An introduction to the ACHS NSQHS Standards program

The Australian Council on Healthcare Standards

NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS PROGRAM

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An introduction to ACHS

The Australian Council on Healthcare Standards (ACHS) is proud to present their new National Safety and Quality Health Service (NSQHS) Standards program to the Australian healthcare industry accreditation market.

As a long-standing, independent, not-for-profit organisation, ACHS continues to take an Australia-wide leadership role and will provide a comprehensive new product to meet the needs of NSQHS Standards accreditation from 2013 onwards.

Our History

Established in 1974, ACHS has grown to be the acknowledged premier accreditation organisation providing excellent service to members for nearly 40 years by assisting them to meet their accreditation needs.

As a not-for-profit organisation, ACHS returns all revenue to the benefit of members and key stakeholders.

Expanding its services and products to ensure ongoing consistent development across the spectrum of healthcare accreditation requirements, ACHS has developed a national as well as international reputation for meeting the goals of its members to deliver quality, safety and performance.

With more than 1500 members across the country, ACHS provides core products to suit different program needs, backed-up by powerful industry experience to help deliver the new NSQHS Standards to your organisation.

Our Mission

ACHS’s ongoing mission is to be the leading provider of products and services for accreditation that support performance excellence in Safety and Quality programs for a broad range of health service providers and consumers.

Delivering Quality, Safety and Performance

The new NSQHS Standards from the The Australian Commission on Safety and Quality in Heath Care (ACSQHC) will be implemented nationally from 2013 and will be compulsory for the majority of public and private healthcare organisations.

ACHS is one of a few select organisations approved by the ACSQHC to provide a comprehensive accreditation program to address the requirements of the new NSQHS Standards.

This brochure explains the new ACHS NSQHS Standards program and what we offer to our members.

Other ACHS Programs

- EQuiPNational will be launched by ACHS in September 2012 to provide a seamless program that includes the NSQHS Standards with a further five standards which address the additional content of the EQuiP program, while also helping members meet the new NSQHS Standards.

- As a dynamic new quality-driven program – EQuiPNational takes the external, independent assessment of your organisation’s performance well beyond compliance.

- Future ACHS programs may also offer the opportunity for integrated excellence – the highest level of accreditation.

- ACHS will continue to offer the EQuiP5 program to those healthcare organisations not required to meet the ACSQHC’s NSQHS Standards.
The Australian Commission on Safety and Quality in Health Care’s new National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care (the ACSQHC) developed the NSQHS Standards to drive the implementation and use of safety and quality systems and improve the quality of health service provision in Australia.

The 10 NSQHS Standards focus on areas that are considered essential to improving patient safety and quality of care. They cover:

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls

ACHS New NSQHS Standards program

This brochure provides details regarding the new ACHS NSQHS Standards program and how ACHS can help its members meet the new Standards.

The NSQHS Standards provide a nationally consistent statement of the level of care consumers should expect from health services.

The NSQHS Standards were selected because they address areas where:

- The impact is on a large number of patients
- There is a known gap between the current situation and best practice outcomes; and
- Improvement strategies exist that are evidence based and achievable.


From the full implementation date of NSQHS Standards (1 January 2013), all hospitals and day procedure centres must be accredited against the NSQHS Standards. Health services other than acute health services may choose to use the 10 NSQHS Standards as part of their quality systems.
ACHS NSQHS Standards program – key components, requirements and details

The NSQHS Standards apply to a wide variety of health services. Due to the variable size, structure, and complexity of health service delivery models, a degree of flexibility is required in the application of the NSQHS Standards.

To achieve this flexibility, each action within a standard is designated as either:
- Core, which are critical for safety and quality; or
- Developmental, which are aspirational targets.

Core actions are considered fundamental to safe practice. Developmental actions identify areas where health services can focus activities or investments that improve patient safety and quality.

To obtain a current schedule of actions that are developed, visit the ACSQHC’s website for more information.

Rating Scale

Assessment will be against a three point rating scale:
- Not Met – the actions required have not been achieved
- Satisfactorily Met – the actions required have been achieved
- Met with Merit – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the organisation in relation to the action or standard under review.

This rating system will be used to assess at the level of individual actions in each standard.

Not Applicable Actions

In some circumstances, a criterion, item or action may be rated as ‘not applicable’. Not applicable actions are those that are inappropriate in a service-specific context or for which assessment would be meaningless. The ACSQHC publishes a list of actions which are considered not applicable for specified service types e.g. Day Procedure Centres. A member must apply to their ACHS Customer Services Manager regarding non-applicability for standards, criteria, items and actions before the onsite survey commences.

ACHS NSQHS Standards Membership Contract

Under the ACHS NSQHS Standards program, membership is for a three-year period during which the member works towards achieving and maintaining accreditation.

Through regular progress reports and scheduled external review (surveys), members monitor their progress as they develop integrated systems and processes, evaluate their impact and adapt to change.

