AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

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Policy - Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct accreditations of health service organisations using the Scheme's standards

Table of contents

1 Introduction

The *National Health Reform Act 2011* established the Australian Commission on Safety and Quality in Health Care (the Commission). Included within its functions is the formulation of model national schemes to accredit health service organisations.

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme (the Scheme) is such a scheme. It was endorsed by Health Ministers in 2010 and implemented in State and Territory public health systems. Private and non-government health service organisations also are subject to the Scheme. Recent changes to strengthen the Scheme were endorsed by Chief Executives of the Commonwealth, and state and territory health departments in April 2018 following a public consultation process.

One component of the Scheme is a requirement for organisations wishing to conduct accreditations under the Scheme to be approved by the Commission.

Organisations wishing to participate in the Scheme as accrediting agencies must be approved to assess and accredit health service organisations using one or more of the following sets of standards, as varied from time to time (the Scheme's standards):

- National Safety and Quality Health Service (NSQHS) Standards
- Trauma Recovery Programme (TRP) Standards
- Any other set of standards that may be developed by the Commission from time to time.

This document outlines the Commission's policy and processes for obtaining, maintaining and removing approval as an accrediting agency under the Scheme.

Approval as an accrediting agency under the Scheme brings with it obligations to comply with this Policy insofar as it is applicable to accrediting agencies, to comply with specific conditions of approval under the Scheme, and to co-operate with the Commission as a participant in the Scheme by ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations.

Contact details of all agencies which are approved from time to time as accrediting agencies, together with any conditions of approval applying to them, will be published on the Commission's website.

Management of information under the Scheme

Nothing in this Policy should be construed as limiting the Commission's ability to exchange information with, or disclose information to, any government authority or instrumentality, where it is lawfully permitted or authorised to exchange or disclose such information.

The Commission is subject to the Privacy Act 1988. All information provided to the Commission under the Scheme will be held and managed in accordance with that Act and the Commission's Privacy Policy. A copy of the Commission's Privacy Policy can be obtained at (http://www.safetyandquality.gov.au/about-us/governance/privacy-policy/).

Additional information

This document is to be read in conjunction with the Application form for organisations seeking approval as accrediting agencies under the *Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme*. All documents relating to the Scheme are available on the Commission's website at www.safetyandquality.gov.au

2 Application for approval

2.1 Preliminary

The Commission will bi-annually conduct an assessment of applications for approval as accrediting agencies under the Scheme. There will be a public call for applications published on the Commission's website with a specified due date for submission of completed applications 3 months after initial publication of the call for applications.

An organisation seeking approval as an accrediting agency under AHSSQS should follow the application process set out in this document.

Further information on the application process is available by:

- emailing NSQHSStandards@safetyandquality.gov.au or
- telephoning 1800 304 056.

It is recommended that an organisation submitting an initial application contact the Commission's Advice Centre on 1800 304 056 to discuss its intention to apply and the preparation of its application.

2.2 Types of approval

An organisation may apply for approval to assess health care facilities against the following sets of standards:

- National Safety and Quality Health Service (NSQHS) Standards
- Trauma Recovery Programme (TRP) Standards.
- such other Standards as may be approved by the Commission from time to time

Applications should clearly state the type of approval/s being sought.

Application documents can be obtained from the Commission by:

- downloading them from the Commission's website
- emailing a request to NSQHSStandards@safetyandquality.gov.au
- contacting the Commission on 1800 304 056.

2.3 Submitting an application

An organisation must submit a completed application, including supporting documents to the Commission no later than close of business on the due date specified for that assessment round.

Applications should attach supporting documentation which is properly collated and clearly labelled and referenced. Applications with incomplete or inadequately labelled or referenced documentation will be remedied before they are further considered. This may lead to a delay in the assessment of an application and may result in an application being deferred to a subsequent assessment round.

The application form includes a ***Checklist*** of all the necessary documentation and a ***Declaration of Compliance and Co-operation*** that must be signed by an authorised officer from the organisation submitting the application.

Applications must be submitted both in hard copy and electronically. One hard copy of the application, with original signatures and copies of supporting documentation, is to be submitted to:

Accrediting Agency Approval Assessment Process
Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney NSW 2000

The electronic copy, with supporting documentation, is to be:

- emailed to NSQHSStandards@safetyandquality.gov.au and
- submitted on USB with the hard copy application.

2.4 Application requirements

Each applicant is required to complete the Application for organisations seeking approval as accrediting agencies under the *Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme*, as approved from time to time by the Commission, and supply requested supporting documentation in both hard copy and electronic format.

The information sought is to enable the Commission to assess the suitability of the applicant to participate in the Scheme as an accrediting agency, including:

- whether the applicant is fit and proper to be approved;
- the level of knowledge and understanding of the relevant standards applying under the Scheme;
- whether the applicant has the framework, capabilities and resources to conduct accreditations in accordance with the Scheme in a sound, objective, transparent and rigorous manner;
- the applicant's agreement to be bound by the Scheme's policy and processes, and the conditions of approval;
- the applicant's willingness to co-operate with the Commission as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations.

