Policy No.: D0307

Accreditation to National Safety and Quality Health Service Standards Policy Directive

Version No.: V2
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Government of South Australia

SA Health

Contents

1. Policy Statement

1.1 SA Health recognises accreditation as an important driver for safety and quality improvement. Through a process of regular assessment and review, accreditation tests that systems are in place and working effectively to promote and support safe patient care and continuous quality improvement.

1.2 Since 2013 mandatory accreditation of health services has fallen under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. Within this scheme services have been accredited against the National Safety and Quality Health Service Standards (NSQHSS, or the Standards). From 1 January 2019 services will be accredited against the second edition of the Standards.

1.3 The purpose of this policy is to:

1.3.1 provide an outline of the accreditation process health services must follow in order to be assessed and accredited against the Standards, in compliance with the AHSSQA Scheme and any other applicable standards;

1.3.2 describe how the Department for Health and Wellbeing will carry out its responsive regulatory approach, balancing safety and quality needs with effective regulation of services;

1.3.3 describe the roles and responsibilities of SA Health employees in meeting safety and quality standards.

2. Roles and Responsibilities

2.1 Chief Executive – SA Health is responsible for:

2.1.1 ensuring services across SA Health operate in accordance with this policy.

2.2 Local Health Network (LHN) governing boards and Chief Executive Officers will:

2.2.1 ensure that all relevant health services within their area of control are enrolled to be accredited against the Standards;

2.2.2 ensure the Minister for Health and Wellbeing and the SA Health Chief Executive are informed prior to the accreditation period of any known potential risk of failure to achieve accreditation for any actions or any other criteria that may have an adverse impact or create significant risk;

2.2.3 ensure that following an accreditation assessment the SA Health Chief Executive and Director, Safety and Quality, Department for Health and Wellbeing receive:

2.2.3.1 a copy of the ‘not met’ report within two days of its receipt by the health service;

2.2.3.2 a copy of the accreditation report within seven days of receipt by the health service, as long as no significant patient risks have been identified.

2.2.3.3 Immediate advice should any requirement of a rectification period after the accreditation assessment not be met, resulting in the facility not being accredited.

2.2.4 ensure that the day to day responsibility for establishing the implementation and monitoring this policy is delegated to the relevant senior managers.

2.3 Director, Safety and Quality, Department for Health and Wellbeing will:

2.3.1 ensure the effective execution of the Department of Health and Wellbeing's responsibilities related to both its role as a regulator and to facilitate safety and quality improvements, including the responsive regulatory approach;

2.3.2 periodically review this policy;

2.3.3 disseminate learnings from the application of the Standards;

2.3.4 reviewing reports prepared from assessment outcomes data on the performance of SA health service organisations.

2.4 LHN / SA Ambulance Service (SAAS) Executive directors, directors, heads of service / departments and other senior managers will:

2.4.1 develop, implement and monitor local processes that support the operation of this policy and the achievement of accreditation.

2.5 LHN / SAAS Quality Managers will:

2.5.1 manage, coordinate, oversee, guide and support health service staff with the assessment and accreditation process.

2.6 All SA Health employees will:

2.6.1 adhere to the principles and aims of this policy;

2.6.2 actively participate in the implementation of the requirements set out in the NSQHS Standards and the subsequent accreditation process, as appropriate;

2.6.3 actively participate in quality improvement initiatives aimed at improving patient safety and quality of health services.

3. Policy Requirements

3.1 Scope

Some health services are required to achieve accreditation against other standards relevant to their service. These standards and their accreditation processes are outside the scope of this policy directive; however SA Health requires evidence that services maintain accreditation. The table 1 outlines some of the specific requirements.

Table 1: Specific accreditation requirements

Health service	NSQHSS	Other
Central Adelaide Local Health Network	☑	
Statewide Services – Dental	☑	
Statewide Services – Breast Screen SA	☒	☑ Breast Screen Australia National Accreditation Standards
Barossa Hills Fleurieu Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by BHFLHN
Eyre and Far North Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by EFNLHN
Flinders and Upper North Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by FUNLHN
Riverland Mallee Coorong Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by RMCLHN
Limestone Coast Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by LCLHN
Yorke and Northern Local Health Network	☑	☑ Residential Aged Care Standards for Commonwealth funded services ☑ RACGP Standards for general practices (5th edition) for medical practices owned by YNLHN
Northern Adelaide Local Health Network	☑	
Southern Adelaide Local Health Network	☑	
SA Imaging	☑	Participates as part of LHN health services local imaging services ☑ Diagnostic Imaging Accreditation Scheme (National Association of Testing Authorities [NATA])
SA Pathology	☑	Participates as part of LHN health services local pathology services ☑ National Association of Testing Authorities (NATA)
SA Pharmacy	☑	Participates as part of LHN health services local pharmacy services
SA Ambulance Service	☑	
Women's and Children's Health Network	☑	
Drug and Alcohol Services SA (DASSA)	☑	

3.2 Accrediting agencies

3.2.1 For the purpose of accreditation, the performance of a health service organisation against the Standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Health Care (the Australian Commission).

