

|  |
| --- |
| Appendix 1: Accreditation regulatory business rulesNational Safety and Quality Health Service Standards |
|  |

Department of Health

|  |
| --- |
| Appendix 1: Accreditation regulatory business rulesNational Safety and Quality Health Service Standards |
|  |

|  |
| --- |
|  |
| To receive this publication in an accessible format phone (03) 9096 1309, using the National Relay Service 13 36 77 if required, or email accrediation@dhhs.vic.gov.auAuthorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health and Human Services, January 2019Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.Available at https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-accreditation/policy-on-accreditation |

Table of Contents

[Appendix 1: Regulatory business rules 6](#_Toc531706430)

[1a. Scheduling accreditation assessments 9](#_Toc531706431)

[1b.Changes to scheduling (of accreditation assessments) and accreditation expiry dates 9](#_Toc531706432)

[2. Monitoring and response between assessments 9](#_Toc531706433)

[3a. Accreditation assessments (Announced) 10](#_Toc531706434)

[3b. Accreditation assessments (Short notice) 10](#_Toc531706435)

[4. Significant risk identified at assessment 11](#_Toc531706436)

[5. Accreditation outcome – Accreditation awarded or maintained 11](#_Toc531706437)

[6. Accreditation outcome – Actions ‘not met’, remediation required 11](#_Toc531706438)

[7. Accreditation outcome – ‘Large number’ of Actions ‘not met’, remediation required and reassessment required- *in addition to requirements outlined in 6.* 12](#_Toc531706439)

[8. Accreditation outcome – Actions ‘not met’ following remediation, or Actions ‘not met’ at reassessment, accreditation not awarded or withdrawn 12](#_Toc531706440)

# Appendix 1: Regulatory business rules

The Department of Health and Human Services (the department) Victoria is the jurisdictional regulator for accreditation to the National Safety and Quality Health Service (NSQHS) Standards under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. The Regulatory business rules govern the department’s regulatory approach to accreditation in Victoria.

**Important note: Changes to scheduling accreditation expiry date will only be available as part of the transitional arrangements that will be valid until January 2020.**