All sections of the application form must be fully and accurately completed and accompanied, where applicable, by supporting documentation. Failure to do so will result in applicants being asked to resubmit a correctly completed application form and/or to submit additional information in respect of an incomplete application (see section 2.3 and 2.5 about remedying incomplete applications and consequent delays in assessing and determining incomplete applications).

The approved form is available at
http://nationalstandards.safetyandquality.gov.au/accreditation.

2.5 Assessment of applications

2.5.1 Initial review

Applications received within the specified time frame for the assessment round will undergo an initial review to ensure all documentation is in order. Correctly and fully completed application documents will then be referred for detailed review and assessment.

Applicants will be notified if documentation is incomplete or missing. This may occur after the due date for that assessment round. The Commission cannot guarantee that an incomplete application involving the need for resubmission in completed form or submission of additional documentation after the specified due date will be considered in the current assessment round.

2.5.2 Assessment Panel

To support the review and assessment of applications the Commission will convene an Accrediting Agencies Assessment Panel (the Panel). Details of the membership of the Panel are at **Appendix 1**.

The Panel will assess each written application including all relevant supporting documentation.

The Panel will call each applicant for interview to present on, or clarify any aspect of, their written application or supporting documentation. Interviews may take place by video or teleconference link, where face-to-face meetings cannot be arranged.

The Panel will then recommend to the Commission, whether the application for approval as an accrediting agency under the Scheme should be granted, and if so, whether additional conditions should be imposed as part of the approval.

2.6 Granting approval

Having regard to the recommendation of the Panel, the Chief Executive Officer, or a senior officer of the Commission nominated by the Chief Executive Officer, will determine an application for approval.

Any approval granted is subject to the standard conditions of approval set out at **Appendix 2**. The approval may also be subject to additional conditions in any particular case.

It is expected that a decision to grant approval or otherwise will be made within 40 working days of the due date for submission of applications for the relevant assessment round.

Any accrediting agency which has been granted approval will be issued a certificate of approval from the Commission listing its status as an accrediting agency, together with its contact details, and any conditions imposed on its approval, will be published on the Commission's website.

2.7 Period of approval

2.7.1 Subject to paragraph 2.7.3, an organisation:

(i) which has never previously been approved as an accrediting agency; or

(ii) which has had approval as an accrediting agency suspended or revoked at any time in the previous five years; or

(iii) which has been found by the Commission to have breached a condition of approval at any time in the previous five years that resulted in the imposition of additional conditions of approval,

may be approved as an accrediting agency for no longer than 3 years.

2.7.2 Subject to paragraph 2.7.3, the period for any other grant of approval as an accrediting agency may be for up to 5 years.

2.7.3 The Commission may extend the period of approval as an accrediting agency for up to 12 months in any particular case.

2.7.4 Renewal of accreditation for a further period requires a fresh application for approval as an accrediting agency.

3 Complaints about accrediting agencies

3.1 Complaints

The Commission will accept written complaints from any individual or organisation, about any aspect of an accrediting agency's performance or conduct under the Scheme. The Commission will only accept complaints that are in writing and which identify the nature, time frame and circumstances of the complaint in sufficient detail to enable an adequate assessment of the complaint. Anonymous complaints may be considered by the Commission if it considers there is sufficient supporting detail to enable assessment.

3.2 Assessment of complaints

3.2.1 Where the Commission has received a sufficiently detailed written complaint, the Commission will:

(i) notify the accrediting agency in writing of relevant details of the complaint received by the Commission

(ii) request a written response from the accrediting agency within 20 working days from date of notification. The accrediting agency will be asked to address the following in its response:

- the agency's view on the accuracy of the information contained in the complaint;
- whether there is any other information that the agency considers relevant to the Commission's understanding and assessment of the complaint;
- any previous action taken by the agency to address the matter(s) raised in the complaint or any action(s) proposed to be taken by the accrediting agency in response to the complaint.

3.2.2 Following assessment of the complaint and the agency's initial response the Commission may dismiss the complaint or do any or all of the following:

(i) invite the parties to meet with the Commission to resolve the matter;

(ii) investigate the complaint further;

(iii) take further action (see section 4.3 Performance and compliance under the Scheme below).

3.2.3 The Commission will advise both the complainant and the accrediting agency of the outcome of the assessment of a complaint.

Note –notification to third parties about further action taken in relation to a complaint is set out at section 4.3.5 below.

4 Performance and compliance under the Scheme

4.1 Performance and compliance monitoring

Performance and compliance activities as set out in Appendix 1 will be routinely undertaken by the Commission in relation to accrediting agencies.

4.2 Breach of conditions or poor performance

Subject to section 4.3, where the Commission forms the view on the basis of its performance and compliance monitoring activities, or an investigation or other information, that an accrediting agency has breached any of the conditions of approval (including standard conditions set out in Appendix 2 or any other conditions specific to an organisation), or that its performance as an accrediting agency is otherwise inadequate, the Commission will notify the agency of such breach or performance issue in writing and may do one or more of the following:

(i) require evidence from the agency, satisfactory to the Commission, that action will be taken to adequately remedy the breach or performance issue. This may include interviewing senior officers from the agency;

(ii) monitor the effectiveness of any corrective action taken including additional observation during one or more accreditation assignments conducted by the relevant agency;

(iii) conduct an investigation;

(iv) take further action in relation to the agency as set out in section 4.3.

