



National Safety and Quality Health Service Standards Accreditation Policy

1. Purpose

The purpose of this Policy is to set the business rules that govern the Department of Health's (the Department) regulatory approach for Health Service Providers to achieve mandatory accreditation to the [National Safety and Quality Health Service Standards \(NSQHS Standards\)](#) as per the [Australian Health Service Safety and Quality Accreditation Scheme \(the AHSSQA Scheme\)](#).

The *National Health Reform Act 2011* (the Act) specifies the role of the Australian Commission on Safety and Quality in Health Care (the Commission) for the formulation of the NSQHS Standards. The Act also has the provision for the establishment of a national accreditation scheme. In 2011 Australian Health Ministers approved the AHSSQA Scheme and agreed to mandate that all Australian hospitals and day procedure centres should be accredited to the NSQHS Standards.

The AHSSQA Scheme defines the roles and responsibilities of the Commission, the state and territory governments, health service organisations and accrediting agencies in relation to national accreditation. The AHSSQA Scheme defines the Commission's responsibility to maintain and update the NSQHS Standards and approve accreditation agencies to perform accreditation assessments; State and Territory responsibility to regulate health service organisation mandatory accreditation against the NSQHS Standards for each jurisdiction; and the responsibility of Health Service Providers to implement the actions required to meet the NSQHS Standards.

The Licensing and Accreditation Regulatory Unit (LARU), is the state regulator responsible for regulating accreditation of all public and private hospitals and private day hospitals (Class A) as per the AHSSQA Scheme in Western Australia.

This Policy is a mandatory requirement under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016*.

This Policy supersedes Operational Directive 0410/12 *Implementation of the Australian Health Service Safety and Quality Accreditation Scheme and the National Safety and Quality Health Service Standards in Western Australia*.

2. Applicability

This Policy is applicable to the following Health Service Providers in relation to any public health services delivered that are a part of a public hospital, public mental and dental health services:

Ensure you have the latest version from the [Policy Frameworks](#) website.

- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- WA Country Health Service
- Child and Adolescent Health Service.

3. Policy requirements

Health Service Providers shall attain and maintain accreditation to the current NSQHS Standards and comply with the following Department of Health safety and quality reporting requirements.

3.1. Accreditation Assessment Pathways

3.1.1. Existing public health service facilities: There are two accreditation assessment pathways as per the AHSSQA Scheme:

3.1.1.1. Planned Assessment

- For a planned assessment pathway, one assessment every three years by an approved accrediting agency of all the NSQHS Standards will occur.
- Public health service facilities that wish to return to a planned assessment pathway (from a short notice assessment pathway), must submit a request in writing from the Chief Executive to LARU of the date of the planned full assessment and ensure a full assessment to all NSQHS Standards will occur within the three year cycle and prior to the expiry of accreditation.

3.1.1.2. Short Notice Assessment (SNA).

- Three short notice assessments are performed by an approved accrediting agency within the three year cycle.
- Public health service facilities must submit a request in writing from the Chief Executive to LARU when transferring to the SNA pathway, on or before six months of the accreditation expiry date.
- The public health service facility must be prepared to undertake the first assessment at any time within the six month period. Approval to proceed will be assessed on a case by case basis. LARU will consider all applications and liaise with the public health service facility on receipt of the request.
- All NSQHS Standards must be assessed within the three year cycle, with no more than two assessments in any given year.
- Prior to each assessment, LARU will liaise with the Commission and designate the NSQHS standards for each assessment and notify the accreditation agency.
- For each assessment, the accrediting agency must give the public health service facility 48 hours' notice of the pending assessment date and which NSQHS Standards are to be assessed.
- New public health service facilities undergoing interim assessment will not be eligible for SNA.

3.1.2. Interim Accreditation

- Newly established public health service facilities can only be assessed following commencement of service provision and must be assessed within 10 working days from the commencement of service provision.
- Health Service Providers must ensure that any new public health service facility registers with LARU the designated accrediting agency, key personnel and interim assessment date.
- Accrediting agencies refer to the *National Safety and Quality Health Service Standards Guide to Interim Accreditation* when assessing a new public health service facility.
- Public health service facilities which have achieved interim accreditation must undertake a further accreditation assessment of all NSQHS standards within 12 months of the initial assessment and have completed the assessment process and be awarded accreditation (where eligible) within 18 months.
- Public health service facilities must notify LARU of the initial interim assessment date and follow up assessment (within 12 months of the interim assessment) when each date has been determined with an accrediting agency.

