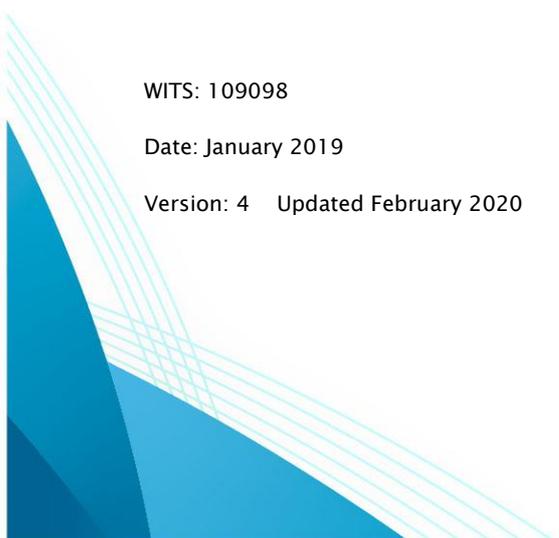


Tasmanian Accreditation Compliance Manual for Public and Private Health Services

Regulation of Tasmanian public and private health
services participating in the Australian Health Service
Safety and Quality Accreditation Scheme

January 2019



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1 INTRODUCTION

1.1 The Australian Health Services Safety and Quality Accreditation Scheme

In 2011, Australian State and Territory Health Ministers endorsed the implementation of the Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme (the Scheme), and National Safety and Quality Health Service (NSQHS) Standards developed by the Commissioner.

The Commission under the *National Health Reform Act 2011* is responsible for the formulation of standards relating to health care safety and quality matters and for formulating and coordinating national models of accreditation for Health Service Organisation's (HSOs).

The objectives of the Scheme are to protect the public from harm by providing a quality assurance mechanism for HSOs; to test that systems are in place that ensure minimum standards of safety and quality are met; and ensure that mechanisms are in place to allow continuous improvements in the quality of health service provision.

The first edition NSQHS Standards was released in October 2012, consisting of ten standards. The Standards provide a nationally consistent framework that describes the level of care that consumers can expect from health services. Focusing on the clinical delivery of healthcare, the Standards rely on the implementation and application of safe systems and processes, and continuous quality improvement, which form an essential part of the accreditation assessment under the Scheme.

The Scheme came into effect on 1 January 2013, consisting of five inter-related elements. The roles of each broadly outlined below:

Health Ministers	
Endorse the NSQHS Standards and receive information on the health system's performance against the Standards	
Regulators (including States, Territories and the Commonwealth) <ul style="list-style-type: none"> · Mandate the Standards and health service's participation in the accreditation scheme. · Oversee accreditation program content. · Receive relevant accreditation data. · Responsible for an escalating response where the Standards <u>are not</u> met. 	ACSQHC (the Commission) <ul style="list-style-type: none"> · Develops and maintains the Standards. · Advises the Australian Health Ministers Council on the scope of health service accreditation. · Approves accrediting agencies. · Liaises with Regulators on opportunities to improve the Standards and accreditation systems. · Reports to Health Ministers annually on safety and quality development.
Health Service Organisations (HSOs) public and private <ul style="list-style-type: none"> · Select an approved accrediting agency. · Meet the Standards. 	Approved Accrediting Agencies <ul style="list-style-type: none"> · Implements a program for national coordination · Maintain JASANZ/ISQua accreditation · Provided data on the Standards · Cooperate on methodology and assessment

During 2015-16, an extensive consultation process was undertaken by the Commission in collaboration with Australian jurisdictions, HSO's, safety and quality managers, clinicians, accrediting agency assessors, technical experts and regulators to review the NSQHS Standards, and incorporate contemporary research findings.

Subsequently, revised Standards ([second edition](#)) and resources to assist health services to implement these were developed to ensure that the requirements for safe healthcare delivery remain contemporary and continue to guide quality improvement in healthcare¹.