4.3 Further action

4.3.1 Definition

In this Policy “further action” includes varying existing conditions of approval, imposing additional conditions of approval, suspending or revoking approval of an accrediting agency under the Scheme.

4.3.2 The Commission reserves the right to take further action at any time where it forms the view that such action is warranted under the Scheme. In these circumstances and prior to taking any such action, the Commission will:

(i) notify the agency in writing of the basis of its intention to take further action, what further action is proposed and the proposed date that the action will take effect;

(ii) give the agency an opportunity to respond in writing within a reasonable time frame having regard to the circumstances upon which the Commission is basing its further action;

(iii) meet with the agency to discuss the matter.

4.3.3 The Commission may decide to investigate a complaint or other matter before or after it takes further action.

4.3.4 Without limiting the Commission’s capacity to seek or obtain information and advice as set out in section 5.3 below, information relating to a complaint, breach of

condition of approval or investigation by the Commission may be sought from or provided to other organisations for the purposes of assessment of the complaint, investigation by the Commission, or where the Commission is of the view that the provision of information is necessary in the public interest or to enable it or the other organisation to effectively manage its functions. Other organisations may include, but are not limited to, state and territory health care complaints commissioners, health departments or other regulators of health service organisations, or relevant international accrediting agencies.

4.3.5 Where the Commission notifies its intention to take further action, or takes further action, in relation to an accrediting agency it may also notify health service organisations, health departments or other regulators of health service organisations, or relevant international accrediting agencies.

5 Investigation of complaints

In this part

"further action" – for definition see Part 4, section 4.3.1.

5.1 The Commission may decide to investigate a complaint or investigate, on its own motion, a possible breach of a condition of approval or whether an agency is not fit and proper to be approved as an accrediting agency under the Scheme.

5.2 It is a condition of approval as an accrediting agency that the agency co-operate fully in any investigations conducted by or on behalf of the Commission. The Commission will conduct any investigations fairly and give the relevant agency adequate opportunity to present relevant information and respond in the course of an investigation. The Commission may in its absolute discretion obtain such advice and information from such sources as it sees fit in order to properly and lawfully investigate a matter. The agency the subject of investigation, where requested by the Commission, will use its best endeavours to obtain any necessary consent to the disclosure of information from any individual or organisation for the purpose of the Commission's investigations, except where such disclosure would:

(i) be unlawful; or

(ii) involve a waiver of legal professional privilege and the relevant individual or entity exercises the right not to waive the privilege.

5.3 Following any investigation, the Commission may do one or more of the following:

(i) find any or all matters investigated not substantiated;

(ii) find any or all matters investigated substantiated and make recommendations to the agency for corrective action, or in the case of a complaint how the complaint should be resolved;

(iii) find any or all matters investigated substantiated and take further action;

(iv) find any or all of the matters investigated substantiated but determine further action is not warranted in the circumstances.

5.4 The Commission will notify the relevant agency in writing of the outcome of any investigation. Where the Commission decides to take further action it will notify the relevant agency of the action that will be taken together with the date of effect of that action.

5.5 The Commission will advise a complainant of the outcome of any investigation arising from a complaint.

Note –notification to third parties about further action taken in relation to a complaint is set out at section 4.3.5 above.

6 Revocation of Approval

The Commission may revoke an accrediting agency's approval by notice in writing to the agency specifying the date of effect of the revocation in any of the following circumstances:

i. the agency's accreditation with its nominated international accreditation body is suspended or ceases

ii. the agency ceases trading

iii. the agency becomes insolvent

iv. the agency notifies the Commission that it no longer requires approval

v. the Commission determines that revocation of approval is warranted under the Scheme having regard to breach of conditions of approval by the agency, its performance as an accrediting agency under the Scheme or any substantiated complaint against the agency

vi. where the Commission forms the view that the agency is not fit and proper to be approved under the Scheme

vii. the agency does not fully participate in the coordination processes of the AHSSQA Scheme conducted by the Commission

viii. where the agency fails to undertake any accreditation assessments using the Scheme in the previous 12 months.

7 Internal Review

7.1 Definitions

"Adverse decision" means a decision not to grant approval as an accrediting agency, or to suspend or revoke approval as an accrediting agency;

"The Reviewer" means the Commission's CEO, or another person, other than the original decision-maker, appointed by the CEO to undertake the internal review;

The "relevant organisation" means the organisation the subject of an adverse decision.

7.2 Reasons for Decision

Where the Commission makes an adverse decision, the Commission will provide reasons for the decision in writing at the time of notification of the decision to the relevant organisation.

7.3 Review process

7.3.1 Except where an adverse decision has been made by the Commission's Chief Executive Officer, the relevant n organisation may request an internal review of the adverse decision by notice in writing directed to the Commission's Chief Executive Officer within 10 working days of receipt of the written reasons for the decision.

7.3.2 The request for internal review by the relevant organisation is to be accompanied by a document which specifically addresses and responds to the reasons given for the adverse decision, as well as setting out any other grounds relied upon in support of the organisation's application for review (the "grounds for review").

