide preliminary findings and ratings for all actions assessed, including actions with a recommended rating of not met or met with recommendations.

Post short notice assessment

Health service organisation

Within five business days, provide the accrediting agency with any additional information or evidence to be considered to support the HSO's claim of compliance (see [Diagram 1](#))

- If one or more actions are rated 'not met' or 'met with recommendations', implement improvements and demonstrate compliance to unmet actions to accrediting agency within the 60 business days remediation period
- Participate in final assessment if required
- Review draft assessment report and provide feedback to accrediting agency, if required.

Accrediting agency

- Allow five additional days post assessment for the submission of key information, or for the conduct of interviews with key personnel or consumers not available at the time of the initial assessment
- Where additional key information is not sought, provide the HSO with a report on actions rated 'not met' and 'met with recommendations' within five business days of the initial assessment
- If one or more actions were rated 'not met' or 'met with recommendations', confirm final assessment process and date
- If a final assessment is to be conducted on site, this is an announced assessment
- Inform the HSO they meet the criteria for mandatory reassessment
- Provide the HSO with a final report within 20 business days of finalising the assessment.

Diagram 1: Submission of additional key information post assessment

