

## Accreditation Frequently Asked Questions

### **1. Does my health service need to be accredited against the NSQHS Standards?**

Health departments (the regulators) will determine which services must undertake accreditation to the NSQHS Standards. All state and territories have agreed that hospitals and day procedure services will be accredited to the NSQHS Standards from January 2013. Some other health services may require accreditation at a later date, until then, other health services may choose to use the NSQHS Standards as part of their internal quality systems.

### **2. What are the accreditation requirements for health service organisations?**

For health service organisations that are already accredited, the accreditation process will remain largely unchanged. However, assessment will be to the NSQHS Standards.

Health service organisations will continue to select their accrediting agency, from among approved agencies, to assess their performance.

Approved accrediting agencies will continue to offer assessment against any other technical or service specific standards. Some of these standards may be required by the state, territory or Commonwealth health departments (the regulators), or individual health services may wish to be assessed against these additional standards to support their safety and quality strategies.

### **3. How will accreditation against the NSQHS Standards fit in with my current accreditation processes?**

For health service organisations, this means that after 1 January 2013, the next scheduled recertification audit or organisation-wide accreditation visit will involve assessment against all 10 NSQHS Standards.

For a mid-cycle assessment, periodic review or surveillance audit scheduled any time after 1 January 2013, health service organisations will not need to be assessed against all 10 NSQHS Standards. Any mid-cycle assessment will, at a minimum, involve:

- Standards 1, 2 and 3
- the organisational quality improvement plan (or equivalent document such as an operational or strategic plan)
- recommendations from previous accreditation assessments.

### **4. What happens if an item is not applicable to my service?**

Non applicable actions are those which are inappropriate in a specific service context or for which assessment would be meaningless. In some circumstances a Standard, criterion or action may be considered non applicable.

There are two ways for an action to be considered non applicable:

1. The Commission has designated non applicable actions for a health service by category.
2. During the accreditation process, there may be instances where an individual health service organisation decides that a criterion or action is non applicable. An organisation can apply to their accrediting agency to have either core or developmental actions considered non applicable.

## **5. What is an approved accrediting agency?**

The Commission has approved accrediting agencies to assess health services using the NSQHS Standards. Health service organisations are required to use an approved accrediting agency from this list to be accredited to the NSQHS Standards.

To be approved, accrediting agencies need to be accredited by an internationally recognised certification body such as the International Society for Quality in Health Care (ISQua) or the Joint Accreditation Scheme of Australia and New Zealand (JAZ-ANZ) and provide accreditation data to the regulators and the Commission.

## **6. What costs are involved in becoming accredited?**

The cost of accreditation processes is a matter for accrediting agencies. Health service organisations are encouraged to contact their accrediting agency to discuss their accreditation needs and the associated costs.

## **7. What will happen if my service is not accredited?**

The Commission has been working with states and territories to implement a responsive regulatory approach for health services not meeting the requirements of the NSQHS Standards.

If, at assessment by an approved accrediting agency, actions are assessed as not met, health service organisations will have up to three months to address the issue, depending on the seriousness and risks associated with the issue. Concurrently, regulators (state and territory health departments) will be informed and may take action or provide support to health services as they address these issues.

Each state, territory and Commonwealth health department has specific regulatory and legislative requirements for licensing or managing private hospitals, public hospitals and day procedure services, and to enable health service organisations to access government benefits. Their response will be in line with these requirements.

## **8. How will I know if a health service is accredited?**

Accredited health service organisations will be issued with an accreditation award that describes the service types that have been assessed, the specific standards for which they have been assessed and the period of time for which the award is valid.

**9. What happens if the health service organisation does not meet all the core requirements in the NSQHS Standards?**

Regulators require that 100 percent of core items in the NSQHS Standards are met by health services in order to achieve accreditation to the NSQHS Standards.

Health service organisations will generally be given 90 days from the receipt of written notification of not met assessments (which may also be their survey report) to rectify any not met actions before a final determination is made on an accreditation award.

**10. What is the cycle for accreditation to the NSQHS Standards?**

Accreditation will continue to be awarded on a three or four year cycle, depending on the accrediting agency. During any accreditation cycle, a health service may undergo periods of self-assessment, comprehensive review to all of the NSQHS Standards and an interim targeted assessment to some Standards.

**11. Health service organisations undergo many different accreditation processes – where do the NSQHS Standards fit?**

The NSQHS Standards largely cover areas that are generic across all health service organisations. However, there will be other standards that health service organisations will be required to meet (or may choose to include in their assessment) such as technical, service or disease specific standards.

The Commission will continue to work with standard setting bodies to incorporate the NSQHS Standards into other safety and quality standards to reduce duplication and variation for health services.

**12. If a health service organisation has never undergone an accreditation process before, where should they start?**

Accreditation is whole of service decision that requires commitment from staff and senior managers within an organisation. An important first step is to gather information on the NSQHS Standards, the accreditation process and what it means for the organisation and its staff.

The next step may be to undertake a gap analysis of current processes and practices to:

- Identify areas where improvements are required.
- Develop an accreditation work/action plan. Information gathered from the self-assessment process will allow management to allocate any additional resources required to support accreditation (for example. training, equipment, policy updates or staff).
- Identify an approved accrediting agency and obtain information on their processes, support available, timeframes and requirements.

Once an accreditation agency has been chosen, they can guide a health service through the accreditation process.