3.2. Accreditation Requirements

3.2.1 Health Service Providers shall implement and maintain accreditation to the NSQHS Standards for all public health service facilities within the scope of this Policy and undertake all activities, remediation and improvement activities to achieve and maintain accreditation.

Accreditation is awarded every three years. When, at any stage during the accreditation cycle, including during a planned or SNA accreditation pathway, a Health Service Provider identifies a high probability of failure to achieve and maintain accreditation, they must notify LARU within two working days. This will initiate the regulatory response as per section 4. A failure to achieve and maintain accreditation can be attributed to an internal failure of systems or resources at any stage during the accreditation cycle.

3.2.2 Health Service Providers must select an accrediting agency from the [Commission approved accrediting agency list](#). Health Service Providers which wish to change their accrediting agency must submit their request in writing to LARU for consideration.

3.2.3 Health Service Providers must ensure the public health service facility registers accreditation details with LARU via an annual accreditation registration form, including:

- scheduled assessments and accreditation expiry dates
- accreditation pathways
- accrediting agency
- key accreditation personnel and contacts.

The public health service facility must update their LARU accreditation registration form by 31 January each year via email to LARUAccreditation@health.wa.gov.au, or as necessary, to notify LARU of any changes.

3.2.4 Health Service Providers must ensure that planned or SNA accreditation assessments are completed within a three year cycle.

Accrediting Agencies are only permitted to extend the assessment schedule dates after approval from LARU. Health Service Provider requests for any time extensions to the three year cycle must be submitted in writing to LARU. Written requests must be provided as soon as the change to the schedule is apparent and prior to the accreditation expiry date. During the approval process LARU will liaise with the public health service facility and the Commission prior to the final decision. The Department supports the Commission recommendation that extensions only be granted in the event of extreme circumstances and LARU will review the requests on a case by case basis.

3.2.5 Accrediting agencies at each assessment rate every Standard action item assessed as either one of three accreditation actions: 'met', 'met with recommendations' or 'not met'. Public health service facilities must have a rating of 'met' or 'met with recommendations' for all actions assessed to be awarded accreditation.

3.2.6 At the successful completion of the accreditation assessment the final accreditation outcome reports are to be provided to LARU by the public health service facility within 30 working days of the assessment date. LARU must be notified if there are expected delays in receiving the report within this timeframe.

3.2.7 When a public health service facility is assessed as failing to meet the requirements of an action, an accrediting agency rates the action as 'not met.' 'Not met' actions are risk assessed by the accrediting agency.

- In the event the 'not met' risk assessment by the accrediting agency identifies a significant risk, it is the accrediting agency's responsibility to verbally notify LARU within two working days of the findings.
- On notification, LARU will liaise with the public health service facility and initiate a regulatory response (as per 4.2).

When a public health service facility is awarded 'not met' ratings, the public health service facility must:

- Notify LARU within five working days post assessment of 'not met' ratings. (does not apply if there are any significant risk 'not met' ratings)
- Forward the accreditation 'not met' report to LARU when to hand.
- Notify LARU of the scheduled date and type of final assessment.

3.2.8 The Department follows the AHSSQA Scheme determinations on the type of remediation and reassessment processes, based on the number of 'not met' actions a public health service facility receives as follows:

- A small number of 'not met' ratings is classified as less than 16% of 'not met' actions or less than 8 'not met' actions from the Clinical Governance Standard. A small number of 'not met' ratings results in a remediation period being granted to the public health service facility of 60 working days with a final assessment at the end of the remediation period. During the remediation period the public health service facility must work to meet the requirements of the 'not met' and 'met with recommendation' actions prior to a final assessment being undertaken by the accrediting agency. The format of the final assessment process (desk top review or site visit) is determined by the accrediting agency in collaboration with the Commission.
- A large number of 'not met' actions is classified as 16% or more of 'not met' actions (approximately 24 'not met') and/or 8 'not met' actions from the Clinical

Governance Standard. A remediation period of 60 working days is granted, with a final assessment to be performed by the Accrediting Agency at the end of the remediation period.