Simultaneously, the Commission reviewed the AHSSQA Scheme² to improve the reliability of the HSOs accreditation processes and rigor of assessments to ensure the scheme continues to meet its objectives.

Assessment to the NSQHS Standards (second edition) commences from January 2019.

NSQHS Standards – Second Edition	
1. Governance for Safety and Quality in Health Service Organisations	5. Comprehensive Care
2. Partnering with Consumers	6. Communicating for Safety
3. Preventing and Controlling Healthcare Associated Infections	7. Blood Management
4. Medication Safety	8. Recognising and Responding to Acute Deterioration

HSOs have been informed of the transition arrangements for accreditation to second edition of the NSQHS Standards, and have access to fact sheets and tools regarding the assessment process on the Commissions NSQHS Standards microsite [NSQHS Standards \(Second Edition\)](#)

I.2 Tasmania's Accreditation Framework

In November 2012 the then Department of Health and Human Services (the Department) released the *Tasmanian Health Service Accreditation Framework* (the Framework) which was designed to implement the Australian Health Services Safety and Quality Accreditation Scheme (AHSSQA Scheme) in Tasmania. To support the framework, a separate *Health Service Regulation Management Guide* (the Guide) was developed by the Department in 2014.

The Framework and Guide were reviewed and updated to reflect changes to health services governed in Tasmania being:

- Departmental review in 2014
- the *One Health System* reforms and establishment of the Tasmanian Health Service (THS)
- and the Tasmanian Health Service Act 2018

This *Tasmanian Accreditation Compliance Manual for Public and Private Health Services* replaces the previous Framework and Guide.

¹ [About the NSQHS Standards](#)

² [Review of the Australian Health Service Safety and Quality Accreditation Scheme: Improving the reliability of health service organisation accreditation processes](#)

2 CONTEXT, PURPOSE AND SCOPE

2.1 Context

Accreditation is part of the regulatory framework that informs both government and the community that systems are present in health services 'to protect the public from harm and improve the quality of health service provision'.³ Accreditation is the process of verifying that HSOs have strategies in place to minimise patient harm. Accreditation is recognised as an important driver for safety and quality improvement and provides assurance to the community that health services meet expected patient safety and quality standards.

The accreditation of health services occurs under many frameworks. This Manual focuses on the implementation and administration of the Scheme in Tasmania, which occurs within the legislative context of the *Tasmanian Health Service Act 2018* (THS Act) for the public sector, and the *Health Service Establishments Act 2006* (HSE Act) for the private sector. These Acts empower the Minister for Health and/or the Department as System Manager and Regulator to:

- request information;
- undertake reviews and inspections;
- restrict services;
- and/or impose additional requirements on health services, to ensure effective systems are in place to promote and support safe patient care.

All HSOs operating in Tasmania are required to participate in the Scheme. The Department of Health Regulation Unit (Regulation Unit) undertakes the administrative functions and duties of the Regulator to ensure Health Services (public and private) are accredited against the current version of the NSQHS Standards. The Regulation Unit is responsible for overseeing the accreditation program content, receiving and recording accreditation outcomes, and escalating any concerns provided by accrediting agencies regarding health services that have not met any core aspects of the accreditation assessment against the Standards, to the Department of Health Secretary and/or the Minister for Health.

2.2 Purpose

The purpose of this compliance manual is to:

- ensure transparency across all HSOs (public and private), regarding accreditation and regulatory systems and processes within Tasmania.
- assist private HSOs to understand the Department's System Manager and Regulatory roles and accountabilities and to recognise the place of accreditation within the broader regulatory framework.
- ensure that private health services have structures, systems and processes in place to deliver safe and quality services to monitor and evaluate outcomes, focusing on achieving excellence and continuous improvements.
- outline the Department's responsive regulatory approach to ensure accreditation against the NSQHS Standards, within the context of existing policies and frameworks;
- outline processes taken by the Department of Health Regulation Unit to respond to emerging issues oversee compliance and increase accountability and transparency.