7.3.3 The Commission's CEO (or another person, other than the original decision-maker, appointed by the CEO) will conduct any internal review.

7.3.4 The Reviewer will consider:

(i) all written documentation relied upon by the original decision-maker;

(ii) the original written reasons for decision;

(iii) the written "grounds for review" document submitted by the relevant organisation.

7.3.5 The Reviewer may seek additional information relevant to the internal review from the relevant organisation by way of interview or in writing, or both.

7.3.6 The Reviewer may obtain such other information or advice as in the opinion of the Reviewer is necessary in his/her absolute discretion to properly conduct the review.

7.3.7 The Reviewer will make a new decision about the grant, suspension or revocation of approval as the case may be. The internal review decision will be a fresh decision, as though the original decision had not been made. The reviewer will provide reasons for his/her decision. That decision will not be subject to further internal review.

7.3.8 The relevant organisation will be notified of the outcome of the review in writing within 20 working days, unless the time frame is extended in order for the Reviewer to obtain additional information or advice or complete the review.

7.3.9 The original decision will continue in effect unless, and until, a fresh decision comes into effect following an internal review.

Appendix 1

1. Accrediting Agency Approval Assessment Panel

The Panel will be made up of appointees from:

- State or Territory health administrations
- private health sector organisations
- Department of Veterans' Affairs (DVA)
- the Commission.

2. Monitoring performance and compliance of approved accrediting agencies

2.1 The Commission will monitor the performance and compliance of accrediting agencies with the requirements of the Scheme, including conditions of approval imposed by the Commission, using information from a range of sources, including:

(i) accreditation outcomes data

(ii) feedback from the Commission's Advice Centre and mediation processes

(iii) feedback from health service organisations and other stakeholders

(iv) feedback from the Accrediting Agencies Working Group and individual accrediting agencies

(v) feedback from Regulators Working Group and individual jurisdictions

(vi) feedback from DVA

(vii) complaints or compliments received about agencies

(viii) observation of agencies' assessment practices

(ix) responses to survey and data requests of agencies

(x) other relevant information sources including investigations and special compliance activities where the Commission considers these warranted.

2.2 A report on its performance will be provided to each accrediting agency annually. As a condition of approval each agency will be required to meet with the Commission annually to discuss its performance. At the annual meeting the Commission will discuss any issues of concern identified in the report and the strategies to address these issues.

2.3 The Commission will provide regular updates to the Regulators Working Group on complaints, compliance and performance experience under the Scheme.

3. Consultation on changes to the Scheme

3.1 The Commission will consult with accrediting agencies and other stakeholders on any significant changes to the Scheme proposed from time to time including, but not limited to, changes to this Policy, the assessment data required to be reported, the standard conditions on accrediting agencies, or the relevant standards under the Scheme.

Appendix 2

Standard Conditions of Approval as an Accrediting Agency under the AHSSQA Scheme

1. Approval subject to Standard Conditions

The approval of any organisation as an accrediting agency under the AHSSQA Scheme (the Scheme) is subject to the Standard Conditions set out in this Appendix 2 of the Policy, as well as any additional conditions of approval placed on the Applicant by the Commission in granting or continuing approval under the Scheme.

2. Definitions

In these Standard Conditions:

"Agency" means an organisation approved from time to time by the Commission as an accrediting agency under the Scheme.

"Assessor" means a person who conducts assessments on behalf of an accrediting agency as part of an accreditation program conducted by the agency.

"Policy" means the Policy on Approval under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme to conduct accreditations of health service organisations using the Scheme's standards, as varied from time to time.

"Qualified assessor" is a person with the qualifications and training set out in paragraph 4.1 of these Standard Conditions.

"Relevant standards" means the National Safety and Quality Health Service (NSQHS) or Standards or the Trauma Recovery Program (TRP) Standards or any other set of standards issued by the Commission for use under the Scheme, as varied from time to time and as applicable to the type of approval granted to an agency.

"Regulator" means:

(i) in respect of any public health facility or service operated by a health service organisation, the State or Territory health department which has the principal role in statutory oversight of the conduct of the facility or service;
(ii) in respect of any private health facility or service requiring a licence to operate a health care facility or service, the government authority responsible for the issue of any such licence;
(iii) in respect of any health facility or service contracted by the Commonwealth Department of Veterans Affairs (however called) (DVA) to provide a Trauma Recovery Program, the DVA;
(iv) in respect of any non-public, and unlicensed, health facility or service operated by a health service organisation, the health department of the State or Territory in which the facility or service is located.

3. Implementing the Scheme

3.1 An Agency will co-operate with the Commission as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of clinical governance for health service organisations, including participating in various fora, meetings, research, reviews and other Commission activities relevant to the Scheme.