The NSQHS Standards program membership includes the added benefits of membership of the ACHS Clinical Indicator program, individual customer service as well as the strength of being a member of Australia’s premier accreditation agency.
Survey Preparation

The member should begin the process of preparing for survey as early as possible. An initial self-assessment will need to be submitted six weeks prior to the survey.

Well-prepared evidence and action plans will greatly assist members to ensure the core and developmental actions of the NSQHS Standards are met prior to survey. The dedicated ACHS Customer Services Manager will support members in their preparation for survey.

ACHS NSQHS Standards Program Survey

Within the three year ACHS NSQHS Standards Program cycle, there is one onsite survey. The aims of the onsite survey are:

- to conduct an external peer assessment of the member’s performance against the NSQHS Standards
- to review the evidence that the member has provided on their performance
- to review the progress on recommendations given at a previous survey
- to provide feedback and offer advice to the member that may assist with further improvement
- to recommend the awarding of accreditation.

The onsite survey involves the review of progress and achievement of the members against all the applicable NSQHS Standards. The surveyors will verify the member’s pre-survey documentation and other evidence against the NSQHS Standards. This will be in the form of interviews with staff, reviewing documentation such as policies, audit results, incidents and complaints management.

The ACSQHC has published Safety and Quality Improvement Guides which outline the number and types of audits and training which members must complete to meet those actions of the NSQHS Standards. The surveyors will expect to see documented evidence of the audits and training at the survey.

The guides are available to download from the ACSQHC’s website at: www.safetyandquality.gov.au

The Progress Reports

The progress reports are an important component of the NSQHS Standards cycle and are designed to assist members to monitor their progress in partnership with the ACHS.

In Year 1, members provide pre-survey evidence against the NSQHS Standards. This involves the member supplying documentation on how they meet the requirements of the 10 NSQHS Standards. The member also rates themselves against each action in the NSQHS Standards. For each action which is self-rated as ‘Not Met’, the member develops an action plan to demonstrate how this action will be met by the time of the survey. This is a useful prompt for members to ensure that all core actions of the NSQHS Standards have been adequately addressed. If the member has had a previous NSQHS Standards survey, they must also provide an update on their progress in meeting the recommendations from that survey. The evidence, action plan and progress against recommendations is submitted at least six weeks prior to the survey.
In Years 2 and 3, the progress report is an opportunity for the member to check that they continue to meet the requirements of the NSQHS Standards and includes a review of progress against the recommendations of the previous survey.

The progress report from each member is reviewed by ACHS staff or a consultant and a written feedback report is provided. This review mechanism assists members to identify areas for improvement and aids in the preparation for future surveys. Members may also request a scheduled telephone discussion to further discuss the self-assessment report.

**Additional Survey – AC**

In addition to the scheduled onsite survey, there is one other survey that the member may be involved in: an Advanced Completion (AC). This may occur if there are core actions from the NSQHS Standards which are not met or if there are areas of high risk to patients or staff.

If the Survey Co-ordinator, during discussion with the member being surveyed, believes that a member would benefit from a further period of time from the survey date to achieve an acceptable level of performance, an AC survey will be offered. This provides the member with an opportunity to promptly address issues prior to the completion of the survey report processing and the subsequent accreditation decision. Costs associated with the AC survey must be met by the member.

**Public Release Performance Information**

Information about the accreditation status of ACHS members is made publicly available on the ACHS website.

Since July 2007, members have been required to publish a jointly agreed statement of their performance from the survey – an Agreed Performance Statement. The statement is made available on the ACHS website. Alternatively, a member may provide public access to the full accreditation report on the member’s own website via a link from the ACHS website. The ACHS is also able to host the full report on its website if required.

**The NSQHS Standards Accreditation Scheme**

The NSQHS Standards Accreditation Scheme developed by the ACSQHC also requires the ACHS to report the results of the surveys against the NSQHS Standards to the ACSQHC, the regulator for that member and the National Performance Authority.

**Accreditation Outcomes**

The possible outcomes following an onsite survey in the ACHS NSQHS Standards program.

<table>
<thead>
<tr>
<th>Full Accreditation (3 Years)</th>
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<tr>
<td>A satisfactorily met or met with merit rating for each core action</td>
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<th>Non-Accreditation</th>
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<tr>
<td>Any core action not met, or areas of high risk not resolved, either at survey, or following an AC</td>
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**Non-Accreditation**

The ACHS provides an extensive support network for members that have not reached accreditation. This includes additional support from the Customer Services Manager as well as customised workshops and training days. Individual consultations can also be arranged to assist with the implementation of improvement practices. Following non-accreditation, the member must undertake another onsite survey in order to become accredited. This survey will be an additional cost to the standard membership cost. The Customer Services Manager will work with the member to determine the best time for that survey to occur.

**The Appeals Process**

Accreditation decisions may be appealed and details of the process can be accessed from ACHS. All appeals must be addressed according to the Terms and Conditions of the organisation’s ACHS membership.