



# ACHS National Safety & Quality Health Service (NSQHS) Standards Announced Assessment Guideline for Organisations

*This Guideline should be used in conjunction with the ACSQHC's  
National Safety and Quality Health Service Standards Guides*

## Introduction

The NSQHS Standards Announced Assessment is an onsite assessment which is scheduled to occur once every three years.

### What are the aims of a NSQHS Standards Assessment?

- to verify the organisation's evidence for addressing the applicable Actions of the NSQHS Standards
- to conduct an external peer assessment of the organisation's performance
- to review the progress on recommendations from the previous assessment
- to provide feedback and offer advice to the organisation that may assist with further improvement
- to award accreditation.

### Number of assessors allocated to a NSQHS Standards Assessment

The length of the NSQHS Standards Assessment and the number of assessors depends on the size and complexity of the organisation. This is agreed when the ACHS Membership Agreement is finalised but may be subject to change if the size of the organisation changes within the membership period.

### What is reviewed at a NSQHS Standards Announced Assessment?

1. Progress on recommendations from the previous assessment.
2. All applicable Actions under the eight NSQHS Standards.

### What does the organisation do to prepare for the NSQHS Standards Announced Assessment?

Submit the Pre-Assessment Documentation (PAD) in the Assessment Recording Tool (ART2) six weeks prior to assessment

### Provide the following information in ART2 (for detail on requirements refer to the ACHS PAD Guide)

1. Member Details (including the Organisation's Details, Specialties, Relationships, Clinical Profiles [DRGs], Clinical Indicators, Statistical Data, Inspections/Review);
2. Action taken to address the recommendations from the previous assessment;
3. Upload the following mandatory documents
  - Organisation Structure
  - Committee Structure
  - Committee Meeting Schedule
  - Risk Register
  - Quality Improvement Plan
  - Audit Schedule
  - Mandatory Training and Compliance Rates
  - Pre-Assessment Declaration
  - Conflict of Interest/Consultancy Declaration (this is pre-loaded by ACHS when the organisation accepts the team profiles and submits the form to the Assessor Division)
  - Annual Attestation Statements (these are pre-loaded by ACHS if received earlier from the organisation)
  - Health Service licence (private facilities only)

### Not Applicable Actions (refer to Advisory AS18/01)

In exceptional circumstances, an Action, Criterion, or Standard may be rated as Not Applicable (NA). Not Applicable items are those which are inappropriate in a specific service context and/or for which assessment would be meaningless. All Actions are applicable except where it has been formally agreed that they are not applicable. If an organisation is applying to have an Action considered as NA, the following steps should be undertaken at least **ten weeks prior to assessment**:

- Select the NA rating at the Action level in ART2 for each applicable health service facility that is listed in ART2. For example, some actions may not be applicable for community sites but will apply for acute sites;
- Enter rationale/ summary of evidence to support Action/s to be considered in the NA Comment box.;

- Select the “Proceed to Submit” icon (located on the home page), then select “Submit NA Items”. You will receive an email notification from ACHS that the NA application has been received; and
- The NA application will then be reviewed by ACHS and your Customer Services Manager will notify you of the initial determination prior to the onsite assessment which will then require verification by the assessors during the onsite assessment.

#### **Additional Information**

- During the assessment, the assessors will use the *PICMoRS Method* to review compliance with the NSQHS Standards (refer to ACSQHC’s Fact Sheet 12; Assessment Framework for Safety and Quality Systems).
- Prior to the assessment the Lead Assessor will liaise with you regarding the core requirements of the assessment timetable. If there has been a post significant clinical or governance review, please ensure that provision has been included in the timetable for the report to be reviewed by the assessors at the commencement of the assessment.
- Presentations are not required.
- Discuss with the Lead Assessor items such as, presentation of evidence and the logistics of the assessment process.
- Allocate a room/s (that can be locked) for the assessment team and provide computer access for the assessors.

#### **Timeframes**

Ten Weeks – at least ten weeks prior to assessment, Not Applicable applications must be submitted to ACHS for consideration. This process needs to be finalised prior to the submission of the Pre-Assessment Documentation in ART2.

Eight Weeks – approximately eight weeks prior to assessment the ACHS will forward the profiles of the assessors to the organisation. The Conflict of Interest/Consultancy Declaration is required to be submitted to the Assessor Division at this time and ACHS will upload it in ART2.

Six Weeks – six weeks prior to assessment submit the Pre-Assessment Documentation in ART2.

#### **The NSQHS Standards Assessment Report**

The NSQHS Standards Assessment Report is a statement of evidence on whether an organisation has met the appropriate Standards to be awarded accreditation.

All organisations will receive an Assessment Ratings Report within five (5) business days of assessment. This report contains assessor comments and recommendation/s pertaining to the Not Met or Met with Recommendation rated Action/s.

Organisations are provided with a copy of the completed Assessment Report in draft format prior to the report being finalised. The draft report should be received in approximately twenty (20) business days of assessment.

This provides an opportunity for the organisation to review the draft assessment report for the following:

- any statements containing inaccurate information, errors of fact or omissions
- any statements which may be found to be misleading, for example, where the phrasing of a comment is expressed in a way which could be misinterpreted.

The draft Assessment Report process supports the ACHS consultative processes and encourages a continual collaboration from the initial assessment process to the final report. The timeline, approximately within thirty (30) business days of assessment) for finalising the Assessment Report is determined by the Australian Commission on Safety and Quality in Health Care, and organisations are requested to return the report with any comments to ACHS within the specified timeframe. If the organisation does not respond to ACHS within this timeframe the report will be finalised.

Should the ACHS receive a request for a clarification of fact in the draft Assessment Report; the Customer Services Manger will consult with the Lead Assessor regarding the proposed changes. The Lead Assessor will then liaise with the assessment team members. The Lead Assessor will endorse any final amendments to the Assessment Report. The final Assessment Report is issued following notification of the assessment outcome.

#### **Final Accreditation results and Assessment Outcomes**

If any Actions are rated as Not Met (NM), the organisation is given a period of remediation during which to address the Not Met Action/s. During 2019 the remediation period is up to 80 business days, and in 2020 onwards the remediation period will be up to 60 business days. The Not Met Actions will then be reassessed (Final Assessment) and if all Actions are rated Met accreditation will be awarded.

#### **Further information:**

Please contact your ACHS Customer Services Manager  
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