3.2 In conducting accreditations using the Scheme (including the relevant standards), an Agency must properly and effectively implement all provisions and components of the Scheme applying from time to time to accrediting agencies, including:

a. the relevant standards applying from time to time
b. the Commission's Assessment Framework for Safety and Quality Systems Manual, as varied from time to time
c. the Commission's Policy on approval under the Scheme, as varied from time to time
d. any orientation or training programs required by the Commission to be undertaken by assessors
e. conditions of approval as an accrediting agency
f. the Data Specifications and Processes for the Scheme as varied from time to time;
g. the Commission's Rating Scale for accreditation assessments, issued from time to time
h. the Commission's Requirements for the conduct of Short Notice Assessment Accreditation under the Scheme, issued from time to time
i. the Commission's instructions on the Scheme, as issued in Fact Sheets, issued from time to time including (but not limited to):
    (i) Repeat Assessments
    (ii) The Assessments using Patient Journey Methodology
    (iii) Attestation Statements required to be submitted by Health Service Organisations
    (iv) Notifying the Commission of Exemplar Practice in Health Service Organisations
    (v) Testing high-risk scenarios during assessments
    (vi) The implementation of flexible transition arrangements during 2019
    (vii) the use of guidance on safety and quality data to be reviewed during an assessment
j. Commission Advisories in respect of any aspect of the Scheme issued from time to time
k. membership and Terms of Reference of the Accrediting Agencies Working Group established by the Commission to consult on the ongoing design and application of the scheme and its associated activities.

3.3 An Agency must ensure that there is no conflict of interest, or real bias or apprehension of bias, on the part of the Agency or its assessors at any time in conducting accreditation assessments and awarding accreditation using the Scheme. Any conflict of interest or real bias or apprehension of bias that arises in the conduct of accreditation assessments, or in the awarding of accreditation must immediately be acknowledged and addressed by the Agency and notified to the Commission.

Without limiting the circumstances in which an apprehension of bias on the part of an Agency may arise, involvement of a person for and on behalf of an Agency in an accreditation assessment of a health service organisation, within less than 2 years of concluding employment with that health service organisation, constitutes an apprehension of bias on the part of the Agency.

For the avoidance of doubt the provision of consultancy or other services by an Agency to a health service organisation, which involves any advice or services to enable or assist the organisation;

(i) to achieve or maintain accreditation under the Scheme, or
(ii) to achieve or maintain any standards to be used in an accreditation process under the Scheme,

disqualifies the Agency from providing assessments or awarding accreditation in respect of that organisation using, or under, the Scheme.

3.4 An Agency must ensure it, and its assessors, conduct themselves ethically and lawfully at all times in respect of the conduct of assessments and the award of accreditation using the Scheme.

3.5 An Agency must ensure its assessment methodology, personnel and processes in undertaking accreditations using the relevant standards include, but are not limited to the following:

a. adoption of a 3-year accreditation cycle, subject to transitional arrangements agreed with the Commission where applicable.
b. adopting a staged assessment process for accreditation involving an initial on-site assessment and review, followed, where applicable, by a remediation period of a duration specified in the Commission's instructions on the Scheme, to allow a health service organisation to address any material concerns identified at initial assessment, and a final assessment.
c. providing the options of either announced or short notice assessment of facilities/services to health service organisations as part of an accreditation program (Note: this condition only applies once the Commission has issued its Requirements for the conduct of Short Notice Assessment Accreditation under the Scheme).
d. for an announced assessment program (subject to any transitional arrangements agreed with the Commission involving transition to a 3-year assessment cycle, multi-site sampling permitted under condition 3.8 below or any direction of the Commission concerning the timing and frequency of accreditation assessment in any particular case or class of cases):
    (i) conducting at least one on-site assessment visit and completion of at least one accreditation assessment (including remediation and final assessment where applicable), within a three-year accreditation cycle;
    (ii) ensuring that the onsite assessment visit, referred to in sub-paragraph (i), occurs no later than 3 years after any prior on-site assessment visit, irrespective of which agency undertook the previous accreditation;
    (iii) giving the relevant health service organisation at least 4 weeks' notice of the date for commencement of the on-site assessment.
e. for a short notice assessment program (subject to any transitional arrangements agreed with the Commission involving transition to such a program):
    (i) conducting at least 3 on-site assessment visits in each 3-year accreditation cycle;
    (ii) conducting no more than 2 assessments in any one year of the cycle;
    (iii) when transitioning from announced to short notice assessments, in order for the health service organisation to be able to maintain accreditation status, conducting the first of the three required assessments before the expiry of any current accreditation irrespective of which agency undertook the previous accreditation;

