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Department of **Health**

Accreditation against the National Safety and Quality Health Service Standards

WA Public Sector Health Service 2013

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Executive Summary

The accreditation process in 2013 has confirmed that the Public Sector Health Service is committed to providing safe quality health care for all Western Australians. Importantly, areas of excellence within the Public Sector Health Service were also identified. These included:

- robust governance structures
- strong quality improvement activities
- sophisticated risk management systems
- well established infection surveillance processes
- innovative approaches to pressure injury prevention and management
- comprehensive and coordinated approaches to falls prevention and management.

Considering that Health Services had just over 12 months to familiarise themselves with the new Standards, this was an outstanding result.

This report provides a summary of the 2013 accreditation outcomes for the Western Australia Public Sector Health Service, which is divided into 4 distinct Health regions:

- Child and Adolescent Health Service (CAHS)
- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- Western Australian Country Health Service (WACHS).

Assessment against the 2012 National Safety and Quality Health Service (NSQHS) Standards became mandatory for all Western Australian public and private hospitals and private day hospitals from 1 January 2013. The intention of the NSQHS Standards is to support Health Services to achieve nationally recognised levels of safety and quality.

With the introduction of the mandatory process, the Department of Health Licensing and Accreditation Regulatory Unit (LARU) was appointed by the Director General to be the State regulator for accreditation.

The introduction of the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme into an existing accreditation system has resulted in Health Services being at different points along a continuum. During 2013, the first year of implementation, only one Public Sector Health Service was assessed against all ten of the NSQHS Standards as part of an organisation wide survey. Another seven health services experienced partial assessment against NSQHS Standards 1, 2 and 3 during a mid-cycle review.

The NSQHS Standards include 256 actions, of which 209 (81.6%) are designated as core and the remaining 47 (18.4%) as developmental, with:

- core actions considered to be critical for safe practice and quality of care, and
- developmental actions considered aspirational targets that identify areas requiring focus for ongoing improvement in patient safety and quality.

Health Service achievement of the NSQHS Standards involves assessment against a three point rating scale:

- 'Not Met' – the actions required have not been achieved
- 'Satisfactorily Met' – the actions required have been achieved
- 'Met with Merit' – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident.

In addition, there are two other ratings that may be applied by the accrediting agency:

- 'Significant Risk' – where there is a high probability of a substantial and demonstrable adverse impact
- 'Not Applicable' – those actions which are deemed inappropriate in a specific service context or for which assessment would be meaningless.

The Western Australian Public Sector Health Service has historically elected to use the Australian Council on Healthcare Standards (ACHS) as the accrediting agency. Currently there is variation in the number and type of health facility that is included in the contractual arrangements with ACHS.

Three of the four Public Sector Health regions elected to negotiate contractual arrangements for an ACHS accreditation product called EQUIPNational which included five standards that are additional to the ten NSQHS Standards. As the additional EQUIPNational standards are not mandatory, the outcomes against these standards are not included in this report.

Despite the small number of accreditation surveys the differences in contractual arrangements with ACHS resulted in 60 Public Sector Health Services being assessed.

During 2013, there were 11 occasions in the Public Sector Health Service where one of the 256 actions from the NSQHS Standards was deemed to have been 'met with merit.' These determinations occurred in the areas of Governance, Infection Control, Pressure Injuries and Falls.

Only one (0.5%) of the 209 core actions within the NSQHS Standards was deemed 'not met' at the time of survey. The accreditation assessment identified that the existing process for monitoring antimicrobial usage and resistance required strengthening. The remoteness and geographical distance between facilities within this accreditation assessment could have contributed to the difficulty in meeting this core action.

There were 44 occasions in which a developmental action was deemed 'not met'. These included open disclosure and the involvement of consumers in Health Service delivery.

In addition, there was one occasion when the accrediting agency identified a 'significant risk' to patient safety within a core action. This was a localised issue that was confined to a particular environment. A swift and collaborative approach resulted in a satisfactory outcome that will continue to be monitored.

The regulation of health service accreditation commenced on 1 January 2013. Within a new process lessons are learnt which will shape the future delivery of Public Sector Health Services in Western Australia.

Points to Consider

2013 was the first year of implementation for the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme.

The full picture concerning accreditation outcomes is not yet known. The information presented in this report is limited as it only provides preliminary insight into the health system's performance against the ten NSQHS Standards for a one year period. It will take until the end of 2016 for all Western Australian Public Sector Health Services to be fully assessed against the ten NSQHS Standards.

There was a single accrediting agency.

Although there were 12 approved accrediting agencies at the commencement of 2013, historical arrangements have resulted in all Western Australian Public Sector Health Services being contracted with a single accrediting agency, that being ACHS.

Differences in accreditation cycle patterns – organisation wide survey, mid-cycle review and 'alignment survey'.

There are differences in terms of how many and what type of health facility is included in a single accreditation contract. In 2013, accreditation assessments covered between one and 24 individual health services.

Only one health service experienced an organisation wide survey against the ten NSQHS Standards. The remaining seven underwent a mid-cycle review against NSQHS Standards 1, 2 and 3.

Within this later group, one of the reviews occurred across a large geographically diverse regional area in which three previous contractual relationships were re-negotiated and amalgamated into one contract. This resulted in an accreditation assessment that was termed an alignment survey. Although not within the regulatory sphere, this term was applied by the accrediting agency as it was the first time that all the health services within the new contractual arrangement had been assessed as one entity. This decision was not discussed with the regulator.

Assessment of the current state did not include a review of the existing contractual arrangements.

Evaluation of the current state did not include a review of the existing accreditation contracts, nor did it consider any outstanding matters from previous assessments that health services may have been required to address.

The weighting of the rating scale categories applied to each action is equal for organisation wide survey and mid-cycle review.

NSQHS Standards 1, 2 and 3 are assessed in both an organisation wide survey and mid-cycle review. NSQHS Standards 4 – 10 are only assessed during an organisation wide survey. The weight of the rating that is applied to each action is the same regardless of whether it is assigned during a complete or partial assessment of the NSQHS Standards.

Challenges

The compilation of this report identified current and future challenges.

Complexities in having different contracts with the accrediting agency.

The differences in size, scope and composition of the contractual arrangements between Public Sector Health Services and accrediting agencies makes the direct comparison of accreditation outcomes difficult.

Reporting on compliance.

The timeliness in which LARU was in receipt of the final accreditation outcome reports varied. Some contractual entities provided a copy of the preliminary report shortly after the accreditation assessment was completed. Others only provided the final report when reminded. Delays were also experienced when the accrediting agency failed to provide a copy of the final report within the designated timeframe.

State involvement in the application of the NSQHS Standards.

For Western Australian Public Sector Health Services there were no instances during 2013 in which a NSQHS Standard or action was deemed to be 'not applicable'. Currently the accrediting agencies determine with the health service whether actions are to be deemed applicable or not. The involvement of LARU in this process would ensure that the State has a level of certainty that the decision is appropriate.

Opportunities

Areas for future action.

There were a number of developmental actions that were deemed 'not met' by Public Sector Health Service in 2013. These actions identify areas where the Public Sector Health Service may experience future difficulty achieving the evolving requirement of the NSQHS Standards.

Developmental actions that pertained to the implementation of an open disclosure program were deemed 'not met' on five occasions. These actions accounted for 63% of the developmental actions that were not achieved under the NSQHS Governance Standard.

Similarly, 90% of the developmental actions that were 'not met' in the Public Sector Health Service across all of the ten NSQHS Standards pertained to the active involvement of consumers in shaping either the health service or the delivery of clinical care.

The Australian Commission on Safety and Quality in Health Care intends to review the current assignment of core and developmental categories to the 256 actions in 2015, and it is expected that at least some of the 47 developmental actions will be re-classified as core requirements at this time.

Opportunity to showcase and benchmark.

There are opportunities to showcase and learn from what the Public Sector Health Service is doing well. The key drivers for the successful implementation of robust governance, quality improvement and risk management systems can be identified and shared. A growing understanding of the most effective practices for the prevention and management of infection, pressure injury and falls will benefit all patients.

Refine and further clarify the regulatory process.

The experiences gained during preparation of the 2013 reports have highlighted the need to further clarify the existing regulatory process, i.e.:

- Differences in the assessment of the NSQHS Standards
- Assessor reliability
- Timeliness of reports being received
- Skill base of the assessors
- Differences in the format and detail in outcome reports
- Differences in the assessment format for the mid-cycle review (desktop versus on-site visit)
- Accreditation certificate linked to the contract rather than the outcome
- Ability of the accrediting agencies to provide outcome reports within designated timeframes
- Potential conflict of interest
- As the NSQHS Standards are now the minimum requirements for accreditation, the focus has shifted to passing the assessment as opposed to the quality of care being delivered.

In addition, there are opportunities for the relationship between the regulator and the health service to be further developed.