³ Australian Commission on Safety and Quality in Health Care 2011, *National Safety and Quality Health Service Standards*, ACSQHC Sydney

2.3 Scope (application)

All eligible HSOs are required to be accredited to the relevant NSQHS Standards by an approved accrediting agency. This includes:

1. Private
 - All private hospitals licenced and day procedure centres licenced under the HSE Act and the Commission's directive.
 - Participation in the Scheme is a condition of licensing.
2. Public
 - The Tasmanian Health Service (THS) including oral health services, sub-acute services, mental health services, and State-wide Services such as forensic health and alcohol and drug related services.
 - Services operated by the THS are required under the Safety, Quality and Strategic Performance' expectations of their Ministerial Charter to achieve accreditation against the NSQHS standards, to safeguard high standards of care and continuous quality improvement.

This Manual aims to be consistent with the overarching principles of the *Quality Governance Framework for Tasmania's Public Health and Human Services Systems*⁴ in:

- establishing the direction for the quality of patient-centred, safe healthcare delivery
- seeking to ensure that robust structures, systems and processes are in place to ensure quality service delivery and continuous improvement
- recognising that effective clinical governance must oversee all levels of the health service organisation including clinical care delivery, consumer involvement, risk identification and management, and management of safety events and near misses
- ensuring adherence to statutory obligations, charters, Australian Standards and professional workforce requirements and Codes; and
- establishing leadership, culture, accountability and ongoing improvement led by data as key priorities for management processes.

⁴ Due to be published in 2020 available on the DoH website

3 IMPLEMENTING THE AHSSQA SCHEME IN TASMANIA

3.1 Introduction

To support the implementation of the Scheme across States and Territories, and achieve consistency in regulatory processes, a Regulators Working Group was established by the Commission comprising of jurisdictional and Commission representatives.

The Regulators Working Group agreed that:

- all public and private hospitals, day procedure centres and dental services (public only) are required to be accredited to the Standards
- each jurisdictional Regulator retains the capacity to identify additional services that are required to be accredited against the Standards
- jurisdictional Regulators can grant permission to defer the requirement to be accredited; and
- where accreditation is not awarded, an escalation pathway will be put in place tailored to each jurisdiction's regulatory framework.

The Regulators Working Group continues to work with the Commission to identify, address and provide solutions on issues identified in the implementation of the NSQHS Standards. Officers of the Department of Health Regulation Unit are endorsed members on the Working Group.

3.2 Accrediting agencies

The Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the Standards. The Commission is responsible for approving accrediting agencies following formal application and assessment against defined criteria⁵.

Approved accrediting agencies are required to:

- assess HSOs against the NSQHS Standards without modification and in accordance with requirements set out by the Commission
- regularly report assessment and compliance data, and award accreditation status within agreed timelines
- provide assessment data and notifications to the Commission and State and Territory Health Departments in accordance with agreed protocols, and
- maintain an effective working relationship with the Commission through membership of the Accrediting Agencies Working Group.

A list of approved accrediting agencies can be located on the Commission's website: [Approved accrediting agencies contact details](#)

⁵ [Policy - Application for approval under the Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme to conduct accreditations of health service organisations using the Scheme's standards](#)

3.3 Public funded hospitals and additional services

The Tasmanian Health Service (THS) was established on 1 July 2015 following the Tasmanian Government's direction to amalgamate the three Tasmanian Health Organisations. Since then, a number of outlying public health services have been incorporated under the governance structure of the THS.

These services include:

- Rural hospitals providing public acute and sub-acute hospital beds
- Oral Health Services
- Mental Health and State-wide Services
 - Alcohol and Drug Services (in-patient hospital beds i.e.: In-patient withdrawal Unit)
 - Forensic Mental Health Services (in-patient hospital beds i.e.: Wilfred Lopes Centre)
 - Correctional Health Services (in-mate hospital beds); and
 - Older Persons Mental Health Services (in-patient beds i.e.: Roy Fagan Centre).