**Definitions and glossary**

|  |  |
| --- | --- |
| **Accreditation cycle** | The period for which an accreditation award is valid and the sequence of assessments that take place during that period. The cycle is a **three-year** assessment cycle. |
| **Accreditation outcome** | The result of an accreditation assessment. There are three possible accreditation outcomes: **1. Actions ‘met’ - Accreditation awarded or maintained** **2. Actions ‘not-met’ – Remediation required** **3. Actions ‘not-met’ – Accreditation not awarded or withdrawn** |
| **Accrediting agency** | An agency that has been approved under the AHSSQA Scheme to assess **health service organisations** against the **NSQHS Standards.** |
| **Actions ‘met’ - Accreditation awarded or maintained**  | When a **health service organisation** has **‘met’** all **actions**, accreditation will be awarded or maintained.  |
|  |  |
| **Actions ‘not-met’ – Remediation commenced** **Actions ‘not-met’ – Accreditation not awarded or withdrawn** | When a health service organisation has core actions that are ‘not met’ the organisation enters a remediation period of up to 60 business days in which to remedy the ‘not met’ actions. Following a final assessment at the end of the remediation period, if the actions previously ‘not met’ are ‘met’, accreditation is awarded. Following a **final assessment** at the end of the **remediation** period, if the **health service organisation** continues to have an **action ‘not met’**, accreditation is not awarded or withdrawn. |
| **Announced assessments** | Assessments that are announced and planned as per the health organisations accreditation cycle and all eight of the **NSQHS standards** are assessed.  |
| **Assessment/Initial assessment/Survey** | An external assessment of a **health service organisation** against the **NSQHS Standards** by an **assessor** from an approved **accrediting agency**. An **initial assessment** is the first assessment to be undertaken in a three-year accreditation cycle of the health service and is followed by a **final assessment** if **remediation** is required. |
| **Assessor** | Person employed or contracted by an approved **accrediting agency** to assess **health service organisations** against the **NSQHS Standards.** |
| **Attestation Statement** | Attesting is a formal process that is the responsibility of the health service organisation **governing** **body.** The process is required to be completed annually to the Accrediting agency. |
| **The Commission** | The Australian Commission on Safety and Quality in Health Care. |
| **Final assessment**  | The external assessment of a health service organisation against the NSQHS Standards by an assessor from an approved accrediting agency following a remediation period.  |
| **Governing body** | Public health services Board of Directors or Bush Nursing Centres Committee of Management  |
|  |  |
| **Health Service Organisation/s** | All organisations within the scope of this policy, public health services – including metropolitan (this includes specialist and denominational health services), regional, subregional, local and small rural and multi-purpose services, clinical mental health services provided by public health services (including Forensicare), public dental housed within health or community health services, and Bush Nursing Centres. |
| **‘Large number’ of ‘not met’ actions** | 16% (approx. 24 ‘not met’ depending on the number not applicable actions) OR more than 8 actions from the Clinical Governance Standard (1) are ‘not met’. |
| **Met**  | The result recorded against an action under the NSQHS Standards when a health service organisation is assessed as being fully compliant with that action.  |
| **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 not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated ‘**not-met.’**Met with recommendations may only be awarded at initial assessment if there are no other not met actions. |
| **Not applicable** | The action is not relevant in the service context being assessed. |
| **Not assessed** | Actions that are not part of the current assessment process and therefore not reviewed. |
| **Not met**  | The result recorded against an action under the NSQHS Standards when a health service organisation is assessed as not being fully compliant with that action.  |
| **NSQHS Standards (second edition)**  | The revised National Safety and Quality Health Service Standards. Assessment against the NSQHS Standards (second edition) will commence 1 January 2019.  |
| **Reassessment** | If a health services is deemed to have a large number of **‘not met’** actions at initial assessment the will be **reassessed** **in six months.** Reassessment will involve an onsite assessment of all action items ‘not met’ and/or ‘met with recommendation’ from initial assessment. There will **be no remediation period** associated with this process. |
| **Recommendation/s**  | Recommendations provided by an accrediting agency in response to safety and quality concerns. Recommendations may relate to ‘not met’ actions under the NSQHS Standards, or other areas of concern as identified by the assessor.  |
| **Remediation**  | A period of up to 60 business days in which health service organisations respond to recommendations from the accrediting agency and remedy ‘not met’ actions prior to the final assessment and the accreditation outcome being determined.  |
| **Short notice assessments** | A separate assessment pathway under the AHSSQA scheme.A health organisation receives at least 48 hours’ notice of an assessment commencing, all actions in **three or four NSQHS Standards** selected will be assessed. |
| **Transitioning arrangements** | Arrangements that are to assist health organisations in the transition from first edition NSQHS Standards to the **second edition of NSQHS** which will cease on 31 December 2019. |

# **1a. Scheduling accreditation assessments**

1.1 **Health service organisations** are required to:

1.1.1 submit a completed attestation statement1 to their accrediting agency each year

1.1.2 notify the department, in writing, if they intend to change the accrediting agency with which they are enrolled

1.1.3 ensure that accreditation assessment dates for the next announced accreditation cycle are booked and confirmed with the accrediting agency at the completion of the previous cycle, or no less than 12 months before the required assessment period

1.1.4 seek approval, in writing, from the department, when transferring to the ‘short notice’ assessment pathway no less than 6 months before the completion of the previous cycle

1.1.5 ensure that assessments are scheduled to take place at least 80 business days\* prior to the organisation’s accreditation expiry date, for both announced and short notice pathways

1.1.6 submit all requests for extensions in writing to the department for approval for both announced and short notice pathways

1.2 **Accrediting agencies** are required to:

1.2.1 notify the Commission each year of all health service organisations that have not submitted or have submitted an incomplete attestation statement.

1.2.2 ensure that assessments are scheduled at least **80 business days\*** prior to the organisation’s accreditation expiry date

1.3 The **department** will:

1.3.1 consider all applications of participation in the short notice assessment pathway and approve at its discretion within **28 days** of receipt of the request to transition to the short notice assessment.

The department will liaise with Safer Care Victoria to assess the health service’s maturity in safety and quality and therefore readiness for the short notice pathway

1.3.2 maintain a record of all scheduled assessments, expiry dates3 and accreditation pathways.

