National Safety and Quality Health Service (NSQHS) Standards

Introduction to the NSQHS Standards and NATA assessments

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History of the Standards

The Australian Commission on Safety and Quality in Health Care (the Commission) was established in 2006 to work on reforms for the accreditation systems, including a national set of standards.

The National Safety and Quality Health Service (NSQHS) Standards were developed to drive the implementation of safety and quality systems and improve the quality of health service provision in Australia.

The NSQHS Standards development involved consultation and collaboration with Jurisdictions, Technical Experts and a range of Stakeholders including Health Professionals and Consumers.
History of the Standards

The 10 NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations.

In September 2011, Health Ministers endorsed the NSQHS Standards and a national accreditation scheme.

Accreditations to the NSQHS Standards began in January 2013

NATA became an approved accreditor in April 2014
Who needs to be accredited to the Standards

The NSQHS Standards are applicable across a wide range of health service organisations as follows:

- All public hospitals
- All public day procedures centres
- Private hospitals
- Dental practices
- Community based health services
- Mental health services
- Stand alone sleep disorders services

Requirements for accreditation may be Mandatory, Voluntary or License linked depending on the various State and Territory Health Departments.
<table>
<thead>
<tr>
<th>Health Service Organisation</th>
<th>Accreditation requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Hospitals</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Private Hospitals</td>
<td>Mandatory (except ACT, VIC)</td>
</tr>
<tr>
<td>Day Procedures Centres</td>
<td>Mandatory for public services and variable for private</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Variable depending on public/private and across States</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Variable depending on public/private and across States</td>
</tr>
<tr>
<td>Stand Alone Sleep Disorders Services</td>
<td>Linked to Licensing in NSW</td>
</tr>
<tr>
<td>Community Based Health Services</td>
<td>Public services mandatory in ACT, QLD and SA</td>
</tr>
</tbody>
</table>
Core Standards 1-3

**Standard 1. Governance for Safety and Quality in Health Service Organisations**
Which describes the quality framework required for health service organisations to implement safe systems

**Standard 2. Partnering with Consumers**
Which describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality healthcare

**Standard 3. Preventing and Controlling Healthcare Associated Infections**
Which describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences
Standards 4-10

**Standard 4. Medication Safety**
Which describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients

**Standard 5. Patient Identification and Procedure Matching**
Which describes the systems and strategies to identify patients and correctly match their identity with the correct treatment

**Standard 6. Clinical Handover**
Which describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient’s care is transferred
Standards 4-10

**Standard 7. Blood and Blood Products**
Which describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe

(This Standard will be Not Applicable to most Sleep or Imaging facilities)

**Standard 8. Preventing and Managing Pressure Injuries**
Which describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur
Standards 4-10

Standard 9. Recognising and Responding to Clinical Deterioration in Acute Health Care
Which describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.

Standard 10. Preventing Falls and Harm from Falls
Which describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.
Accreditation Cycles

NATA will be offering assessments on a **four yearly cycle**

These will be coordinated with current assessment activities as a back to back exercise

A full assessment against all 10 Standards will always be an onsite activity aligned with either a reassessment or a surveillance visit (whichever is due)

Mid cycle assessments against standards 1-3 will be online or onsite depending on the base accreditation cycle (onsite for Pathology and Imaging. Online for Sleep)

Accreditation activities are a **staff only exercise** – no technical assessors are involved
Assessment Process Overview

Application for accreditation

Pre assessment questionnaire forwarded for completion

Review of completed questionnaire by NATA staff prior to onsite assessment

Granting of accreditation with documented exclusions

Follow up on any Not Met actions within defined period

Onsite assessment

Onsite or online verification of evidence

Mid-cycle assessment against standards 1-3 at year two

Full assessment against all 10 standards at year four
Assessment Process

Facilities need to apply for accreditation against the NSQHS Standards
Separate application form and fee schedule for this activity

Pre assessment excel worksheet is provided to the facility and evidence is required to be submitted to NATA prior to an onsite assessment

Dedicated Worksheet is used on site to verify the evidence supplied meets the requirements of the Standards

Reports are provided to the facility as exception reporting only detailing where Standards are Not Met
Assessment Process

Only the following ratings are used for the 256 action items:

- **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
- **Not Applicable** - by agreement with the Commission, certain actions pertaining to core Standards are not applicable to specified healthcare organisations
- **Not Assessed** - applicable only to the mid cycle reviews
Assessment Process – N/A Items

Any item considered Not Applicable needs to be applied for to NATA describing why. The following are likely sources for a Not Applicable action item:

- The service or product is not provided e.g. Blood and blood products are not provided by Pathology Collection, MI or SDS
- The item has limited applicability due to the services it provides e.g. Standard 9: Recognising and responding to clinical determination in a non-acute care setting
- Changes to the services offered and an item is no longer applicable

Where actions are confirmed as Not Applicable these will be provided to the Commission along with the basis for the decision for each facility.
Certificates and Website

Each facility accredited will be provided with a certificate including the following information:

- Accredited to the National Safety and Quality Health Service Standards, with documented exclusions (*previously assigned Not Applicable Items*)
- Services provided by the facility
- Expiry of Accreditation (four years)

NATA website is required to display facilities accredited to the NSQHS Standards with Not Applicable Items and Not Assessed Items (Mid Cycle Assessments)
Reporting Obligations

- After each assessment activity, a report by exception is provided.
- Monthly reports to the Commission on finalised assessments.
- If necessary, communication to States and Territories where not met response to action items arise.
Questions?