3.2.2 Health service organisations will select their accrediting agency, from among approved agencies. A list of approved accrediting agencies is available from the Standards website

3.2.3 Approved accrediting agencies may continue to offer assessment against other technical or service specific standards. LHNs may also require individual health services to be assessed against additional standards to support their safety and quality strategies.

3.2.4 When a health service organisation provides mental health services, a mental health expert should be included on the survey team conducting the assessment.

3.2.5 Following an accreditation event, accrediting agencies will provide data about each health service to the Australian Commission and to the regulator. These data include demographics, outcome on assessment of each action and a selection of data items that health services currently collect.

3.3 Accreditation process

Health services organisations must:

3.3.1 enrol with an approved accreditation agency to be assessed against the Standards;

3.3.2 request that a mental health expert is included on the survey team conducting the assessment of a health service organisation that provides mental health services;

3.3.3 use the Standards and associated SA Health accreditation resources throughout all phases of the accreditation cycle to guide safety initiatives, continuous quality improvement, monitor data and gather evidence;

3.3.4 note the actions relevant to their service type and apply to the accrediting agency for non-applicable actions if required;

3.3.5 negotiate with their selected accreditation agency regarding assessment against other standards if required;

3.3.6 note that the award recognising that the health service has met the Standards will be issued for a period of three years and apply to an approved accrediting agency for a re-accreditation assessment prior to expiry of their current accreditation period;

3.3.7 note that, if required, a repeat assessment will be conducted within six months of accreditation;

3.3.8 note the responsive regulatory approach to be taken for unsatisfactory performance or when a significant risk is identified at assessment;

3.3.9 provide plans that outline the actions the health service will undertake to meet ‘not met’ actions, significant patient risks, and any other information or data requested to the regulator.

Table 2 shows examples of pathways from assessment to accreditation.

Table 2. Pathways from assessment to accreditation

External assessment	Action by accreditation agency	Process outcome	Feedback to Regulator
Met All requirements fully met.	Assess performance against the Standards and award accreditation	**Accreditation requirements met** Next assessment in 3 years	Routine provision of agreed assessment data provided to Regulator
Met with recommendations All actions either met or met with recommendations	Assess performance against the Standards and award accreditation Indicate the requirements for MWR actions to be fully met	**Accreditation requirements met with recommendations** Next assessment in 3 years (Actions cannot be met with recommendations in two consecutive assessments)	Routine provision of agreed assessment data provided to Regulator
Not Met at initial assessment Part of or all of the requirements of the action have not been met.	Assess performance against the Standards and specify not met actions, with an explanation for this assessment	1. Final assessment – all actions met or met with recommendations **Accreditation Award conferred** Next assessment in 3 years 2. Final assessment – not met actions still not met **Accreditation Award withheld or withdrawn** Reassess all standards within 12 months	1. Routine provision of agreed assessment data provided to Regulator 2. Notify regulator. Responsive regulatory process enacted. Provision of agreed assessment data in agreed timeframes to regulator and ongoing action by the health service to address the issues required and reassessment to all 8 NSQHS Standards within 12 months.
Not Met action at initial assessment exceed 16% of all actions assessed or includes 8 or more actions from the Clinical Governance Standard	Assess performance against the Standards and specify not met actions, with an explanation for this assessment	Final assessment – all actions met or met with recommendations **Accreditation Award conferred** Next assessment within 6 months of the final assessment being finalised of all actions not met or met with recommendations at initial assessment.	1. Routine provision of agreed assessment data provided to Regulator if all actions met. 2. One or more action not met. Notify regulator. Responsive regulatory process enacted. Provision of agreed assessment data in agreed timeframes to regulator and ongoing action by the health service to address the issues required and reassessment to all 8 NSQHS Standards within 12 months.
Significant patient risk identified during remediation period	Notify regulator and the Commission within 48 hours of issue being identified and submit an action plan developed by the health service organisation to address the significant risk. Reassess the actions rated not met at final assessment.	1. Health service addresses fully comply with any actions rated not met. **Accreditation Award conferred**. 2. Health service does not fully address actions rated not met. . **Accreditation Award withheld or withdrawn** Reassess all standards within 12 months	1. Routine provision of agreed assessment data provided to regulator. 2. Notify regulator. Responsive regulatory process enacted. Provision of agreed assessment data in agreed timeframes to regulator to regulator and ongoing action by the health service to address the issues required and reassessment to all 8 NSQHS Standards within 12 months.