# **1b. Changes to scheduling (of accreditation assessments) and accreditation expiry dates^**

1.1 **Health service organisations** are required to:

1.1.1 where it is not possible to schedule an assessment at least **80 business days** prior to expiry, seek approval, in writing, from the department to extend the organisation’s accreditation expiry date as soon as the issue has been identified

1.1.2 accept a reduced remediation period (if required), where an extension is not sought and/or granted

 requests for extensions to accreditation expiry dates after a health service organisation has entered a remediation period will not be approved and may result in the organisation becoming unaccredited

1.2 **Accrediting agencies** are required to:

 1.2.1 only extend the date of an organisation’s accreditation expiry upon confirmation of approval from the department.

1.2.2 notify the Commission of all approved extensions to expiry dates

* 1. The **department** will:
		1. consider all extension requests and approve at its discretion within two weeks of receipt of the written request

1.3.2 update record of scheduled assessments and expiry dates with extension details

# **2. Monitoring and response between assessments**

2.1 The **department** will:

2.1.1 include accreditation as a regular agenda item in performance meetings with health service organisations.

2.1.2 monitor health service organisation accreditation performance as described in the Performance Monitoring Framework or individual service agreements.

# **3a. Accreditation assessments (Announced)**

3.1 **Health service organisations** are required to:

3.1.1 undergo assessment against all eight NSQHS Standards, by an approved accrediting agency, at least **80 business days\*** prior to the organisation’s accreditation expiry date.

3.1.2 include at least one clinical mental health site (or inpatient unit) if also a designated mental health service

3.1.3 request at least one surveyor who is an experienced clinical mental health surveyor, if also a designated mental service

3.2 **Accrediting agencies** are required to:

3.2.1 undertake an assessment of the health service organisation, against all eight NSQHS Standards, at least **80 business days\*** prior to the organisation’s accreditation expiry date.

3.2.2 include at least one surveyor who is an experienced clinical mental health surveyor, if the health services organisation is also a designated mental health service

3.3 The **department** will:

3.3.1 monitor the occurrence and outcomes of accreditation assessments against the accreditation schedule

3.3.2 be responsive to emerging issues.

# **3b. Accreditation assessments (Short notice)**

3.1The **commission will:**

3.1.1 consult with the department and Safer Care Victoria to determine which of three or four NSQHS standards will be assessed at each short notice assessment

3.1.2 notify the accrediting agency of the NSQHS standards the health organisation will be assessed against.

3.2 **Health service organisations** are required to:

3.2.1 undergo three assessments against the NSQHS standards within an accreditation cycle, at least **80 business days\*** prior to the organisation’s accreditation expiry date, or as approved by the department.

3.2.2. if also a designated mental health service, include at least one clinical mental health site (or inpatient unit) in each of the three assessments

3.2.3 if also a designated mental service, request at least one surveyor who is an experienced clinical mental health surveyor in each of the three assessments

3.3 **Accrediting agencies** are required to:

3.3.1 undertake three separate assessments of a health organisation, against the NSQHS standards within the accreditation cycle at least **80 business days\*** prior to the organisation’s accreditation expiry date.

3.3.2 provide the health service organisation a minimum of 48 hours’ notice of an assessment and which three or four NSQHS Standards will be assessed.

3.3.3 Ensure each standard is assessed at least once during the accreditation cycle.

3.3.4 ensure at least one experienced mental health surveyor is part of the team during each assessment

3.4 The **department** will:

3.4.1 assist the Commission to determine which NSQHS Standards will be assessed at each short notice assessment.

3.4.2 support health organisations being assessed via the short notice assessment pathway.

3.4.3 monitor the occurrence, which standards have been assessed and the outcomes of accreditation assessments against the accreditation schedule

3.4.4 be responsive to emerging issues

# **4. Significant risk identified at assessment**

4.1 **Health service organisations** are required to:

4.1.1 negotiate with the accrediting agency a plan of action and timeframe to remedy the identified risk

4.1.2 meet with Safer Care Victoria within **three days** of the risk being identified to assist in negotiating an action plan to remedy the risk

4.1.3 implement the agreed action plan within the agreed timeframe.

