National Safety and Quality Health Service (NSQHS) Standards

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National Standards

Commenced 1 January 2013

• 10 Standards
• 256 Actions with 209 Core Actions & 47 Developmental Actions
• Meet all core actions to achieve accreditation
• Developmental actions require some activity
• All licenced private & public hospitals and day procedure centres
• Full assessment (OWS) – all 10 standards
• Periodic review – first 3 standards
NSQHS Standards

Standard 1
Governance for Safety and Quality in Health Service Organisations

Standard 2
Partnering with Consumers

Standard 3
Healthcare Associated Infections

Standard 4
Medication Safety

Standard 5
Patient Identification and Procedure Matching

Standard 6
Clinical Handover

Standard 7
Blood and Blood Products

Standard 8
Preventing and Managing Pressure Injuries

Standard 9
Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 10
Preventing Falls and Harm from Falls
National standards

• Three levels of achievement for each action
  – Met
  – Not met
  – Met with merit

• ‘Not met’ actions required to be addressed within 90 days

• Failure to achieve met actions in 90 days may result in withdrawal of accreditation
Simplified assessment process

Self assessment by health service

Full / organisational wide assessment – 10 National Standards
OR
Mid cycle/periodic assessment – Standards 1, 2 and 3

Core actions met:
- Full assessment = accreditation awarded
- Mid cycle = accreditation maintained

Core actions not met:
- Health service has 90 days to address unmet actions

Reassessment:
- Determine if health service meets actions

Core actions not met:
- Accreditation not awarded or accreditation not retained

Remediation:
- Improvement & timing specified by jurisdiction

Accreditation cycle is 3 or 4 years
= full assessment + mid cycle assessment
Significant patient risk: A13/01

• Accrediting agencies to notify state regulators in 48 hours if ≥ one significant patient risk is identified at assessment

• “where there is a high probability of substantial and demonstrable adverse impact.”

• Theoretical examples
  • Failure in sterilisation processes
  • Process for credentialing staff is limited
  • Single use devices being reused
  • Pt medication histories not taken/recorded in health care record
  • Multiple pts harmed following poor management/administration of blood and blood products
  • Failure to identify or monitor patient falls and harm from falls
Flexible transition arrangements

• Ceased in 2014, except
  – 3.10.1 Training in aseptic technique
  – 9.6.1 Training in basic life support
  – Requires risk assessment and training plan
• Remediation of not met actions 120 \(\rightarrow\) 90 days
• Developmental actions remain until reviewed in 2015
Not Achieving Accreditation

- Recovery plan for health services
  - Steps to meeting unmet actions
  - Timeframe
  - Progress to achieving unmet actions

- Monitored as part of the LHD/N Performance Agreement
CEC activities

• Accreditation network – 70+ persons on teleconference
• Infection control for small sites – teleconferences
• Meetings with DG and DDGs
• Information bulletin – to be released soon
• Contract 906 Health Services Accreditation – Interim Panel (6 agencies) - contract
Activity in NSW 2013

• 1 September to 31 December approx. 107 public health services will under went assessment.
• 19 full assessment
• 88 mid-cycle/periodic assessment (Standards 1-3)
• NSW 81% achieving accreditation on first pass
Issues

- Governance processes (eg meeting minutes)
- Standards
  - Aseptic technique training
  - Antimicrobial Stewardship
  - Medication reconciliation
- Surveyor inter-rater reliability/interpretation
  - Other states - QSA
  - ACSQHC mediation service
- Let us know if you have an issue
Issues (2)

• Audit burden ++ -
  – eQATE tool (NBM)
  – Stocktake of audits to be undertaken

• Mandatory education – HETI review
  – What is mandatory?
  – Which staff?
  – Frequency?

• Small rural sites – better support
Lessons

• Ownership (accountability) of stds
• Business decision making (incl minutes)
• No gaps – evidence for all action items
• QSA can be a source of evidence – ACSQHC agrees
Future?

• Review of developmental actions in 2015
  – ? Broader
• Full review scheduled for 2017
• ?? New standards
  – Personal (basic) care
  – Cognitive impairment
• Tell CEC about concerns
Thank you

Questions

For further information:

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