Recommendations

The examination of the 2013 accreditation process and outcomes within the Public Sector Health Service has led to the following recommendations:

1. The regulator, the Licensing and Accreditation Unit, will review the Operational Directive (OD 0410/12) *Implementation of the Australian Health Service Safety and Quality Accreditation Scheme and the National Safety and Quality Health Service Standards in Western Australia* by December 2014 to strengthen:
 - a. the mandatory reporting requirements
 - b. the relationship between the regulator and the health service
 - c. the relationship between the regulator and the accrediting agencies
 - d. transparency of accreditation outcomes
 - e. the regulatory role.

2. The Chief Executive of each Health Service will
 - a. identify and communicate any problems with the accreditation process to the regulator, such as:
 - i. the negotiation of the contractual arrangement
 - ii. the assessment process or procedure
 - iii. the agreement on outcome.

 - b. support areas of required development, such as:
 - i. open disclosure training of the clinical workforce
 - ii. engagement and participation of a diverse range of consumers in the
 - strategic and operational business of health services
 - the delivery of clinical care.

 - c. facilitate opportunities to showcase areas of excellence, such as:
 - i. governance structures
 - ii. quality improvement activities
 - iii. risk management systems
 - iv. infection surveillance processes
 - v. pressure injury and falls prevention and management.

Background

The National Safety and Quality Health Service Standards (hereafter referred to as the NSQHS Standards) were developed to implement safety and quality systems and support the delivery of consumer focussed health care in Australia. The Australian Commission on Safety and Quality in Health Care (the Commission) consulted with jurisdictions to develop the ten NSQHS Standards (September 2012). Refer to Appendix 1.

In September 2011, Health Ministers endorsed the NSQHS Standards, and the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme came into effect on 1 January 2013.

For Western Australia, the Director General of Health determined that the Department of Health Licensing and Accreditation Regulatory Unit (LARU) became the State regulator for the NSQHS Standards.

Accreditation of Health Services in 2013

To support the regulatory process in Western Australia, an Operational Directive (OD 0410/12) was developed, and which outlined the scope and requirements for the implementation of regulated accreditation in Western Australia (December 2012). Refer to Appendix 2. This Operational Directive became effective from 1 January 2013.

The Operational Directive outlined that all public, private hospitals, and private day hospitals that provide general anaesthesia in Western Australia are to be assessed against and accredited to the NSQHS Standards.

Health Services can also elect to be assessed against additional standards offered by accrediting agencies. However, the outcome of any such assessments against these additional standards is outside the requirement for mandatory accreditation.

For ease of reading, an abbreviated title will be used throughout this report when referring to each NSQHS Standard. Refer to Table 1.

Table 1 - NSQHS standards abbreviated title

Number	Title	Abbreviated title
1	Governance for Safety and Quality in Health Service Organisations	Governance
2	Partnering with Consumers	Consumers
3	Preventing and Controlling Healthcare Associated Infections	Infection control
4	Medication Safety	Medications
5	Patient Identification and Procedure Matching	Patient ID
6	Clinical Handover	Handover
7	Blood and Blood Products	Blood
8	Preventing and Managing Pressure Injuries	Pressure Injuries
9	Recognising and Responding to Clinical Deterioration in Acute Health Care	Clinical Deterioration
10	Preventing Falls and Harm from Falls	Falls

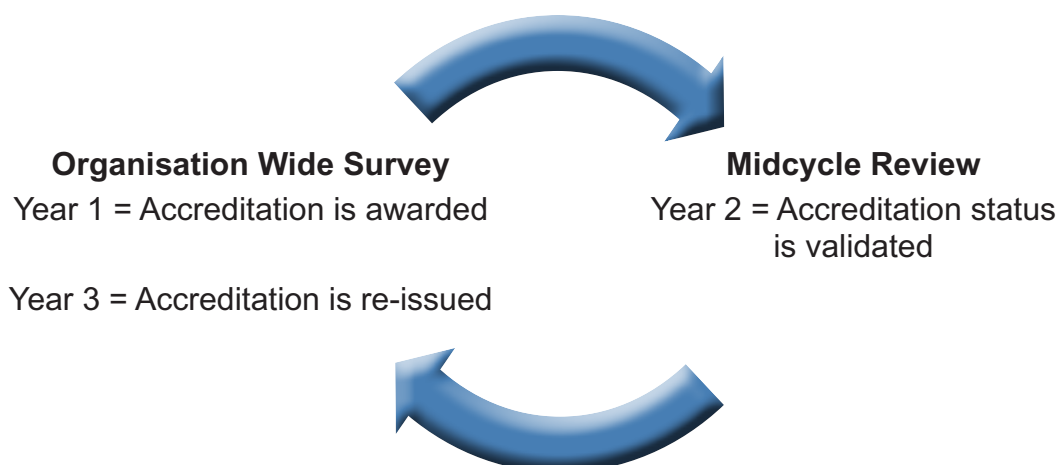
With the commencement of mandatory accreditation requirements from 1 January 2013, health service compliance to the NSQHS Standards occurred according to their current accreditation cycle. Therefore, in the first year, those health services undergoing organisation wide survey (OWS) were assessed against all ten of the NSQHS Standards. Those health services undergoing mid-cycle review (MCR) were assessed against NSQHS Standards 1, 2 and 3, the organisational quality improvement plan and recommendations from the previous accreditation assessment.

All health services choose an accrediting agency to complete their assessment. The Australian Commission on Safety and Quality in Health Care (the Commission) approves accrediting agencies to assess against the NSQHS Standards. Only accrediting agencies approved by the Commission can be utilised for the purposes of regulating accreditation. In December 2012 there were 12 approved accrediting agencies listed on the Commission's website.

The Accreditation Cycle

Accreditation to the NSQHS Standards occurs within a three year cycle. The process commences with an organisation wide survey that leads to accreditation being awarded. Within the next 12-18 months, a mid-cycle review is conducted to confirm the maintenance of quality and safety standards. This ensures that the accreditation status of the health service is validated.

Accreditation Cycle against the NSQHS Standards



However, the length of an accreditation cycle for each health services depends upon the contractual arrangement with the accrediting agency.

The Australian Council on Healthcare Standards

Prior to 1 January 2013 when accreditation was a voluntary process, all public hospitals were accredited under contractual agreements with a single accrediting agency, that being the Australian Council on Healthcare Standards (ACHS). With the introduction of the mandatory accreditation to the NSQHS Standards, ACHS changed the accreditation product available to health services.

The accreditation cycle within a contractual agreement with ACHS can take either three or four years to complete. The three year ACHS product provides accreditation to the ten NSQHS Standards. The four year ACHS product known as EQUIP National provides accreditation to the ten NSQHS Standards, and five additional standards derived from the ACHS product health services were previously assessed against.

During 2013, one public health service (CAHS) elected to transition to the ACHS NSQHS Standards product. The transitional survey occurred on site. Achievement against NSQHS Standards 1, 2 and 3 and recommendations from the previous survey were reviewed.

The ACHS accreditation cycle for the NSQHS Standards commences with an on-site survey that assesses achievement against the ten NSQHS Standards. Accreditation is awarded if/when all core actions are met.

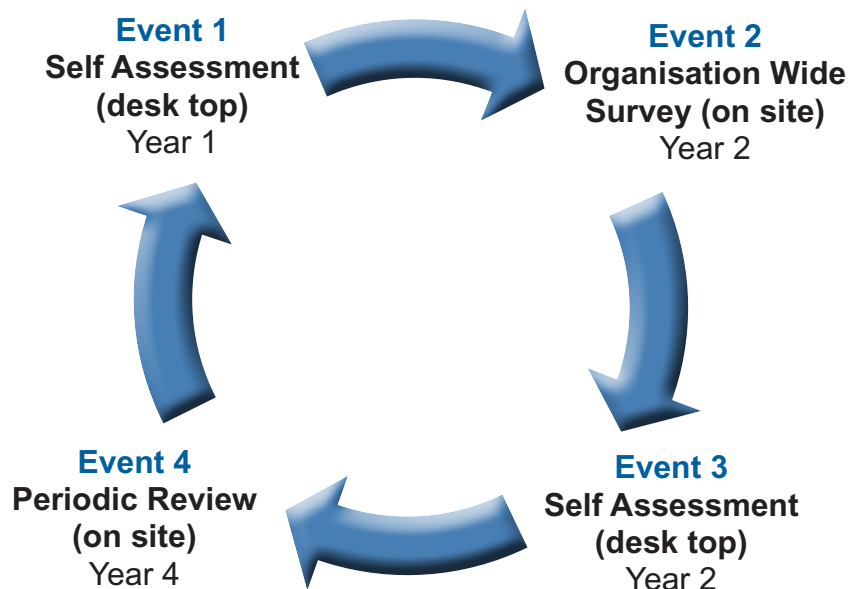
This is followed by a mid-cycle desk top review in both the second and third year. Each mid-cycle review involves the submission of documents by the health service that identify the actions being taken to continue to meet NSQHS Standards 1, 2 and 3, activities taken to close any previous recommendations and the submission of a quality improvement plan.