The THS Act provides for performance standards, targets and measures, and standards for patient care and service delivery to be set out in a service agreement. The THS Service Agreement includes the requirement for accreditation of health services against the Standards.

As such, the THS may be required to undertake a range of accreditation programs to meet funder and/or regulatory requirements and as part of the health service's risk management strategy. This is recognised as being a decision for the THS. The Departmental Regulator does not apply any restrictions to this.

3.4 Licensed private hospitals and day procedure centres

The Department is responsible for licensing private hospitals and private day procedure centres in Tasmania and monitoring to ensure their compliance with relevant legislation. This is carried out under the authority of the *Health Service Establishments Act 2006* and *Health Service Establishments Regulations 2011*⁶ and is included as a condition of all individual licences issued under the *HSE Act*.

Newly established private health services must undergo an initial assessment within 10 working days from the commencement of service provision with an approved accrediting agency. Following the initial assessment, the Commission recommends that new HSOs should reach the minimum accreditation (interim) requirements to meet the NSQHS Standards within the initial 12 months of operation⁷.

Resources to assist health services reach interim accreditation are available on the website: [Interim accreditation for new health service organisations](#)

Organisations that meet the specified requirements will be awarded interim accreditation⁸ satisfies the requirement to be accredited to the NSQHS Standards for achieving second-tier default benefit eligibility under the *Private Health Insurance Rules 2011*.

Within the first 12 months of operation however, there may be actions that are 'not applicable'. Not applicable actions may include actions relating to provision of specific staff; use of invasive devices; where a clinical service is not provided by the organisation; or where the action focuses on audits, review or monitoring of systems that require a history of service provision before evidence can be gathered to

⁶ HSE Regs; Schedule 2, Part 2 (2)

⁷ Advisory AS 18/02 Australian Commission on Safety and Quality in Health Care

⁸ [Guide for Interim Accreditation](#)

demonstrate that actions have been met. The newly established health service organisation may apply to their accrediting agencies for 'not applicable' status of an action where the action is inappropriate in their service context and provide evidence that there is little or no risk of patient harm.

3.5 Application to funded community sector organisations

The Department funds Community Sector Organisations (CSOs) deliver a range of community based health and human services. A key priority of the Department is for the funded community sector to deliver safe and high quality services to Tasmanian consumers.

To achieve this priority, *The Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012 (qualityFutures)* was implemented effective from 1 July 2009. The aim of the qualityFutures was for all Departmental funded community organisations to be compliant with a set of quality and safety standards. As planned, qualityFutures was revised in 2011 outlines the guiding principles underpinning the safety and quality standards required by CSOs to ensure effective governance, consumer focus, systems and process to ensure a safe environment, an appropriate workforce, manage incidents and feedback, and provide consumer information.

For additional information refer to: [DHHS Quality and Safety Framework for Tasmania's DHHS Funded Community Sector | Department of Health and Human Services](#)

The Department will continue to require that all funded CSOs ensure they develop and maintain integrated, effective and sustainable quality improvement processes against recognised standards. It is acknowledged that there are a number of Standards relevant to, and currently being used by, the funded community sector.

CSOs funded by the THS to provide sub-acute public hospital beds such as palliative care beds; in-patient care type facilities; or any day procedure type services, there is a requirement to be NSQHS Standards accredited.

3.6 Accreditation with community-based health services

Whilst accreditation against the NSQHS is not currently required for all community-based health services, the Commission does encourage organisations to consider utilising the NSQHS Standards as a framework to contribute towards their ongoing service development and enhancement.

The Department supports the Commission's position and strongly encourages all community-based health services to consider using the NSQHS Standards to underpin their service development and delivery.

There are a number of settings within which integrated health services have both a community-based and inpatient service component, that jointly provide a pathway of care for clients. Whilst there is currently a requirement for accreditation of in-patient beds and not for the community-based services, it is important that consideration be given to the merits of accrediting both the community-based and in-patient component as an integrated health service. It is recognised that this is a decision for the service provider to make as part of their service quality improvement and risk management plans.

