Introduction

The NSQHS Standards Short Notice Assessment is an onsite assessment where the health service is given limited prior notice (48 hours) of the assessment date and the Standards that are being assessed. During the three-year cycle, an assessment will occur each year, with no more than two assessments occurring in any given year. A total of ten Standards are assessed during the three-year cycle; encompassing all eight Standards, with two being repeated.

What are the aims of a NSQHS Standards Short Notice 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 Short Notice Assessment

The length of the NSQHS Standards Assessment and the number of assessors depends on the size and complexity of the organisation and Standards that are being assessed at each assessment. 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 Short Notice Assessment?

1. Progress on recommendations from the previous assessment.
2. 3-4 Standards are assessed during each assessment.

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. Under the Short Notice Assessment Program organisations apply to have an Action considered as NA at the commencement of the contract period. These should be reviewed by the organisation if the service provision changes during the membership period. The following steps should be undertaken:

- 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.
- The NA application will then be reviewed by ACHS and your Customer Services Manager will notify you of the initial determination. The assessors will verify the initial determination during the onsite assessment.

What does the organisation do to prior to the NSQHS Standards Short Notice Assessment?

Ensure that the ACHS Pre Assessment Documentation (PAD) is maintained in ART2 so that it is ready to submit by COB on day of assessment notification.

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 at the beginning of the contract)
   - Annual Attestation Statement
   - Health Service licence (private facilities only)

**Additional Information**

- 3 months’ notice is required for notification of block out dates (maximum of 20 business days per year)
- During the assessment, the assessors will use the PICMoRS Methodology to review compliance with the NSQHS Standards (refer to ACSQHC’s Fact Sheet 12; Assessment Framework for Safety and Quality Systems)
- The Lead Assessor will contact the organisation once you have been notified of the assessment date and discuss the assessment timetable
- Do not schedule presentations
- 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**

**Commencement of contract**

- Assessor profiles, from which the team will be selected, will be forwarded to the organisation for review. The organisation will be required to notify ACHS at this stage if there are any conflicts of interest identified from these profiles
- The organisation submits the Not Applicable (NA) application in ART2

**Assessment notification day**

- 2 business days prior to the assessment date, ACHS notifies the health service (via phone and confirms in email) of assessment date and the Standards under assessment
- ACHS confirms the assessment team with the organisation
- The organisation submits the PAD in ART2 by close of business of day of notification
- The organisation contacts the Lead Assessor to discuss timetable and logistics for assessment

**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 a 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 Manager 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 from 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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