ACHS Accreditation Cycle against the NSQHS Standards only



Alternatively, ACHS offers an EQUiPNational product that consists of the ten NSQHS Standards and five additional standards based on the previous ACHS EQUiP5 product. The accreditation cycle for the EQUiPNational product occurs over a four year period.

ACHS Accreditation Cycle against EQUiPNational



During 2013, seven public health services which were due for an organisation wide assessment or a periodic review elected to transition to the ACHS EQUiPNational product.

The ACHS accreditation cycle for the EQUiPNational product commences with a self-assessment by the health service against the standards, and the development of an action plan to address identified deficits. An organisation wide survey is completed within the next 12 months. Accreditation is awarded if/when all core actions are met.

Accreditation against the NSQHS Standards

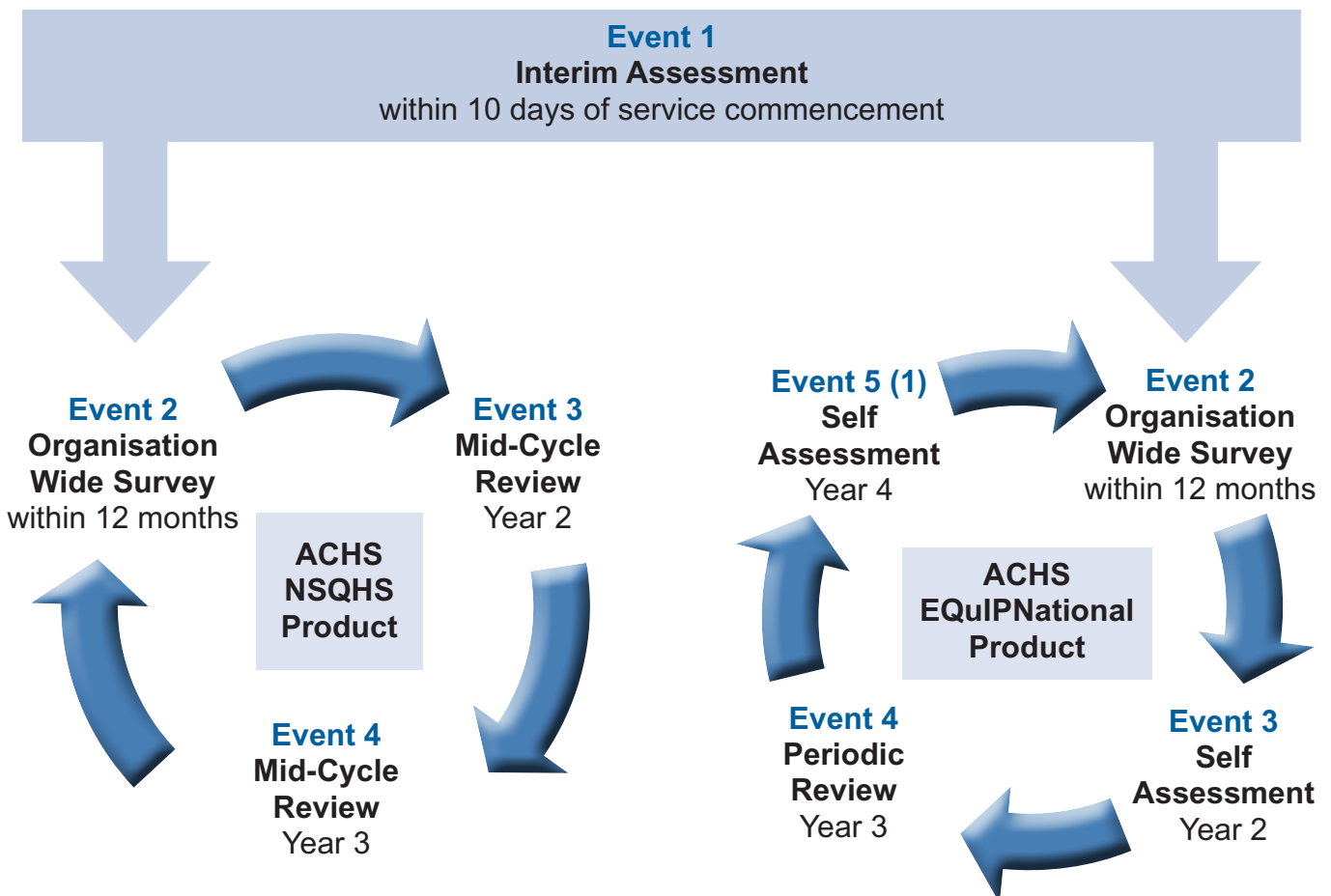
A second self-assessment report is submitted to ACHS in the third year. Within the following 12 months an on-site periodic review of the accreditation status occurs to validate maintenance of the accreditation status. The intent of the on-site periodic review is similar to the desk top mid-cycle review. The health service is assessed to ensure that it continues to meet NSQHS Standards 1, 2 and 3. Activities in place to close any previous recommendations, and the current quality improvement plan are also reviewed. The EQulPNational accreditation cycle takes four years to complete.

The Accreditation of New Health Services

All new health services are required to undergo an interim accreditation assessment within ten days of service commencement. The timeframe for the interim assessment is negotiated between the health service provider and the accrediting agency. The interim assessment recognises that some organisational systems and processes require maturity prior to formal evaluation. A modified version of the ten NSQHS Standards is used. Some core actions are deemed 'not applicable' while others are prescribed.

Interim accreditation applies for the first 12 months of operation. After this time, the Australian Health Service Safety and Quality Accreditation scheme requires health services to complete a full assessment and be fully accredited to the ten NSQHS Standards by the end of 18 months.

Interim Assessment and the ACHS Accreditation Cycle for either the NSQHS or EQulPNational Product



The Accreditation Assessment Process

The NSQHS Standards include actions and strategies that demonstrate achievement of the intent. Each action within a standard is designated as either:

- Core (C), which are considered to be critical for safe practice and quality of care, or
- Developmental (D), which are considered aspirational targets that identify areas requiring focus for ongoing improvement in patient safety and quality.

The ten NSQHS Standards include 256 actions, of which 209 (81.6%) are core and the other 47 (18.4%) are developmental. The Australian Commission on Safety and Quality in Health Care (the Commission) will review the classification of core and developmental action in 2015.

Health Service achievement of the NSQHS Standards involves assessment against a three point rating scale:

- 'Not Met' – the actions required have not been achieved
- 'Satisfactorily Met' – the actions required have been achieved
- 'Met with Merit' – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident.

In addition, there are two other ratings that may be applied by the accrediting agency:

- 'Significant Risk' – where there is a high probability of a substantial and demonstrable adverse impact
- 'Not Applicable' – those actions which are deemed inappropriate in a specific service context or for which assessment would be meaningless.

All five determinations can be applied at the level of individual actions in each NSQHS Standard and to the overall NSQHS Standards.

In November 2012, the Commission acknowledged that health services undergoing assessment during 2013 had less time to prepare to meet the new accreditation requirements, and advised that flexible arrangements for the transition period would be introduced. The minimum requirements for the satisfactory achievement of some core actions were prescribed. In addition, the remediation period for health services to address a 'not met' core action was extended from 90 to 120 days. These flexible arrangements would be in place until the end of 2013.

The Accreditation Regulatory Process

In order to achieve satisfactory performance against the NSQHS Standards, health services must meet 100 per cent of the core actions and be actively working towards the achievement of the developmental actions. Where accrediting agencies determine all core actions to be 'satisfactorily met' (SM); accreditation/certification is awarded or maintained as per the accreditation agency contractual agreement with the health service.

If any action is designated by the accrediting agency as 'met with merit' (MM) there is evidence of a higher level of achievement for the required action.

Actions the accrediting agency determines have not been satisfactorily achieved during the site visit are classified as 'not met' (NM). If this rating is assigned to a Developmental action, there are no further regulatory requirements. If this rating is assigned to a Core action then an agreed action plan is negotiated between the accrediting agency and the health service. This agreed action plan includes a final outcome and the designated timeframe for achievement. The action plan is then forwarded to LARU. Once all core actions are achieved, accreditation is either maintained if the assessment is a mid-cycle review or achieved if the assessment is an organisation wide survey.

In addition, if the accrediting agency identifies 'significant risk' in an area covered by the NSQHS Standards, the health service is required to notify LARU within 48 hours. This enables the commencement of a coordinated system based approach for risk mitigation. "Significant risk" (SR) to patient safety is one that may result in a serious adverse incident, sentinel event, impairment, grossly sub-standard care or death of a patient or risk of harm that could impact on a large number of patients.

In Western Australia, the Operational Directive requires that all existing health services registered with LARU for accreditation against the NSQHS Standards by 31 March 2013. New health services are required to complete the LARU registration form for their organisation within three months of commencement of service.