- Public health service facilities must notify LARU of the remediation period date and type no later than five working days post the initial assessment.

3.2.9 In the event the public health service facility has a large number of 'not met' actions, the public health service facility must undergo a further reassessment of all 'not met' actions and 'met with recommendation' actions awarded at initial assessment within six months of the assessment cycle.

3.2.10 Further to any 'not met' actions being awarded at the initial accreditation assessment, on completion of the remediation period reassessment, the final assessment report that includes the final accreditation outcome report and the outcomes of the initial accreditation assessment is to be provided to LARU by the public health service facility within 30 working days of the reassessment date.

3.2.11 Public health service facilities that fail to meet the 'not met' actions or 'met with recommendations' actions at final assessment or reassessment will not be awarded accreditation. The Health Service Provider must notify LARU within two working days of this result and this will initiate the regulatory response as per section 4. To regain accreditation the public health service facility will schedule an assessment with an accrediting agency to all the NSQHS Standards within 12 months of the date accreditation was withdrawn.

3.2.12 Health Service Providers will support the Department's System Manager safety and quality agenda to improve the safety and quality assurance functions, seek opportunities for better utilisation of accreditation data, including safety and quality and clinical indicator reporting requirements.

4. Compliance monitoring

4.1 Health Service Providers will report to LARU any:

- inability to comply with the requirements of this Policy
- public health service facility significant risks to achieving and maintaining accreditation pre, during or post assessment
- concerns regarding the contractual arrangements with the accrediting agency
- issues and/or disputes with the accrediting agency, in relation to the assessment process, performance and the agreed outcome.

4.2 LARU will notify the Department CEO and initiate a responsive regulatory process in the following circumstances:

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- a significant percentage of 'not met' ratings overall or in any standard
- a significant risk is identified by an accrediting agency during an assessment or further to an internal or external quality and safety review
- a risk is identified to accreditation status by the accrediting agency
- a public health service facility fails to achieve accreditation.

4.3 The initial regulatory response may incorporate one or a combination of the following actions:

- provide advice, information on options or recommend strategies that could be used to address the 'non-met' actions within a designated time frame
- connect public health service facilities with other services that have addressed similar deficits or demonstrated exemplar practice in this area
- request a review by the public health service facility or an independent body, at the direction of the Department CEO, into significant or unreasonable delays of improvements being implemented.

4.4 In the case of serious or persistent non-compliance and where required action is not taken by the Health Service Provider, the response may be gradually escalated, including one or a combination of the following actions:

- at the direction of the Department CEO investigate significant or unreasonable delays of improvements being implemented to address significant risk factors
- restrict specified practices/activities in areas/units or service of the public health service facility where the current NSQHS Standards have not been met
- suspend specific services of the public health service facility until the area/s of concern are resolved
- suspend all service delivery at a public health service facility for a designated period.

4.5 Compliance with this Policy will be monitored by LARU using the registration details, information and reports provided to LARU by the public health service facility in accordance with the reporting requirements set out in this Policy.

4.6 The regulatory process will be followed in the event Health Service Providers fail to comply with this Policy.

5. Related documents

The following documents are mandatory pursuant to this Policy:

- [LARU Public Health Service Facility Accreditation Registration Form](#)
- [LARU Accreditation Notification, Authorisation and/or Reporting Schedule](#)

6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- Nil

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Accreditation Not Met Report	A 'not met' report is an interim report provided by the accrediting agency to the public health service facility that lists the actions that were 'not met' or 'met with recommendations' and the initial assessment. The action items listed in this report are assessed after the remediation period.