4 ACCREDITATION

4.1 Accreditation Assessments

HSOs are required to participate in an external assessment by an approved accrediting agency to verify that they have met the NSQHS Standards. Recommendations from the previous accreditation assessments (if any) will be assessed. HSOs will be assessed once every three years, unless they meet the criteria for a repeat assessment. HSOs are required to meet all applicable indicators to achieve accreditation. Accreditation award can be issued for up to three years, however HSOs found to have a large number of *not met* actions at initial assessment is subsequently awarded accreditation, and they will be required to be reassessed within six months of the assessment cycle being completed.

A repeat assessment will be required if sixteen percent of all actions assessed are *not met* or eight or more actions from the Clinical Governance Standard are *not met*. In this situation the Accrediting Agency will notify the Commission.

4.1.1 Short Notice Assessments

HSOs have a choice for undertaking either announced or short notice assessments from January 2019. Short notice assessments are a separate assessment pathway under the Scheme, with specific rules associated with its application⁹

4.1.2 Not Applicable Actions

At times HSOs may be granted 'not applicable' status for actions or standards (such as Blood Management). Should a HSO introduce a new clinical service that would reverse that 'not applicable' status it is the responsibility of the HSO to advise the accrediting agency prior to accreditation. Assessors may review 'not applicable' actions to confirm the action is not relevant in the service context during the assessment visit.

4.2 Accreditation Assessment Outcomes

There are three possible accreditation outcomes resulting from the assessments against the NSQHS Standards:

1. accreditation awarded / maintained; or
2. actions 'not met', and rectification required (the 60 day period); or
3. accreditation not awarded or withdrawn (following the 60 day period).

Following the assessment by the health service's approved accrediting agency, the organisation will receive a report detailing the findings of the assessment and the ratings of each action and the NSQHS Standards overall.

⁹ [NSQHS Standards Fact sheet 6: Short notice assessments](#)

Attachment I Flow chart of an assessment to NSQHS Standards (second edition) (Refer page I8) provides an outline of the accreditation process.

4.2.1 Outcome 1: Accreditation awarded (actions ‘met’)

If the accrediting agency finds all actions have been met then an accreditation award is conferred, and the health service continues on the accreditation cycle.

HSOs will be issued an award by the accrediting agency within 85 business days of the assessment specifying that they are ‘Accredited to the National Safety and Quality Health Service Standards’. Awards also include the period of accreditation (i.e. the date awarded and expiry date) and a description of the services covered by the award.

Information to be provided to the Regulator: Survey report from accrediting agency

Responsibility The Health Service Organisation

Timeframe As soon as practicable following receipt of report (within 5 business days)

Department of Health - Regulation Unit response:

Information will be recorded on Department of Health’s Tasmanian Accreditation Register

Note: Information relating to survey assessments may be collated to enable assessment of system-wide matters, and opportunities for learning and improvement across the health system.

4.2.2 Outcome 2: Core actions ‘not met’

Where a HSO accreditation assessment does not meet all core actions in the NSQHS Standards, the accrediting agency will inform the HSO and provide an opportunity for remedial action to occur.

A written assessment report will be provided to the health service by the accrediting agency following the on-site assessment within 5 business days.

HSOs have 60 business days from the receipt of their report to address any ‘not met’ core actions before a final determination of accreditation is made.

If improvements are not made and patient risks are not addressed within the 60 day period, the Department’s Regulation Unit must be notified as soon as practicable (i.e.: within 24 hours) via phone on 6166 3856 or via email to hselicencing@health.tas.gov.au to initiate a regulatory response to rectify the patient safety risks.

Following the 60 day period a further assessment of the ‘not met’ actions will be undertaken.

- Where improvements have been implemented and / or patient risks have been addressed, an accreditation award will be issued (Outcome 1).
- Where this has not occurred, an accreditation award will not be issued (Outcome 3).