Following each organisation wide survey and mid-cycle review health services are required to provide a copy of their written report to LARU, within ten working days of its receipt. LARU must also be notified of any change in the accrediting agency nominated to undertake a health service's accreditation against the NSQHS Standards, and information provided in the original registration form. In addition, health services are required to provide any other information related to accreditation against the NSQHS Standards that may be requested by LARU and within specified timeframes.

Public Sector Health Service Context

The Public Health Sector in Western Australia is divided into 4 distinct Health regions:

- Child and Adolescent Health Service (CAHS)
- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- Western Australian Country Health Service (WACHS).

In relation to accreditation the distribution and inclusion of differing services, during 2013, within the regions created a level of complexity.

The Public Health Sector has historically elected to use the same accrediting agency throughout Western Australia. This agency is the Australian Council on Healthcare Standards (ACHS). Contractual arrangements continued and/or were re-negotiated with ACHS to implement the NSQHS Standards. This has resulted in differing contracts both in size and inclusions from region to region.

In addition, ACHS contracts involve either a three or four year accreditation cycle, depending on which ACHS product the health service has elected to use.

Due to historical arrangements with ACHS, health facilities within the Public Sector can be in any one of the three or four accreditation cycle phases at any designated time. The overall performance of the Public Sector Health Service will therefore not be known until the end of 2016, at which time all health services and/or facilities will have been assessed against all ten NSQHS Standards.

In addition, the accreditation contracts (n=18) within the Public Health Sector have been negotiated to cover either single or multiple facilities within each Health Service. There are notably fewer contracts that cover an individual hospital or service provider (n=5), than those that cover multiple facilities or health services (n=13). The rationale behind this is unknown however the cost implications would have a significant impact particularly given the size of Western Australia. This disparity adds a level of complexity when comparing accreditation outcomes.

The details confirmed by the Chief Executives for the Public Sector Health Services in 2013 indicated that the four health regions have different accreditation relationships potentially based on location, function and/or interdependence:

- CAHS is considered a single contractual entity that consists of three services, that being acute, community and mental health services within one accreditation certificate.
- NMHS has five contractual entities with separate accreditation certificates for –
 - a specialist tertiary hospital and associated beds at a second tertiary centre
 - a general hospital
 - a tertiary hospital
 - two general hospitals
 - a mental health tertiary and mental health beds at three other hospitals.

Accreditation against the NSQHS Standards

- SMHS also has five contractual entities with separate accreditation certificates for –
 - a tertiary hospital
 - a tertiary and a secondary hospital
 - a general hospital
 - a general hospital
 - two general hospitals.
- WACHS has seven contractual entities with separate accreditation certificates for –
 - Goldfields with five hospitals and five health services
 - Great Southern with seven hospitals and three health services
 - Kimberley with three hospitals and five services
 - Midwest with four hospitals, eight services and four nursing posts
 - Pilbara with six hospitals and two health services
 - South West with nine hospitals, three health services and one nursing post
 - Wheatbelt with 24 hospitals.

Refer to Appendix 3.

Accreditation Survey Types (2013)

During 2013, there were eight accreditation assessments within the Public Health Sector; with one (12%) being an organisation wide survey, and seven (88%) being mid-cycle (periodic) reviews. These assessments involved a single facility in only one instance, with four others involving a small group of two to five related facilities, with the three regional surveys involving between 8-24 service providers across a large geographical area. In total, 64 (58%) Public Health Sector facilities and/or service providers were assessed. Direct comparison of survey outcomes is therefore difficult. Refer to Appendix 4.

The only organisation wide survey conducted in the Public Health Sector during 2013 against all ten of the NSQHS Standards, occurred in a Metropolitan Health Service:

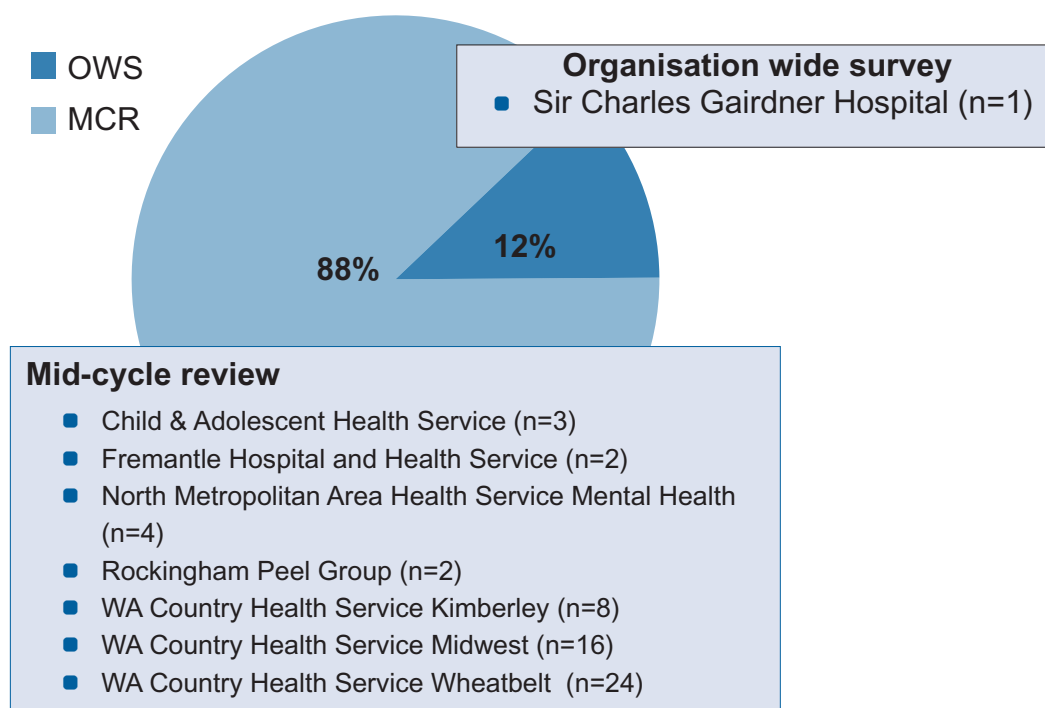
- Sir Charles Gairdner Hospital - a tertiary hospital

The remaining seven accreditation assessments in the Public Health Sector in 2013 were mid-cycle (periodic) reviews and were conducted against only NSQHS Standards 1, 2 and 3. These occurred in both metropolitan and country health services:

- Child and Adolescent Health Service – a metropolitan based child and adolescent health service that include the tertiary hospital, a community health service, a mental health service, a child development service and a nursing unit within another hospital
- Fremantle Hospital and Health Service – a metropolitan health service that included an acute multipurpose tertiary site, a specialist hospital and a nursing post
- North Metropolitan Health Service Mental Health – a tertiary mental health hospital, mental health beds at three other hospitals and a range of community mental health services
- Rockingham Peel Group – a metropolitan health service that included two secondary hospitals
- WA Country Health Service Kimberley – a country health service that consisted of three hospitals and five other services

- WA Country Health Service Midwest – a country health service that consisted of four hospitals, eight health services and four nursing posts. (This survey was deemed an “alignment survey” by the accrediting agency as it included three regions that had previously been assessed separately and were being amalgamated into a single accreditation certificate), and
- WA Country Health Service Wheatbelt – a country health service that consisted of 24 hospitals.

Ratio of Survey Types Public Sector 2013



Accreditation Outcomes by NSQHS Standards (2013)

The accreditation process in 2013 confirmed that the Public Sector Health Service is committed to providing safe quality health care for all Western Australians. Areas of excellence were identified within four of the NSQHS Standards.

In addition, while there were 818 occasions in which a core action from the NSQHS Standards was assessed, on only one occasion (0.1%) was one of these items ‘not met’. Similarly, there were 1019 occasions in which one of the NSQHS Standard actions (either core or developmental) were assessed, and an issue pertaining to patient safety was identified on only one occasion (<0.01%).

Refer to Appendix 5.