3.4 Short notice assessments

From January 2019, health service organisations will have the choice of undertaking either announced or short notice assessments. Short notice assessments are a separate assessment pathway under the AHSSQA Scheme, with specific rules associated with its introduction and application. Participation in short notice assessments is voluntary for health service organisations, unless directed by the relevant regulator.

3.4.1 Health service organisations will have three assessments in each accreditation cycle with no more than two assessments in any one year.

3.4.2 Organisations will be given at least 48 hours' notice of an assessment commencing and the standards to be assessed.

3.4.3 All eight Standards must be assessed during the three year accreditation cycle. The three assessments will consist of one assessment of four standards, and two assessments of three Standards.

3.5 Responsive regulatory approach

The South Australian Department for Health and Wellbeing is the regulator for health services within SA Health that are required to be accredited against the Standards. The responsive regulatory approach takes into account the nature of the governance and regulatory framework in place in this jurisdiction.

3.5.1 A responsive regulatory approach may have to provide a response that balances a focus on safety and quality needs and the requirements for effective regulation of health services.

3.5.2 The Department's response will depend on a range of factors including:

3.5.2.1 scope of legislative powers;

3.5.2.2 operational context, including known issues in relation to staffing levels, leadership, funding, policy implementation, capital construction and industrial relations;

3.5.2.3 the number and importance of the core standards that have not been met;

3.5.2.4 the level of risk to patients / consumers;

3.5.2.5 the actions underway to address the identified safety and quality risks;

3.5.2.6 if the issue primarily warrants a regulatory response or a departmental response.

3.5.3 When a concern is notified following external assessment and feedback to the regulator, any one or more of the following actions may be required:

3.5.3.1 confirming the concerns raised by:

- verifying who has identified and rated the concerns being raised;
- identifying the scope, impact and spread of the issues involved;
- identifying the strategies being implemented;
- reviewing the time required to mitigate the identified problems;

3.5.3.2 allowing an additional period for improvement in performance, where the timeframe is consistent with the situation and context as determined by the Regulator.

3.5.4 A regulatory response may go on to:

3.5.4.1 Increase the oversight and reporting requirements;

3.5.4.2 restrict specified practices in areas / units or services of the organisation where Standards have not been met;

3.5.4.3 suspend particular services at the organisation until the areas of concern are resolved;

3.5.4.4 place conditions on the organisation licensing / funding;

3.5.4.5 suspend an organisation's services for a period of time;

3.5.4.6 withdraw the organisation's licensing / funding.

3.5.5 A departmental response may go on to:

3.5.5.1 provide advice, information on options or strategies that could be used by the health service to address the concern;

3.5.5.2 connect the health services with other health services that have addressed a similar concern or have exemplar practice in this area;

3.5.5.3 provide support to assist the organisation to meet the NSQHS Standards.

3.6 Significant patient risk

Few, if any Australian health service organisations pose an ongoing significant risk to patients, however from time to time, lapses and errors may occur that result in an increased risk to patients accessing care in that health service.

3.6.1 The AHSSQA Scheme requires approved accrediting agencies to notify regulators if a 'significant risk of patient harm' is identified during an onsite visit to a health service.

3.6.2 An immediate response will be required, to reduce risks to patients. This response may include interventions or changes to systems, clinical care or clinical practice.

3.6.3 While the focus of reporting by assessors will be on significant risks of patient harm, it will not necessarily exclude other significant risks.

3.6.4 Where an assessor identifies one or more major risks in a health service organisation that could result in significant harm to patients, the following actions are to be taken:

3.6.4.1 assessors are to notify both the health service and its accrediting agency that a significant issue has been identified;

3.6.4.2 assessors and/or an accrediting agency is to discuss immediate action to be taken with the health service and require it to develop a plan of action to remedy the risk;

3.6.4.3 the accrediting agency is to notify the relevant regulator and the Commission within 48 hours that a significant issue has been identified and the health service will provide a copy of the action plan as soon as practical.

3.7 Governing body attestation statement

From January 2019, health service organisations are required to submit an annual attestation statement to their accrediting agency.

3.7.1 Attesting is a formal process. It involves authorised officers from a health service organisation self-reporting on past performance. This is in the form of a written affirmation.

3.7.2 The focus of the attestation statement is Actions 1.1 and 1.2 of the Standards, which explicitly set out key responsibilities for governing bodies.

3.7.3 Health service organisations are required to:

3.7.3.1 identify their governing body. This is the body or individual(s) with ultimate responsibility and accountability for decision making about safety and quality;

3.7.3.2 nominate a member of the governing body to sign the attestation statement;

3.7.3.3 submit an attestation statement to their accrediting agency no later than 30 September each year (from 2020) using the template provided.