f. appointment of a qualified assessor as the lead assessor, to manage and coordinate any accreditation assessment process, who has participating fully and actively in at least 100 accreditation assessment days using relevant standards under the Scheme in the preceding 5-year period.
g. ensuring any lead assessor:
    (i) has the knowledge, skills and experience required to manage accreditation assessment processes, an accreditation team and health service organisation engagement;
    (ii) has a sound understanding of health service delivery within an Australian context;
    (iii) is adequately supported in their role as lead assessor by the Agency.
h. ensuring that the lead assessor has not undertaken more than 2 consecutive assessment cycles in respect of a facility or service
i. ensuring that assessors (in any capacity) have not undertaken more than 2 consecutive assessment cycles in respect of a facility or service
j. establishing assessment teams:
    (i) comprised of qualified assessors;
    (ii) with experience in the sector and service type where they will be assessing;
    (iii) with the mix of skill to effectively assess each of the relevant standards;
    (iv) of the appropriate size and with sufficient time to rigorously assess the service;
    (v) at least half of whom (including the lead assessor) have participated fully and actively as assessors (not as observers or trainees under supervision) in at least 20 accreditation assessment days using relevant standards under the Scheme in the preceding 12 months. (Note. The 20 assessment days are cumulative and may be achieved through participation in accreditations for and on behalf of one or more accrediting agencies).
k. ensuring that at least 60 percent of the time spent by assessors in any on site assessment visit occurs in clinical practice settings.
l. ensuring sufficient time is allocated to properly collate assessment findings at the conclusion of an assessment visit.
m. only extending the award of accreditation beyond 3 years in exceptional circumstances with the agreement of the Commission.
n. ensuring any health service organisation to be accredited by the Agency using relevant standards under the Scheme, one year after and then annually from the commencement of each accreditation cycle, submits an Attestation Statement in relation to clinical governance in a form directed by the Commission from time to time.

3.6 An Agency must ensure the assessment team is adequately briefed, including being provided with adequate documentation, about the relevant health service organisation, any facility or service of that health service organisation to be assessed, and the scope of the assessment to be undertaken.

3.7 An Agency must require assessors participating in accreditation assessments for and on its behalf to assess facilities and services using the most current version of the relevant standards (unless the Commission otherwise approves use of another version in any particular case or class of cases):

a. without modification.
b. assessing each Action within the relevant standards, including each element within an Action.
c. rating each Action using the Commission's Rating Scale as published by the Commission from time to time.

d. notifying the Commission as part of routine reporting where exemplar practice is identified.
e. ensuring assessors use the Assessment Framework for Safety and Quality Systems Manual that incorporates the PICMoRS Method.
f. testing high risk scenarios during assessment using the process specified by the Commission.
g. using patient journey methodology specified by the Commission.
h. using the Commission's Data Specifications and Processes for the Scheme, as varied from time to time, during accreditation assessments.
i. involving consumers in the assessment process in a meaningful way.
j. ensuring health service organisations submit the Commission's proforma Attestation Statement to the Agency:
    (i) for announced assessments, prior to an assessment visit by the Agency to any of their facilities or services;
    (ii) for short notice assessments, as specified by the Commission in its Instructions on the Scheme.

3.8 Multi-site assessment

3.8.1 An Agency must ensure that for the accreditation assessment of hospitals and day procedure centres/services under the Scheme, each such facility is individually assessed.

3.8.2 An Agency may undertake sampling of other facilities/services (ie those which are not hospitals or day procedure centres/services) operated by a health service organisation, where there are 10 or more of a particular type of facility or service operated by the organisation (for example, community service clinics) and the organisation is seeking accreditation of its operations to include the facilities/services of that type. In such circumstances sampling must include a representative sample of each type of facility or service sought to be included in the accreditation of an organisation's operations.

3.9 No conjunct accreditation

An Agency must <u>not</u> conduct an accreditation assessment using relevant standards under the Scheme <u>at the same time as</u> it conducts an accreditation assessment using non – Scheme standards, proprietary or otherwise. For the avoidance of doubt this does not prevent an Agency from undertaking an on-site assessment visit for a non-Scheme accreditation immediately prior to, or immediately following, an on-site assessment visit for an accreditation assessment conducted under the Scheme.

3.10 Remuneration arrangements for assessors

An Agency must ensure any remuneration arrangements or benefits for assessors are structured in such a way as to appropriately support assessors to carry out their duties in a neutral and objective manner and to identify any issues of concern and areas where standards are not met in the course of their accreditation assessments. An agency should not structure remuneration arrangements for assessors in a way that could reasonably be perceived as disincentivising the necessity for return visits, where warranted, as part of accreditation assessments.

3.11 Prompt notification to health service organisations

An Agency must require its assessors to advise the relevant health service organisation:

(i) of its preliminary views on the outcome of the assessment, at the conclusion of an assessment visit; and
(ii) any material concern identified during the course of an assessment process, at the time the concern is identified.

3.12 Role of external consultants engaged by health service organisations

As part of an accreditation assessment an Agency must:

(i) at the commencement of the assessment process, require a health service organisation to disclose any external consultant contracted or appointed by the health service organisation to provide services or support in respect of the accreditation of the organisation or any of its relevant facilities or services (whether of a preparatory nature in anticipation of an accreditation assessment or services and support during or following an accreditation assessment);
(ii) ensure its assessors routinely deal with, interrogate and request information from the management (clinical and operational) for the health service organisation, or any of its relevant facilities or services, in the course of an accreditation assessment; and
(iii) ensure its assessors do not engage or discuss with any such external consultant, or where applicable the consultant's personnel, any aspect of the accreditation assessment either before or during the process.

4. Skills, training and experience of assessors

4.1 Qualified assessors

An Agency must ensure assessors participating in accreditation assessments for and on its behalf are appropriately qualified and trained (qualified assessors) as follows:

4.1.1 hold health management, clinical or other relevant qualifications and/or have relevant health sector experience.