Public Sector Health Service Outcomes (2013)

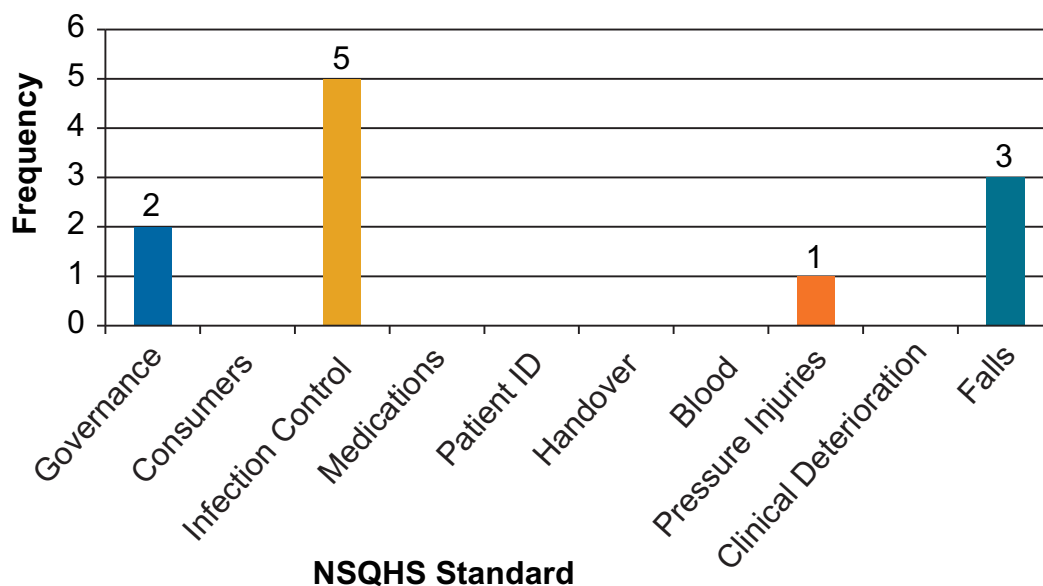
High Achievement – NSQHS Actions ‘Met with Merit’

During 2013, there were 11 occasions in the Public Sector where one of the 256 actions from the NSQHS Standards was deemed to have been ‘met with merit’.

These actions were identified across three accreditation assessments (one organisation wide survey and two mid-cycle reviews) and included ten separate actions from four of the NSQHS Standards.

The actions that were deemed to have been ‘met with merit’ were across the areas of Governance (n=2), Infection Control (n=5), Pressure Injuries (n=1) and Falls (n=3).

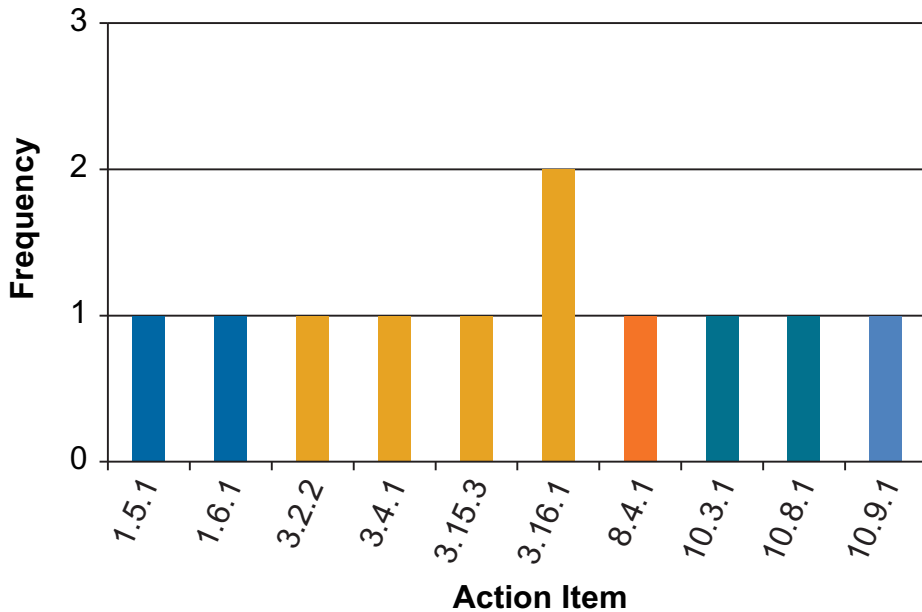
NSQHS Standards with Actions ‘Met with Merit’ - Public Sector 2013



During 2013, there was one action identified as being ‘met with merit’ at more than one health service (n=2), and this occurred during both an organisation wide survey and a mid-cycle review.

The achievement of a ‘met with merit’ rating by each of these health services reflected a strong internal focus on adherence to and improvement with the infection control requirements for the safe re-use of instruments and devices.

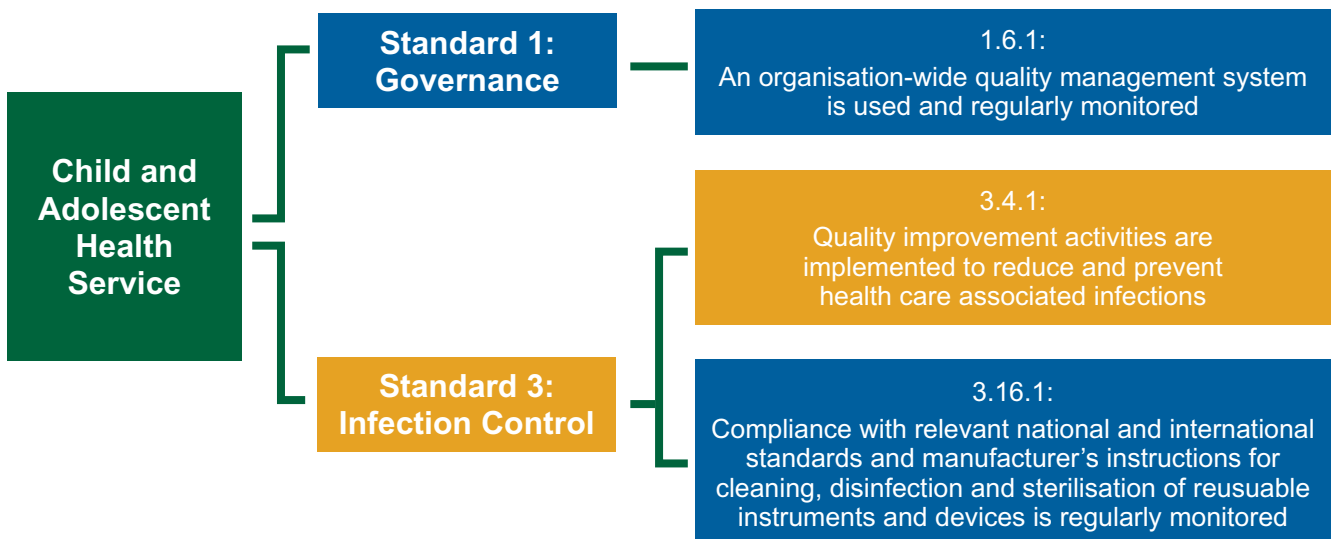
Actions ‘Met with Merit’ – Public Sector 2013



Child and Adolescent Health Service – Actions ‘Met with Merit’

During a mid-cycle review against NSQHS Standards 1, 2 and 3, the Child and Adolescent Health Service (CAHS) achieved three ‘met with merit’ ratings. There was one action item identified under Governance and two within Infection Control.

Child and Adolescent Health Service (CAHS) Actions ‘Met with Merit’



Accreditation against the NSQHS Standards

The strength of the CAHS governance systems that supported the collection, dissemination and linkage of quality improvement data across the health service was identified by the assessors. The systematic approach to quality improvement was seen as an exemplar for other organisations.

The assessors also indicated that this strong focus on quality improvement activities contributed to the 'met with merit' ratings for the two Infection Control action items. There were multiple examples of quality improvement initiatives that focussed on reducing health care associated infections, with extensive evaluation processes used to validate clinical practice.

Fremantle Hospital and Health Service – Actions 'Met with Merit'

During a mid-cycle review against NSQHS Standards 1, 2 and 3, Fremantle Hospital and Health Service (FHHS) achieved a 'met with merit' rating within the Governance Standard.

Fremantle Hospital and Health Service Action 'Met with Merit'