4.2 **Accrediting agencies** are required to:

4.2.1 notify the health service organisation and the department **immediately** if a significant risk is identified

4.2.2 negotiate with the health service organisation and Safer Care Victoria, to develop and agree on an action plan within the timeframe to remedy the risk and provide this to the department

negotiate with Safer Care Victoria, and the Office of the Chief Psychiatrist, if the risk has been identified in a designated mental health service

4.2.3 A verbal action plan is to be provided within **24 hours** of notification to the department

4.2.4 A written action plan is to be provided within **2 days** of notification to the department

4.3 The **department** will:

4.3.1 verify the scope, scale and implications of the identified risk and take further action as required.

4.3.2 notify the **Minister for Health (the Minister), and the Minister for Mental Health (the Minister)** who may take action under the *Health Services Act 1988, or the Mental Health Act 2014* where there is immediate risk to patients or where the health service organisation does not immediately remediate the risk

In the case of immediate risk to quality, safety and/ or human rights to patients at a mental health service, including Forensicare, the Office of the Chief Psychiatrist will have function under the *Mental Health Act 2014* if the health service does not immediately remediate the risk

4.3.3 Immediately notify Safer Care Victoria and in the case of risk to patients at a mental health service, including Forensicare, immediately notify the Office of the Chief Psychiatrist

4.3.3 The department may take action under the terms and conditions of the Funding and Service Agreement for Bush Nursing Centres where there is immediate risk to patients or where the organisation does not immediately remediate the risk.

# **5. Accreditation outcome – Accreditation awarded or maintained**

5.1 **Health service organisations** are required to:

5.1.1 notify the department of the outcome of accreditation assessments\*\*

5.1.2 provide the department with the organisation’s new accreditation expiry date for assessments

5.1.3 notify the department of any actions met with recommendation

5.1.4 provide the department with a copy of the accrediting agency’s executive summary report.

5.2 **Accrediting agencies** are required to:

5.2.1 provide the health service organisation with a final report and advice of accreditation outcome within **20 business days** of the assessment

5.2.2 report on the outcome in routine **monthly** reporting to the Commission, as per the AHSSQA Scheme.

# **6. Accreditation outcome – Actions ‘not met’, remediation required**

6.1 **Health service organisations** are required to:

6.1.1 notify the department **immediately** upon receipt of a ‘not met’ rating\*\*^

6.1.2 meet with the department and provide the department with a remediation action-plan (endorsed by the governing body) within **five days** of receiving the ‘not met’ rating from the accrediting agency

6.1.3 undergo a reassessment (final assessment) against the previously ‘not met’ actions within **60 days** of receiving the report from the accrediting agency.

6.2 **Accrediting agencies** are required to:

6.2.1 provide the health service organisation and the department with a report detailing the ‘not met’ actions within **five business days** of the assessment

6.2.2 attend the health service organisation to reassess against the previously ‘not met’ actions within **60 business days\*** of providing the report to the health service organisation.

6.2.3 if any action not met is in the clinical mental health service, ensure an experienced mental health surveyor is part of the reassessment team.

6.3 The **department** will:

6.3.1 verify the number, spread and nature of the ‘not met’ actions

6.3.2 identify the potential safety and quality risks and respond with appropriate monitoring, action and/or escalation, with expert input including from Safer Care Victoria and Office of the Chief Psychiatrist

 Low risk - Monthly progress updates and a progress update meeting half way through the remediation period

 Medium risk - Fortnightly progress updates (via /email) and monthly progress review meetings

 High risk - Options of peer or external support, weekly progress updates (via /email) and monthly progress review meetings

6.3.3 identify the potential risk of accreditation not being awarded following remediation and notify/escalate to the Minister for Health and/or Minister for Mental Health

# **7. Accreditation outcome – ‘Large number’ of Actions ‘not met’, remediation required and reassessment required- *in addition to requirements outlined in 6.***

7.1 The **Commission** will:

 7.1.1 collaborate with the **department** to confirm if reassessment is required.

7.1.2 notify the health service and accrediting agency of the need for reassessment.

7.2 **Health service organisations** are required to:

7.2.1 undergo a reassessment against the previously ‘not met’ and ‘met with recommendation’ actions

7.3 **Accrediting agencies** are required to:

7.3.1 notify the Commission that the health service has met criteria for reassessment.