4.1.2 have a detailed understanding of the relevant standards:

(i) by requiring assessors to submit evidence of satisfactory completion of the Commission's online orientation program prior to undertaking assessments using the Scheme standards;

(ii) by requiring assessors to provide evidence of satisfactory completion of specified Aboriginal and Torres Strait Islander cultural competency training prior to undertaking assessments using the Scheme standards;

(iii) by requiring assessors to provide a written undertaking to the Agency stating that they understand their obligations as practising assessors under the Scheme to maintain the currency of their skills, and that they commit to participating in at:
   a. least 20 accreditation assessment days under the Scheme in each 12 month period for assessors not employment in health service organisations,
   b. least 10 accreditation assessment days under the Scheme in each 12 month period for assessors where their primary place of employment is in a health service organisation,

(whether as an active and fully participating assessor or as an observer or trainee assessor under supervision), whilst ever they are practising assessors under the Scheme. (*Note. The 20 assessment days are cumulative and may be achieved through participation in accreditations with, or for and on behalf of, one or more accrediting agencies*).

4.2 Continuing professional development

An Agency must ensure the assessors participating in accreditation assessments for and on its behalf are actively maintaining their skills and familiarity with the Scheme as follows:

4.2.1 assessors are participating in continuing professional development activities, directly relevant to the Scheme, conducted, sponsored or supported by the Agency.

4.2.2 at least annually, assessors have undergone an assessor training program on the most current version of the relevant standards which satisfies the following criteria:

(i) requires active participation by all attendees;

(ii) provides familiarisation with, and training in how to practically apply the relevant standards and the Commission's tools, guides and resources on accreditation.

4.2.3 the Agency invites the Commission to present at all training events for assessors on the relevant standards conducted or arranged by the Agency.

5. Permitted use of Commission/DVA standards

5.1 The Commission retains intellectual property in all standards developed by the Commission for the purposes of the Scheme. An Agency is not permitted to, and must not, use any such Scheme standards for purposes other than for conducting assessments and awarding accreditations as an approved accrediting agency under the Scheme.

5.2 An Agency must acknowledge the Commission's intellectual property when using any of the Commission's logos, information material, resources and tools and that it is permitted to use such materials in its capacity as an approved accrediting agency under the Scheme.

5.3 An Agency approved to assess to the TRP Standards is required to:

(i) ensure assessors reference or use the DVA's resources whenever appropriate in training and to support accreditation assessments;

(ii) acknowledge the DVA's intellectual property when using the DVA's information, material, resources and tools.

6. Reporting under the Scheme

6.1 Consent to disclosure of information relating to health service organisations

An Agency must ensure any contract, agreement or understanding it enters into to provide accreditation assessments and/or programs using the Scheme, includes an express written provision for consent on the part of the relevant health service organisation:

(i) to the provision to the Commission, by the Agency, of demographic information, accreditation outcome data or other information in respect of the health service organisation, or any of its facilities or services, of the kind required to be

reported in accordance with the Policy and the Agency's conditions of approval (reportable information); and

(ii) to the disclosure of any such reportable information to the relevant regulator by the Agency or the Commission at any time; and

(iii) to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the health service organisation, as determined by the Commission from time to time, in public reporting on individual health service organisations; and

(iv) to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the health service organisation, as determined by the Commission from time to time, in routine aggregated public reporting by the Commission of accreditation assessment outcomes of health service organisations.

Note: the nature, content and format of any such public reporting will be determined by the Commission in consultation with accrediting agencies, health service organisations and regulators.

6.2 Schedule of planned assessments

An Agency must submit to the Commission by 15 January each year a schedule setting out the list of accreditation assessments using the Scheme proposed to be undertaken in the following 12 months. The schedule is to include the relevant unique identifier for each facility or service of a health service organisation to be assessed, and the planned date of such accreditation assessment. The schedule is to be updated and resubmitted by the 15 July in each year to ensure its currency.

6.3 Reporting during assessment process

6.3.1 An Agency must notify a health service organisation as soon as practicable of any significant risk of patient harm identified in the course of an assessment of one of its facilities or services and request an action plan to fully address the risk be developed and submitted by the relevant health service organisation within 2 working days.

6.3.2 An Agency must notify the relevant regulator and the Commission within 2 working days of a significant risk being identified during an assessment and provide any action plan developed by the health service organisation to mitigate the risk.

6.3.3 An Agency must notify the Commission within 2 working days of being notified of termination of its contract for accreditation services using the Scheme, where such termination occurs in the course of an accreditation assessment.

6.4 Reporting on assessment outcomes

6.4.1 Within 5 working days of completion of an initial accreditation assessment, an Agency must notify the relevant health service organisation in writing of the outcome of the initial assessment, including specifying all matters that require remediation.

6.4.2 Within 30 working days of completion of a final accreditation assessment, an Agency must provide the relevant health service organisation with a written report of its accreditation assessment.

6.4.3 An Agency must notify the Commission where it identifies exemplar practice in the course of undertaking an assessment using the Scheme.