NB: It is important for licensed HSO facilities to note that they are required to seek an exemption under the *HSE Act* if accreditation is unlikely to be awarded after the sixty day period. If at any time there is no accreditation for a private hospital or day procedure centre, and no exemption from the Secretary is in

force, the facility's licence for operation is automatically taken to be cancelled (*Refer to HSE Regulations 2011, Schedule 1, Part 2[2]*).

Information to be provided to the Department of Health – Regulation Unit: Survey report from accrediting agency

Responsibility The Health Service Organisation

Timeframe As soon as practicable following receipt of report (within 7 business days)

Department of Health - Regulation Unit response:

The Department as Regulator will verify the scope, scale and implications of non-met actions and determine whether a Departmental response is also needed (e.g. action under the *Tasmanian Health Service Act 2018*, the *Health Service Establishments Act 2006* or the *Public Health Act 1997*).

Section 6 of this Manual details the steps that will commonly be taken by the Department in any response. See 6.3 Response Options.

Note: Information relating to survey assessments may be collated to enable assessment of system-wide matters, and opportunities for learning and improvement across the health system.

4.2.3 Outcome 3: Accreditation not awarded or withdrawn

Where recommendations have not been implemented or patient safety risks are not addressed following any rectification period, an accreditation award will not be issued (or will be withdrawn). The accrediting agency will also notify the Department's Regulation Unit.

Upon notification, the regulatory response will be escalated to the Secretary of the Department of Health and/or the Minister for Health, as appropriate.

Information to be provided to the Department of Health - Regulation Unit: Notification of accreditation not awarded or withdrawn

Responsibility Accrediting Agency

Timeframe As soon as practicable following assessment (within 48 hours)

Department of Health – Regulation Unit response:

See '6.3 Response Options'. Where accreditation has not been awarded or withdrawn, the Manager of the Regulation Unit and Secretary, or Minister (as appropriate) will meet with the HSOs Chief Executive Officer and Board Chair within 10 days following assessment.

Note: Information relating to survey assessments may be collated to enable assessment of system-wide matters, and opportunities for learning and improvement across the health system.

4.3 Notification of significant risk

A 'significant risk' is one where there is a high probability of a substantial and demonstrable adverse impact.

In the event that a significant risk to patient safety is identified during an on-site visit, accrediting agencies are required to notify the Regulation Unit and the Commission within two (2) business days of a significant risk being identified. The Regulation Unit will verify the scope, scale and implications of the reported risk.

The accrediting agency and the health service are required to develop a Remedial Action Plan (specific plan of action and timeframe) to remedy the issue/s. The accrediting agency will notify the Department's Regulation Unit of this plan as soon as practicable (within 48 hours).

Information to be provided to the Department of Health – Regulation Unit:

- Notification of significant risk
- Remedial Action Plan (as developed by Accrediting Agency and Health Service).

Responsibility Accrediting Agency

Timeframe Notification should be made within 48 hours of a significant risk being identified, and include an action plan agreed with the health service to mitigate the patient risk.

Department of Health – Regulation Unit response:

The Department as Regulator will verify the scope, scale and implications of the reported risk, and determine whether a Departmental response is also needed (e.g. action under the *Tasmanian Health Service Act 2018*, the *Health Service Establishments Act 2006* or the *Public Health Act 1997*).

Section 6 of this Manual details the steps that may commonly be taken by the Department in any response. See '6.3 Response Options'.

Note: Information relating to survey assessments may be collated to enable assessment of system-wide matters, and opportunities for learning and improvement across the health system.

5 GENERAL NOTIFICATIONS AND QUALITY OF CARE ISSUES

If the Department's Regulation Unit is notified (i.e. a notification made by an individual or an entity other than an accrediting agency) of a potential quality of care issue or compliance breach, the Regulation Unit will work with the Tasmanian (public or private) HSO to ensure the quality of care issue / risk is mitigated and / or action taken to ensure regulatory compliance is achieved.

The Department will consider the *Quality Governance Framework for Tasmania's Public Health and Human Services Systems* and any other agreements, including service level agreements, in working with the health service to resolve the issue.