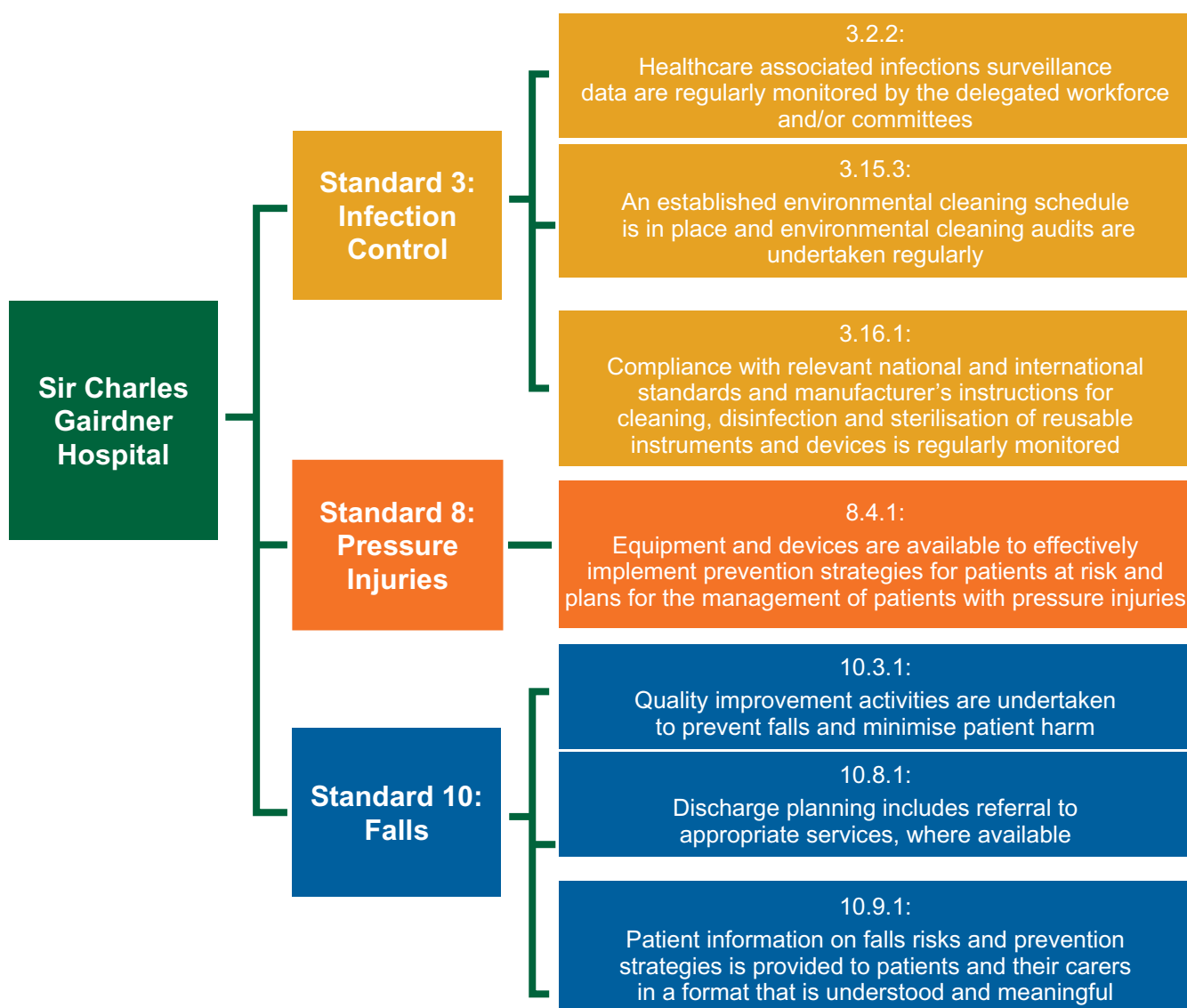


The assessors indicated that this outcome within the Governance Standard was achieved because FHHS had a sophisticated well-resourced risk management framework which resulted in an organisation with a palpable risk aware and adverse culture.

Sir Charles Gairdner Hospital – Actions ‘Met with Merit’

During the organisation wide survey against the ten NSQHS Standards, there were seven instances in which Sir Charles Gairdner Hospital (SCGH) was deemed to have achieved a ‘met with merit’ rating for an action from the NSQHS Standards. These actions belonged to the NSQHS Standards covering Infection Control (n=3), Falls (n=3) and Pressure Injuries (n=1).

Sir Charles Gairdner Hospital (SCGH) Actions ‘Met with Merit’



There were three Infection Control action items that SCGH ‘met with merit.’ The assessors noted that the systems for the surveillance of health care associated infection were well established across the organisation and had resulted in the availability of comprehensive longitudinal data. The arrangements for environmental cleaning were viewed as well embedded, patient focussed and designed for safety. The system for the processing of reusable instruments and devices was comprehensive, and supported by clearly established contingency plans, monthly audits and extensive staff training.

The action item that covered the availability and use of equipment to prevent Pressure Injuries was deemed to have been ‘met with merit’ because the organisation had embedded an innovative and effective management system to support the provision of patient care.

Accreditation against the NSQHS Standards

The range of activities across SCGH to understand and prevent patient falls was also recognised. The assessors noted the existence of numerous quality improvement activities which had resulted in improved clinical practice and a reduction in patient harm from falls, and that many initiatives had spread to other Western Australian Health Services.

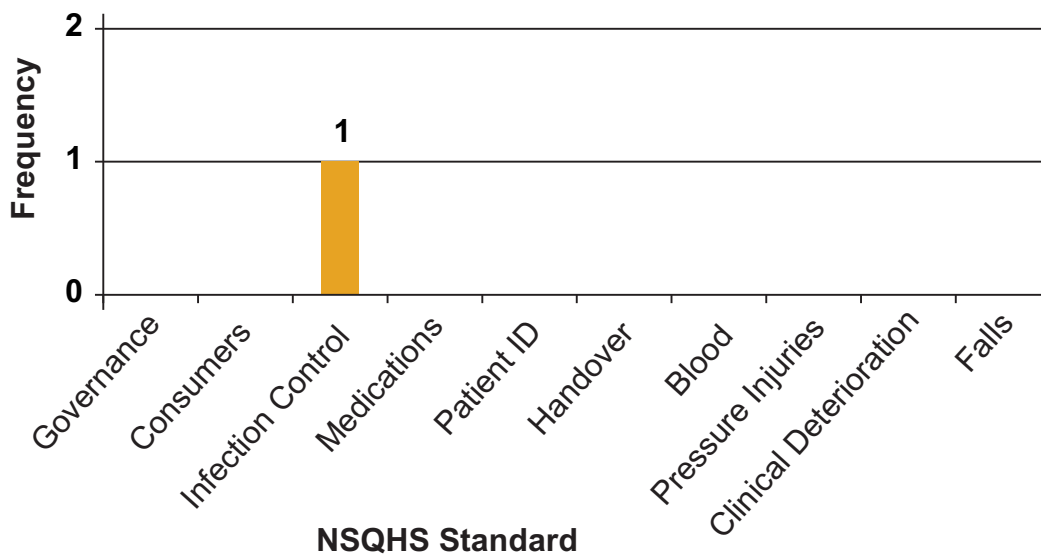
Discharge planning for patients at risk of falling was comprehensive, and included individualised strategies agreed with the patients and/or carers, as well as referral to a range of coordinated multidisciplinary services/programs. In addition, the assessors commented on the quality and range of mediums that information was available to patients.

The information had been created in consultation with consumers, and there was evidence of review and improvement over a number of years.

NSQHS Core Actions 'Not Met'

During 2013, there was one occasion in the Public Health Sector where one of the 209 core action items was deemed 'not met.' This occurred within the Infection Control Standard which contains 39 core action items.

Standards with Core Actions 'Not Met' - Public Sector 2013



WA Country Health Service Kimberley – Action 'Not Met'

The core action that was 'not met' in the Public Sector in 2013 was identified during the mid-cycle review against NSQHS Standards 1, 2 and 3, of the WACHS Kimberley health service. In this instance, the 'not met' core action applied to the whole region covered by the accreditation assessment.

WACHS Kimberley Actions Not Met



The assessors identified that the current system for the monitoring of antimicrobial usage and resistance (3.14.3) required further development as committee documentation did not provide the required supporting evidence. Further, communication about antimicrobial resistance between laboratory staff and the prescriber did not occur in a systematic way.

Recommendations for risk mitigation and or improvement were made by the accrediting agency in consultation with the health service and an agreed action plan was developed. The designated timeframe for addressing the 'not met' was 120 days. WACHS Kimberley worked on the matter and was then re-assessed. Following re-assessment the accrediting agency confirmed implementation of the agreed action plan and the clear existence of expert oversight in antimicrobial stewardship.

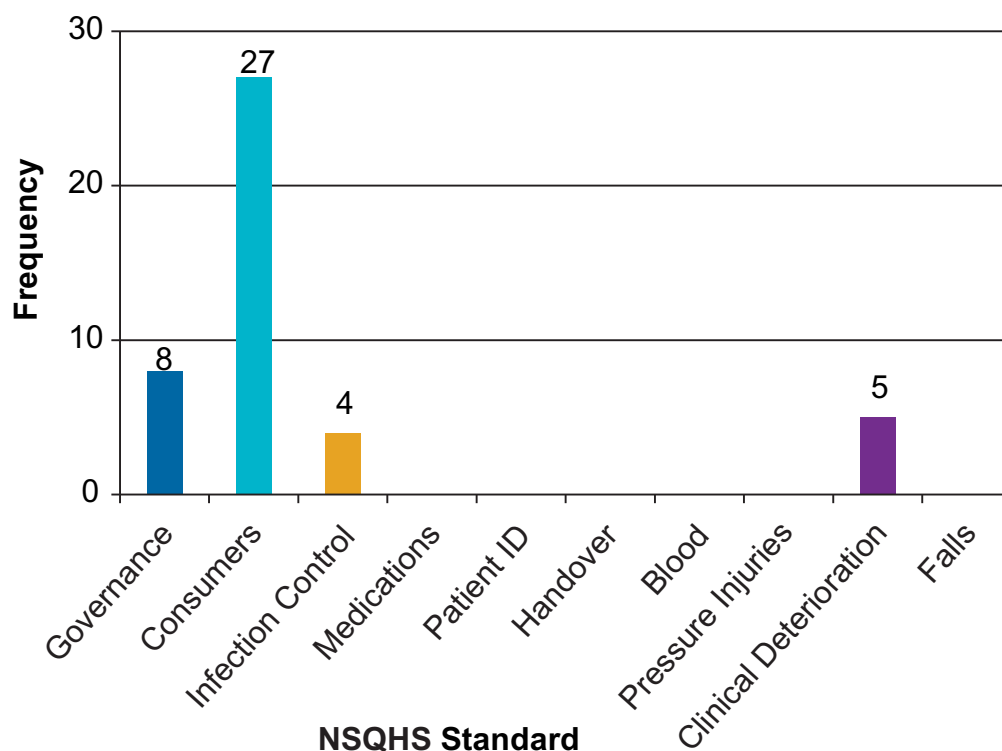
The 'not met' action item was therefore closed and resulted in the WACHS Kimberley accreditation status being maintained.