Accreditation outcome	The result of the accreditation assessment. An accrediting agency provides a public health service facility with an accreditation outcome report at the completion of the final assessment.
Accrediting agency	An agency approved under the AHSSQA Scheme by the Australian Commission on Safety and Quality in Health Care to assess health service organisations against the NSQHS Standards.
Australian Commission on Safety and Quality in Health Care (the Commission)	The Commission's role is to lead and coordinate the national mandatory accreditation (the AHSSQA Scheme). The Commission works in partnership with the Australian Government and state and territory regulators to achieve a sustainable, safe and high-quality health system. One of the key functions of the Commission is to develop and maintain the NSQHS standards.
Australian Health Service Safety and Quality Accreditation (the AHSSQA Scheme)	The national arrangements for a mandated accreditation process are outlined in the Australian Health Service Safety and Quality Accreditation (the AHSSQA Scheme). The AHSSQA Scheme clarifies the roles and responsibilities of the Australian Commission on Safety and Quality in Health Care (the Commission), the state and territory governments, health service organisations and accrediting agencies in relation to accreditation to the NSQHS Standards.
Final Accreditation Outcome Report	The report provided by the accrediting agency to the public health service facility that lists accreditation outcomes of all action items assessed at the initial assessment (if all items are met) or at the final assessment after the remediation period when action items are met.
Final Assessment Report	The report provided by the accrediting agency to the public health service facility that incorporates the full assessment findings from the initial assessments and post assessment following remediation period.
Health Service Provider	As defined in section 6 of the <i>Health Services Act 2016</i> , means a health service provider established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i> .
Interim Assessment	An interim assessment is a planned assessment, granted for a new public health service facility that does not have a history of providing care for patients. A specific version of the National Safety and Quality Health Service NSQHS Standards that specifies not applicable actions is used.
Met	The result recorded against an action when a public health service facility has complied with the requirements of the action. Accreditation is awarded or maintained.

Met with Recommendations	<p>The result recorded when the requirements of an action are largely met across the public health service facility with only a minor exception to a specific service or location, where additional implementation is required.</p> <p>‘Met with recommendations’ may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. If full compliance is not achieved, the action will be rated as ‘not met’.</p>
National Safety and Quality Health Service Standards (NSQHS Standards)	<p>The National Safety and Quality Health Service Standards (NSQHS standards) are sets of criteria and related actions categorised within specific standards that were developed and approved in collaboration with the Australian Government, the Commission, the states and territories and other key stakeholders as a quality assurance mechanism that tests whether relevant systems are in place to ensure expected NSQHS standards of safety and quality are met by health service organisations. Health Care Fact Sheets for each Standard, Fact Sheets about the AHSSQA Scheme and other resource guides and information regarding the NSQHS Standards.</p>
Not met	<p>The result recorded against an action when a public health service facility has not complied with the requirements of the action.</p> <p>A remediation period is granted (60 days), to allow the public health service facility to remedy the ‘not met’ actions.</p> <p>When a public health service facility receives ‘not met’ actions at the time of survey the public health service facility must notify LARU.</p> <p>At the end of the remediation period a final assessment is undertaken.</p> <p>If ‘not met’ actions are ‘met’, accreditation is awarded.</p> <p>If ‘not met’ actions remain ‘not met’ accreditation is not awarded or is withdrawn.</p>
Public health service facility	<p>As defined in section 6 of the <i>Health Services Act 2016</i>, means a facility at which public health services are provided.</p>
Reassessment	<p>A reassessment will occur in six months, when either 16% ‘not met’ actions are recorded (approximately 24 ‘not met’ actions) or more than eight actions ‘not met’ are recorded from the Clinical Governance Standard at the initial assessment.</p> <p>A reassessment involves an onsite assessment of all ‘not met’ actions and/or ‘met with recommendations’ from the initial assessment.</p> <p>There is no remediation period granted after a reassessment. If ‘not met’ actions remain ‘not met’ accreditation is not awarded or is withdrawn.</p>

Significant Risk (Accrediting Agency)	<p>An accrediting agency reportable 'Significant risk' is where there is a high probability of a substantial, demonstrable adverse impact for patients if the practice continues and requires an immediate response to reduce the risks to patients.</p> <p>Where an accrediting agency assessor identifies one or more significant risks during an assessment, the assessor must discuss immediate action with the public health service facility and both the accrediting agency and the public health service facility must notify LARU within 48 hours.</p>
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8. Policy contact

Enquiries relating to this Policy may be directed to:

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9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment (s)
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10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	5 May 2020

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