4. Implementation & Monitoring

It is mandatory that all health services are assessed against and accredited to the NSQHS Standards and/or other standards/requirements as outlined in 3.1 Table 1. Following each organisation wide accreditation survey health service organisations are required to provide a copy of their written accreditation report to the Director, Safety and Quality, Department for Health and Wellbeing, within seven days of its receipt.

5. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed the National Safety and Quality Health Service Standards (the Standards).

The Standards provide a nationally consistent and uniform set of measures of safety and quality for application across a wide variety of health care services. They propose evidence-based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients.

This policy directive contributes to:

 National Standard 1 Clinical Governance	 National Standard 2 Partnering with Consumers	 National Standard 3 Preventing & Controlling Healthcare-Associated Infection	 National Standard 4 Medication Safety	 National Standard 5 Comprehensive Care	 National Standard 6 Communicating for Safety	 National Standard 7 Blood Management	 National Standard 8 Recognising & Responding to Acute Deterioration
☒	☒	☒	☒	☒	☒	☒	☒

6. Definitions

Accreditation means: a status that is conferred on an organisation when they have been assessed as having met particular standards. The two conditions for accreditation are (1) an explicit definition of quality (in this case, the Standards), and (2) an independent review process aimed at identifying the level of concurrence between practices and quality standards.

Accreditation cycle means: an award recognising the Standards have been met will be issued for a period of three years. The process, from application through to awarding of accreditation, includes self-assessment and on-site assessment.

Assessment means:

- **initial assessment**: an external assessment by an approved accrediting agency to verify that the health service organisation has met each of the actions in the Standards;
- **final assessment** (reassessment): a re-assessment, within 60 working days, of actions rated 'not met' in the initial assessment;
- **repeat assessment:** where organisations have received 'not met' ratings on 16% or more on all actions, or eight or more actions in the Clinical Governance Standard, successful accreditation will be followed by a repeat assessment within twelve months.

Australian Health Service Safety and Quality Accreditation Scheme means: the scheme under which health service organisations are accredited against the Standards.

Approved accrediting agencies means: accrediting agencies that have approval from the Australian Commission on Safety and Quality in Health Care. To be approved, accrediting agencies are required to be accredited by an internationally recognised body; they are to work with the Commission to ensure the consistent application of the Standards and will provide accreditation outcomes data to Health departments and the Commission.

Clinical Governance Framework means: the actions specified in the Clinical Governance and Partnering with Consumers Standards.

Governing body attestation statement means: a formal statement, signed by a member of the governing body, attesting that the organisation has met actions 1.1 and 1.2.

National coordinator means: the Australian Commission on Safety and Quality in Health Care, having responsibility for the Australian Health Service Safety and Quality Accreditation Scheme.

National Safety and Quality Health Service Standards means: the Standards, the current version (version 2) consisting of eight inter-related standards. Each standard describes a series of actions that are required to meet the standard.

Non-applicable actions means: those actions that are inappropriate in a specific service context or for which assessment would be meaningless.

Rating scale means: the three-point scale against which health services will be assessed.

- **Met:** all requirements of an action are fully met.
- **Met with recommendations:** the requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required

  Met with recommendations may only be awarded at initial assessment if there are no other not met actions, and cannot be awarded in two consecutive assessments where the recommendation is made about the same service or location and the same action.
- **Not met:** part or all of the requirements of the action have not been met.

Regulator means: the South Australian Department for Health and Wellbeing (Safety and Quality Unit).

Significant patient risk means: a risk where there is a high probability of a substantial and demonstrable adverse impact identified during accreditation assessment. In each case a significant risk will be sufficiently serious to warrant an immediate response.

7. Associated Policy Directives / Policy Guidelines and Resources

SA Health resources

> SA Health accreditation resources
> Framework for Active Partnership with Consumers and the Community
> Guide for engaging with Consumers and the Community Policy Guideline

- Patient Incident Management and Open Disclosure Policy Directive
- Clinical Communication and Patient Identification Clinical Directive
- Hand Hygiene Policy Directive
- SA Health Healthcare Associated Infection Framework
- Falls and Fall Injury Prevention and Management
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Other relevant documentation/resources

- National Safety and Quality Health Service Standards (2nd ed.). Australian Commission on Safety and Quality in Health Care (2017).
- Australian Commission on Safety and Quality in Health Care
- Australian Health Service Safety and Quality Accreditation Scheme Requirements
- Breastscreen Australia National Accreditation Standards
- The Diagnostic Imaging Accreditation Scheme
- National Association of Testing Authorities (NATA)
- Residential Aged Care Standards

8. Document Ownership & History

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