Developmental Action Items 'Not Met'

During 2013, there were 44 occasions in the Public Sector where one of the 47 developmental action items was deemed 'not met'. These items were identified across six accreditation assessments (one organisation wide survey and five mid-cycle reviews).

The majority (61.4%) of these determinations directly pertained to the Consumer NSQHS Standard.

Standards with Developmental Action Items 'Not Met' – Public Sector 2013

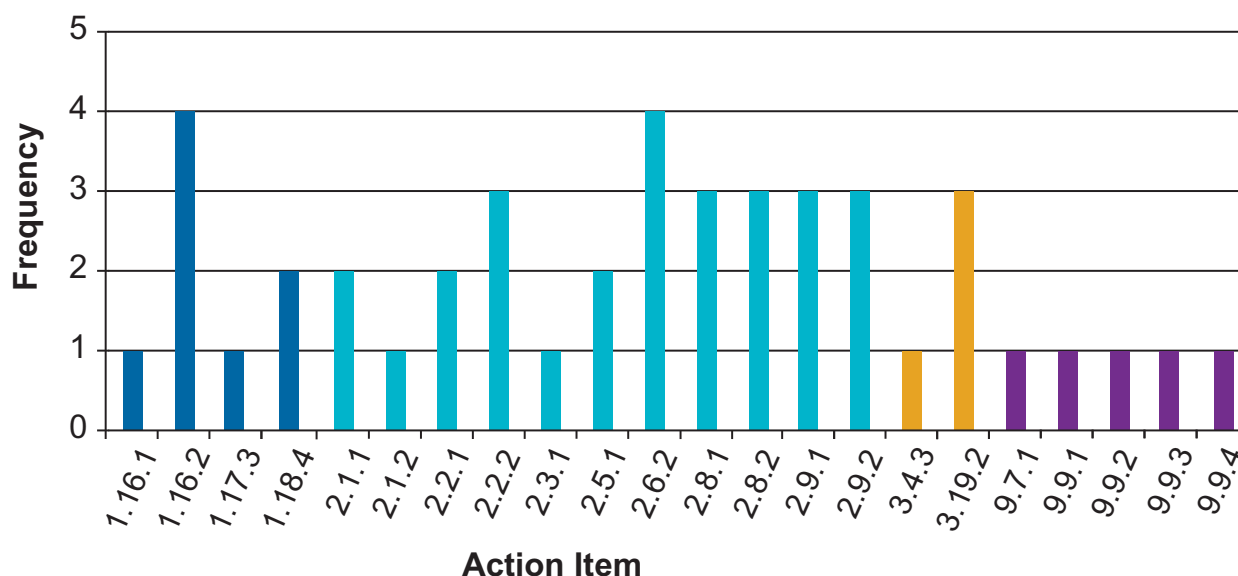


Accreditation against the NSQHS Standards

Actions pertaining to the implementation of open disclosure accounted for the majority (63%) of occasions in which a developmental aspect of the NSQHS Governance Standard was deemed as 'not met'.

In total, 22 separate actions within the NSQHS Standards were deemed 'not met' across the Public Health Sector. These actions were within the standards relating to Governance (n=4), Consumers (n=11), Infection Control (n=2) and Clinical Deterioration (n=5).

Developmental Actions 'Not Met' Public Sector 2013

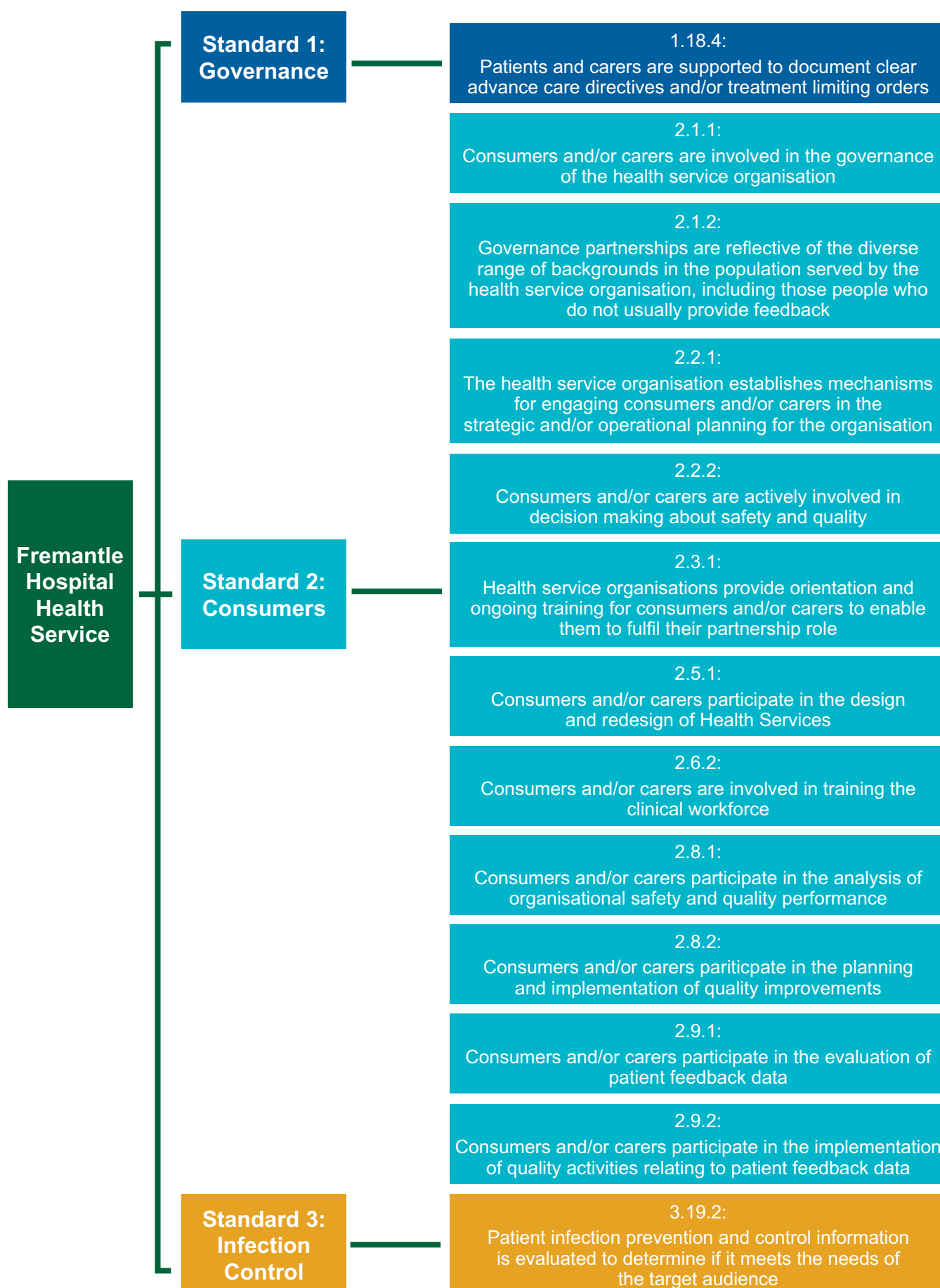


Exactly half (50%) of the actions deemed 'not met' were within the Consumer NSQHS Standard. In addition, another eight of the 11 actions deemed 'not met' within the Governance, Infection Control and Clinical Deterioration standards were also consumer orientated. When combined, the actions with a consumer focus from each of the four NSQHS Standards accounted for 90% of the 'not met' developmental actions that were identified in the Public Sector.

Fremantle Hospital and Health Service – Developmental Actions 'Not Met'

During the Mid-Cycle Review against NSQHS Standards 1, 2 and 3, there were 13 occasions where Fremantle Hospital and Health Service was deemed to have 'not met' a developmental action. These actions belonged to the NSQHS Standards for Governance (n=1), Consumers (n=11) and Infection Control (n=1).

