Figure 1: The accreditation process



Enrol with Accrediting Agency: Enrolled health service organisations can access information on processes, timing and resources available from their accrediting agency and ACSQHC. An accreditation process involves self assessment and external assessments (organisation-wide assessment and mid-cycle assessment).

Self Assessment: An assessment conducted by the health service organisation to review their processes and practices and determine the extent to which they meet the NSQHS Standards. Timing: Specified by accrediting agency.

Assessment: Assessment can be organisation-wide or mid cycle. Organisation-wide assessment is undertaken as an external visit. Mid cycle is generally an external visit but may be a desk top assessment. The collated evidence is reviewed to determine if the actions required in the NSQHS Standards have been met. Timing: Length of onsite assessment agreed between accrediting agency and health service.

Repeat all processes for mid-cycle assessment and full assessment to all Standards across the organisation.

Notify Regulators: Health service organisations and regulators are advised by the accrediting agency if a significant risk has been identified. Timing: Once identified.

Response: Health service organisation implement improvements. Regulators take action appropriate to the issue. Timing: Specified by jurisdiction.

Report on Assessment: Following assessment, the accrediting agency will provide a written report of their assessment. The report will specify all not met actions and provide detail of why the action is not met. Timing: Within 7 days from external assessment visit.

Core actions met: Routine reporting by accrediting agencies to regulators and ACSQHC. Mid cycle, accreditation maintained. Full assessment to all Standards, accreditation awarded. Timing: Subject to assessment type and accrediting agency processes.

Core actions NOT met: Health service organisations have 90 days to implement quality improvement strategies to address not met actions. Timing: approximately 90 days from written notification (120 days during 2013).

Re-assessment: Evidence of improvement provided by health service organisation to accrediting agency and determination made on not met items.

Actions NOT met: Accreditation not awarded or accreditation not retained for mid cycle assessment. Quality improvement and self assessment process recommenced. Regulators contact officer are informed in writing by accrediting agency. Timing: Health service and regulator notified.

Remediation: Health service organisation to implement improvements, address any action not met from accreditation process. Action will be consistent with timing and processes specified by jurisdiction. Timing: Specified by the Regulator.