6.5 Monthly reporting to the Commission

An Agency must submit to the Commission by the 10th day of each month:

(i) complete, accurate assessment outcomes data, free of charge and in the required format, as determined by the Commission from time to time and set out in the Data Specifications and Processes for the Scheme;

(ii) a list of any health service organisations ceasing or commencing contracts with the Agency, for accreditation services using the Scheme, in the previous month.

6.6 Assessment data

An Agency must submit separate assessment data for each facility or service of a health service organisation assessed using the Scheme, and for that purpose must use the unique identifier for the relevant facility or service allocated by the Commission.

6.7 Unique identifiers

Using the unique identifiers, an Agency must include in its monthly report:

(i) any specified Action, or part thereof, in the relevant standards, for which non-applicable status has been requested;

(ii) any specified Action, or part thereof, in the relevant standards, for which non-applicable status has been agreed by the Agency.

6.8 Annual reporting

An Agency must report to the Commission annually in July as follows:

(i) for each of the assessors who undertook accreditation assessments using the Scheme in the previous calendar year for and on behalf of the Agency, his/her name or unique identifier and the number of assessment days completed for and on behalf of the Agency, and the training undertaken in that year involving Agency conducted, supported or sponsored programs; and

(ii) the training programs and other professional development activities for assessors conducted, sponsored or supported by the Agency in the previous calendar year.

6.9 Ad hoc reviews, research and surveys

An Agency must participate in ad hoc reviews, research and surveys agreed to by all members of the Accrediting Agencies Working Group established by the Commission.

7. Award of Accreditation

7.1 Accreditation certificates

The Agency must include the following information on certificates awarded for any accreditation using the Scheme:

(i) name of health service organisation.
(ii) list of each facility and health service covered by the award.
(iii) for each listed facility or service, whether the applicable accreditation relates to announced or short notice assessment.

(iv) for each listed facility or service, the relevant standards to which the accreditation relates.
(v) date of commencement and expiration of the relevant accreditation cycle.
(vi) date accreditation is awarded. (Note: in the case of short notice assessment programs, award of accreditation may occur following submission of the relevant Attestation Statement and the initial on-site assessment visit in an accreditation cycle, with maintenance of accreditation dependent on the satisfactory outcome of subsequent on-site assessment visits within the cycle).

7.2 Accreditation testimonial

The Agency must include the following information in a testimonial which is to accompany the certificate of accreditation:

(i) health service organisation name and geocoded address.
(ii) list of each facility and health service covered by the award.
(iii) for each listed facility or service, whether the applicable accreditation relates to announced or short notice assessment.
(iv) for each listed facility or service, the relevant standards to which the accreditation relates, and any parts of the relevant standards excluded from the assessment as not applicable or not assessed.
(v) date of commencement and expiration of the relevant accreditation cycle.
(vi) date accreditation is awarded. (Note: in the case of short notice assessment programs, award of accreditation may occur following submission of the relevant *Attestation Statement and the initial on-site assessment visit in an accreditation cycle, with maintenance of accreditation dependent on the satisfactory outcome of subsequent on-site assessment visits within the cycle*).

8. Collaboration and Communication with the Commission

8.1 An Agency must comply with any Instructions and Advisories relevant to the role of accrediting agencies in the Scheme, issued by the Commission from time to time.

8.2 The Agency is to nominate an officer of the Agency to the Commission's Accrediting Agencies Working Group and require his/her active participation including:

(i) regular attendance at meetings of the Working Group;

(ii) working with the Commission to:

- increase the effectiveness and efficiency of assessment processes under the Scheme
- provide advice on matters related to the assessment of health service organisation to the relevant standards
- exchange information on ways to meaningfully involve consumers in accreditation
- collaborate on matters related to data collection and reporting to the Commission
- facilitate information sharing between to health service organisations, health departments/regulators and the Commission.

8.3 An Agency must meet annually with the Commission to discuss the Agency's performance and strategies for improvement and to take action to implement agreed strategies within agreed time frames.

8.4 An Agency must direct its assessors:

(i) to work collaboratively with observers from the Commission during observation visits; and

(ii) to actively participate in mediation sessions with the Commission and health service organisations when invited.

9. Performance and compliance monitoring, complaints management and investigation

In respect of its role, functions and activities as an accrediting agency under the Scheme, an Agency must co-operate fully in:

(i) any performance and compliance monitoring undertaken by the Commission;

(ii) undertaking remediation of breaches of conditions of approval or performance improvement actions requested by the Commission; and

(iii) complaints management processes of the Commission or investigations conducted by or on behalf of the Commission, as set out in the Policy.

10. Change of key officeholders or senior managers

Where there is a change in key officeholders or senior managers from those who were listed in the Agency's most recent application for approval as an accrediting agency, the Agency must notify the change to the Commission in writing within 10 working days, and submit, in a timely manner, details in respect of any new key officeholder or senior manager, the same as those required in respect of any key officeholder or senior manager in the original application for approval.

11. Additional standards or modules

Where the Commission adds new modules to the relevant standards or develops a new set of standards for use under the Scheme, during the period of an Agency's approval as an accrediting agency, the Agency will must seek an extension of the existing approval to permit assessments to these additional modules or new standards. An Agency must provide such further information as the Commission requires in support of such an extension of approval.