**Canberra Health Services**

**Guideline**

**National Safety and Quality Health Service Standards Accreditation**

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| Guideline Statement |

Canberra Health Services (CHS) abides by the ACT Health Directorate (ACTHD) *Accreditation Policy for ACT Public Health Care Organisations and Facilities*, which can be found on the ACTHD Policy Register (<https://actgovernment.sharepoint.com/sites/intranet-ACTHealth/PolicyRegister>). ACTHD is the monitor for accreditation status of ACT Public Health facilities, including CHS. ACTHD set accreditation requirements and monitor the accreditation status of CHS.

## Background

As part of creating exceptional health care together, CHS staff work to the requirements of the National Safety and Quality Health Service Standards (National Standards) which outline the minimum standards health services organisations should be achieving. CHS is assessed to the requirements of the National Safety and Quality Health Service Standards (National Standards). Assessment to the second edition of the National Standards commenced on

1 January 2019. Further information about the National Standards can be found at <https://www.safetyandquality.gov.au/standards/nsqhs-standards>.

## Key Objective

This guideline outlines the roles and responsibilities for CHS staff in relation to accreditation of CHS against the National Standards.

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| Scope |

This document applies to all CHS staff including students, volunteers, contractors and facilities and services.

This document does not apply to other accreditation requirements for specific specialities and units.

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| Section 1 – Roles and Responsibilities |

All staff will:

* Familiarise themselves with the ACTHD Accreditation Policy for ACT Public Health Care Organisations and Facilities and this guideline.
* Implement and integrate the requirements of the National Standards into their every-day work.
* Participate in accreditation assessments.

The Chief Executive Officer, with assistance from the CHS Executive, will ensure that CHS:

* is fully accredited to the National Standards at all times
* assessments and reassessments are undertaken in accordance with the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme, and with the procedures and requirements outlined in the ACTHD *Accreditation Policy for ACT Public Health Care Organisations and Facilities*
* responds to recommendations from assessments within timeframes specified under the AHSSQA Scheme
* communicates the outcomes of accreditation assessments to staff, consumers and our community
* raises safety and quality concerns with the ACTHD accreditation monitor identified in the ACTHD *Accreditation Policy for ACT Public Health Care Organisations and Facilities*
* adheres to the reporting and notification requirements and time frames outlined in the ACTHD *Accreditation Policy for ACT Public Health Care Organisations and Facilities,* and as determined under the AHSSQA Scheme
* complies with increased performance monitoring and intervention from the ACTHD accreditation monitor and in the event of any non-compliance with the National Standards, the AHSSQA Scheme, and/or the ACTHD *Accreditation Policy for ACT Public Health Care Organisations and Facilities*
* complies with the latest version of the *ACT Health Care Facilities Code of Practice* (the Code) made under the *Public Health Act 1997*, inclusive of specific actions required when a significant patient risk is identified. Further information can be found at [Advisory 18/09 Notification of significant risk](https://www.safetyandquality.gov.au/sites/default/files/2019-06/advisory_as18_09_notification_of_significant_risk.pdf).

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| Evaluation  |

**Outcome**

* All Staff are aware of their roles and responsibilities regarding Accreditation
* Policies and Guidelines reflect current best practice and the principles of the National Safety and Quality Health Service Standards
* Maintenance of Accreditation status

**Measures**

* Reporting on Accreditation preparation progress occurs through the CHS governance structures.

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| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* ACTHD Accreditation Policy for ACT Public Health Care Organisations and Facilities Policy
* Clinical Governance Policy
* Partnering with Consumers Policy
* Preventing and Controlling Healthcare Associated Infection Policy
* Medication Safety Policy
* Comprehensive Care Policy
* Communicating for Safety Policy
* Blood Management Policy
* Recognising and Responding to Acute Deterioration Policy

**Legislation**

* *ACT Health Care Facilities Code of Practice* (the Code)
* *Public Health Act 1997*
* *Human Rights Act 2004*
* *Charter of Health Care Rights*

**Standards**

* Australian Commission on Safety and Quality in Health Care (2018) National Safety and Quality Health Service Standards, second edition
* Australian Commission on Safety and Quality in Health Care (2018) Advisory 18/09: Notification of Significant Risk

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| Definition of Terms  |

**Assessment –** The process by which an accrediting agency checks that a health service organisation is meeting the requirements of the National Standards. Organisation wide assessment occurs toward the end of the accreditation cycle at which the healthcare organisation or facility is assessed against all actions and standards in the National Standards.

**Monitor –** The ACT Health Directorate appointed officer responsible for fulfilling the monitor roles and responsibilities outlined in this policy. The monitor collaborates with the Commission regarding regulatory functions under the AHSSQA scheme. This role has been delegated by the Director-General, ACT Health Directorate to the Deputy Director-General (DDG), Health Systems, Policy and Research Group.

**National Standards –** The National Safety and Quality Health Service Standards. In the second edition there are eight standards that healthcare organisations or facilities are assessed against. Assessment against the second edition of the National Standards commenced 1 January 2019.

**Significant Risk –** where there is a high probability of a substantial and demonstrable adverse impact for patients. A significant risk is sufficiently serious to warrant an immediate response to reduce the risks to patients. Further information can be found at <https://www.safetyandquality.gov.au/sites/default/files/2019-06/advisory_as18_09_notification_of_significant_risk.pdf>

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1. Australian Commission on Safety and Quality in Health Care, (2018) National Safety and Quality Health Service Standards, second edition. Available at: <https://www.safetyandquality.gov.au/sites/default/files/2019-04/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf> accessed on 29 January 2020
2. Australian Commission on Safety and Quality in Health Care, (2018) Advisory no: AS18/09 Notification of significant risk. Available at: <https://www.safetyandquality.gov.au/sites/default/files/2019-06/advisory_as18_09_notification_of_significant_risk.pdf> accessed on 01 June 2018.
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4. ACT Health Care Facilities Code of Practice 2001*,* ACT Government. Available at: <http://www.legislation.act.gov.au/di/2001-187/current/pdf/2001-187.pdf>
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6. State of Victoria, Department of Health and Human Services (2018) Accreditation policy for Victorian public health service organisations. Available at: <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-accreditation/policy-on-accreditation>

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| Search Terms  |

Accreditation, met, not met, remediation, assessment, national assessment, national standards, the commission, second edition, standards

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*Policy Team ONLY to complete the following:*

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| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval*  |
| *12/05/2021* | *New Document* | *Kellie Lang, A/g EBM QSII* | *CHS Policy Committee* |
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*This document supersedes the following:*

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| *Document Number* | *Document Name* |
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