7.3.2 confirm a reassessment date with the Commission and the health service organisation within **10 days** of confirmation that reassessment is required. Ensure the reassessment is within six months of health service organisation assessment cycle being completed.

 The end of the cycle is defined as being within 6 months of the end of the remediation period

7.3.3 attend health service organisation for reassessment of all actions that received a rating of not met and/or met with recommendation at initial assessment

7.4 The **department** will:

 7.4.1 collaborate with the commission to confirm reassessment requirements.

# **8. Accreditation outcome – Actions ‘not met’ following remediation, or Actions ‘not met’ at reassessment, accreditation not awarded or withdrawn**

8.1 **Health service organisations** are required to:

8.1.1 meet with the department and Safer Care Victoria within **three days** of receiving the report from the accrediting agency

 Health service organisations with clinical mental health services will need to contact the Office of the Chief Psychiatrist within **three days** of receiving the report

8.1.2 review all safety and quality systems within scope of the NSQHS Standards and identify required improvements within timelines agreed by the department or undergo an external review against the NSQHS Standards as directed by the department

8.1.3 provide the department with a remediation action-plan (endorsed by the Board), addressing all ‘not met’ actions and any other areas identified for improvement, within **five days** of receiving the report from the accrediting agency or the report from the external review (if applicable)

8.1.4 Implement remediation action-plan within **six weeks** or other specified period (no greater than **12 months**) as determined by the department and in accordance with the AHSSQA Scheme.

8.1.5 Undergo re-assessment to all eight NSQHS Standards within **12 months**

8.2 **Accrediting agencies** are required to:

8.2.1 notify the health service organisation and the department **immediately** following the final assessment if there is a potential risk of non-compliance (accreditation not awarded or withdrawn)

8.2.2 provide the health service organisation with a final report and advice of the accreditation outcome within **20 business days** of the final assessment

8.2.3 report on the outcome in routine **monthly** reporting to the Commission, as per the AHSSQA Scheme.

8.3 The **department** will:

8.3.1 escalate the regulatory response to the **Minister/s** and the **Secretary** of the department (the Secretary)

8.3.2 meet with the health service organisation’s **governing body** and **CEO/President**, with Safer Care Victoria, within **three days** of notice of non-compliance

8.3.3 confirm the number, spread and nature of the ‘not met’ actions

8.3.4 determine the required remediation period in accordance with the AHSSQA Scheme

8.3.5 undertake a risk assessment in accordance with the Department of Health and Human Services’ *Accreditation Risk Assessment and Risk Management Plan (internal document)*

8.3.6 determine the required performance monitoring and intervention

8.3.7 seek expert input from Safer Care Victoria and OCP.

8.3.8 take action under the terms of the Funding and Service Agreement for Bush Nursing Centres, including suspension of the delivery of the Services, or part of the Services

8.4 At the **Minister’s** discretion, the **Minister** may:

8.4.1 appoint an independent consultant to drive the remediation action plan

8.4.2 take other action under the *Health Services Act 1988* including the appointment of a delegate to the health service board

Take action under the Mental Health Act 2014 in regard to Forensicare

*1 Governing body attestation statement is a formal process please see fact sheet7: Governing body attestation statement via the NSQHS Standards Website*

*2 Organisation-wide assessments must be scheduled at least 80 business days prior to the organisation’s accreditation expiry date to allow the organisation a full 60 business day remediation period of ‘not met’ actions at the initial assessment and 20 business days for accrediting agency to complete their final report*

**Note:**

**^** Changes to scheduling accreditation expiry date will only be available as part of the transitional arrangements that will be valid until January 2020.

*v This is an informal notification and the health service organisation remains accredited until the final assessment outcome and report are provided (within 20 business days of the final assessment)*

\*or as per the transition arrangements in place for 2019 see *“fact sheet2: transition arrangements for assessments in 2019” via the NSQHS Standards Website*

\**\* Health service organisations with dental health services will also need to contact the Chief Executive Officer, Dental Health Services Victoria, regarding requests to extend the accreditation expiry date, accreditation outcomes, and if there are concerns with the quality and safety of the organisation’s dental health service.*