In its response, the Department may take an approach outlined in this Manual to ensure any risk is mitigated and/or action is taken to ensure compliance.

6 REGULATOR RESPONSE – DEPARTMENT OF HEALTH

6.1 Introduction

The Department has a clear regulatory role across public and private health services in Tasmania, however recognises the trust and value that must also exist within the internal governance of health services.

Collaboration remains a key cornerstone of the Regulation Unit's role as regulator to ensure the HSOs are well-positioned to prepare for accreditation and respond to remediation requirements. By negotiation the Regulation Unit may assist the HSO's with operational aspects of preparedness and response, though the HSOs remain accountable.

This Manual has been developed within the context of devolved governance and a responsive regulatory approach. A responsive regulatory approach:

- works within existing policies and frameworks
- is flexible and adaptable to all services, and
- considers the nature of the governance structure and regulatory framework of the health system within Tasmania, allowing for escalation as necessary.

A notification such as NSQHS core actions 'not met' / NSQHS accreditation not awarded or withdrawn or notification of significant risk, the Department's Regulation Unit will provide appropriate advice to the Secretary and/or the Minister.

The Department may take the following approach in response to issues. It should be noted that whilst the process outlined is quite linear, collaboration between the Department's Regulation Unit and the HSO is encouraged.

6.2 Scoping of risk

Manager Regulation and the Assistant Director of Nursing from the Department's Regulation Unit will meet with the health service to identify and discuss (as applicable):

- the number, spread and nature of the issues/actions 'not met'
- the level of risk to patients and potential for harm
- the action to be taken by the health service to address the issues/s
- the potential risk of accreditation not being awarded after the 60 day period, and
- determine if a Departmental response is required.

6.3 Determining an appropriate response

Following the scoping process, performance monitoring and support activities will escalate based on the identified risk. In determining the appropriate response, the Department's Regulation Unit, in collaboration with the Secretary; and performance monitoring areas will consider whether the response is:

- appropriate to the level of risk to patients and potential for harm (having regard to the public interest)
- based on the identification of key issues: e.g. governance, management, service gaps
- based on the number, spread and nature of the issues, and
- aligns where practicable with existing improvement measures, such as any 'Performance Management Response Actions' in the Service Agreement Performance Framework for THS Services and/or any existing action plans that have been developed between the health service and their accrediting agency.

6.4 Response options

The regulatory response may include the following options under the powers conferred by the THS and HSE Acts:

- a formal request for a response from the health service in relation to the issue/s
- a request for an Accreditation Remedial Action Plan – AC60 (ARAP), outlining the actions to be taken
- monitoring implementation of any recommendations/proposed actions
- an inspection of the health service
- a review/audit of any actions taken by the health service to rectify the issue/s
- provision of external support, including clinical advice, information or strategies that could be used by the health service to address the issue/s
- imposition of additional licence conditions, or variation or revocation of licence conditions (private health services)
- cancellation of a licence, or restrictions on a licensed class (private health services)
- mandating implementation of a compliance manual in respect of function/s (THS)
- appointment of a performance improvement team (THS)

7 NSQHS PRE-ASSESSMENT CONSULTATION

Prior to Health Service Organisation's (HSOs) National Safety and Quality Health Service Standards accreditation the Department of Health Regulation Unit will request the following:

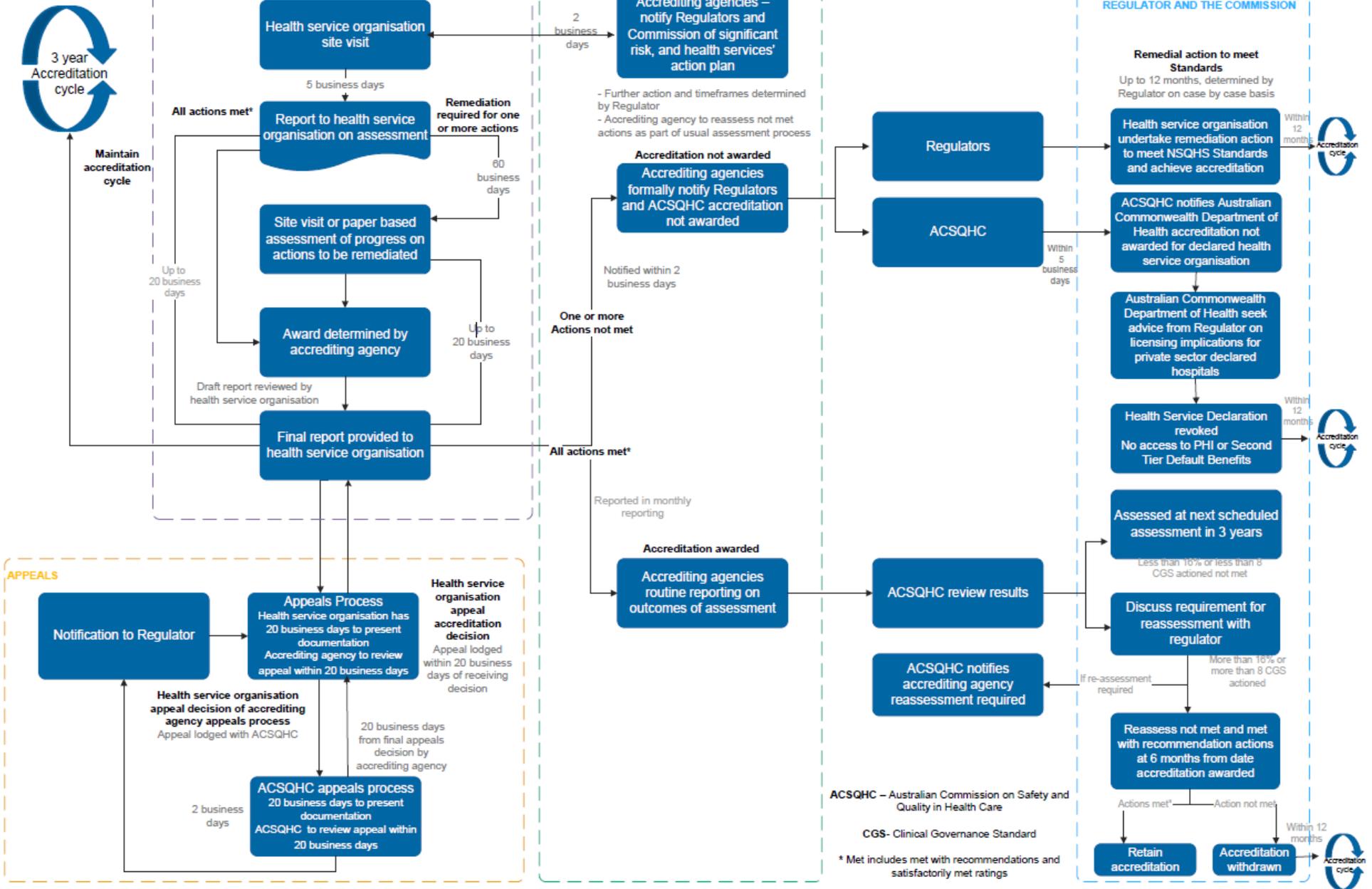
- NSQHS self- assessment report be submitted to the Regulation Unit
- Pre-assessment consultation be arranged with the Manager Regulation and Assistant Director of Nursing Regulation, and
- Notification to the Regulation Unit of significant risk supported by the Remedial Action Plan (RAP) in accordance with ACSQHC [Advisory-A13_01-Notification-of-significant-risk.pdf](#) (Version 4.0 May 2017).

7.1 Accreditation – survey

The Regulation Unit will contact the Health Service Organisation's Quality Manager / Director of Nursing to discuss the outcomes of the on-site review. Refer to section 4 of this Manual.

Flow chart of an assessment to NSQHS Standards (second edition)

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