Fremantle Hospital and Health Service Actions 'Not Met'



While FHHS had implemented policies and initiated support for patients and carers to document advance care directives and/or treatment limiting orders within the Governance standard, the assessors indicated that further work was required to strengthen and embed the new processes into routine practice.

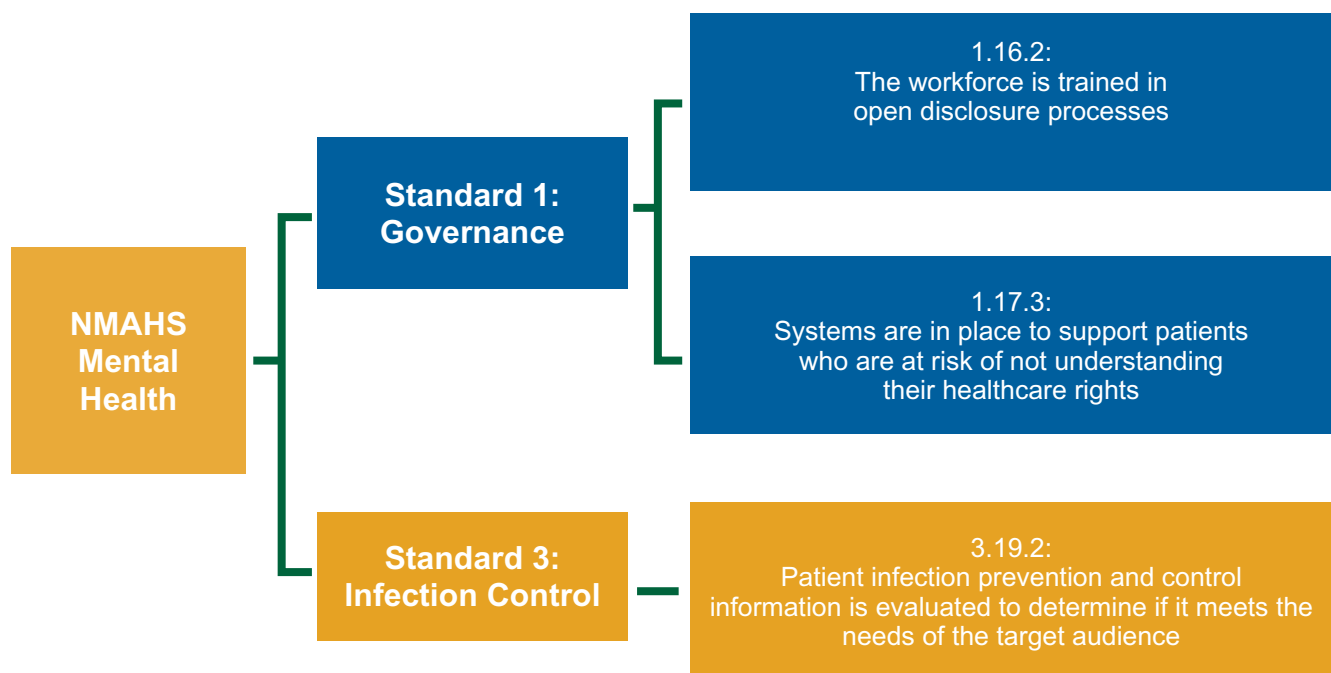
The assessors acknowledged the work being done within FHHS to address the developmental requirements of the Consumer Standard. While there was some evidence of consumer representation on specific committees, additional representation was being sought to mirror the diversity of the patient population. The organisation was also in the process of establishing mechanisms for engaging consumers in the strategic planning process. The need for an orientation and training process for consumers had been identified. The assessors' suggested that a more systematic approach to consumer involvement in organisational re-design, education of the clinical workforce, analysis of data and the review of quality and safety performance was needed.

Similarly, the assessors noted that a broader approach to consumer involvement was required to ensure the involvement of a more diverse range of consumers in assessing the appropriateness of patient information around Infection Control matters.

North Metropolitan Health Service Mental Health – Developmental Action 'Not Met'

During the mid-cycle review against NSQHS Standards 1, 2 and 3, there were three occasions where the NMAHS Mental Health Service was deemed to have 'not met' a developmental action. These actions belonged to the NSQHS Standards for Governance (n=2) and Infection Control (n=1).

North Metropolitan Area Health Service Mental Health Actions 'Not Met'



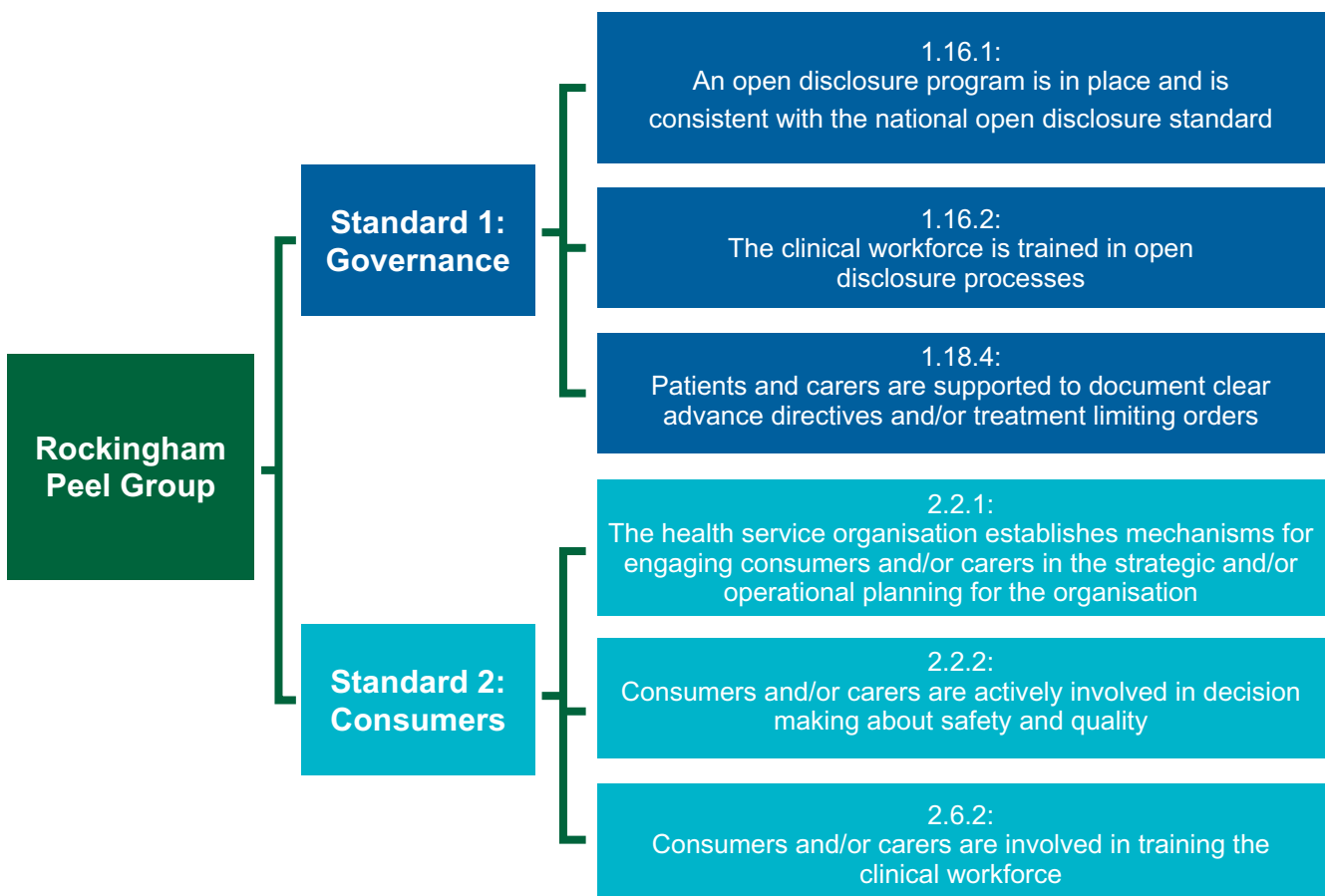
Within the Governance Standard, the assessors' comments indicated that an open disclosure training program for the clinical workforce was yet to be established. While acknowledging the many systems in place to explain Consumers' health care rights, assessors indicated that further work was required to ensure that explanations were understood by the target audience.

In addition, within the Infection Control Standard, the process to ensure that related patient information is evaluated to determine if it meets the needs of the target audience needed to be formalised.

Rockingham Peel Group – Developmental Actions ‘Not Met’

During the mid-cycle review against NSQHS Standards 1, 2 and 3, there were six occasions where the Rockingham Peel Group was deemed to have ‘not met’ a developmental action item. These action items belonged to the NSQHS Standards for Governance (n=3) and Consumers (n=3).

Rockingham Peel Group Actions ‘Not Met’



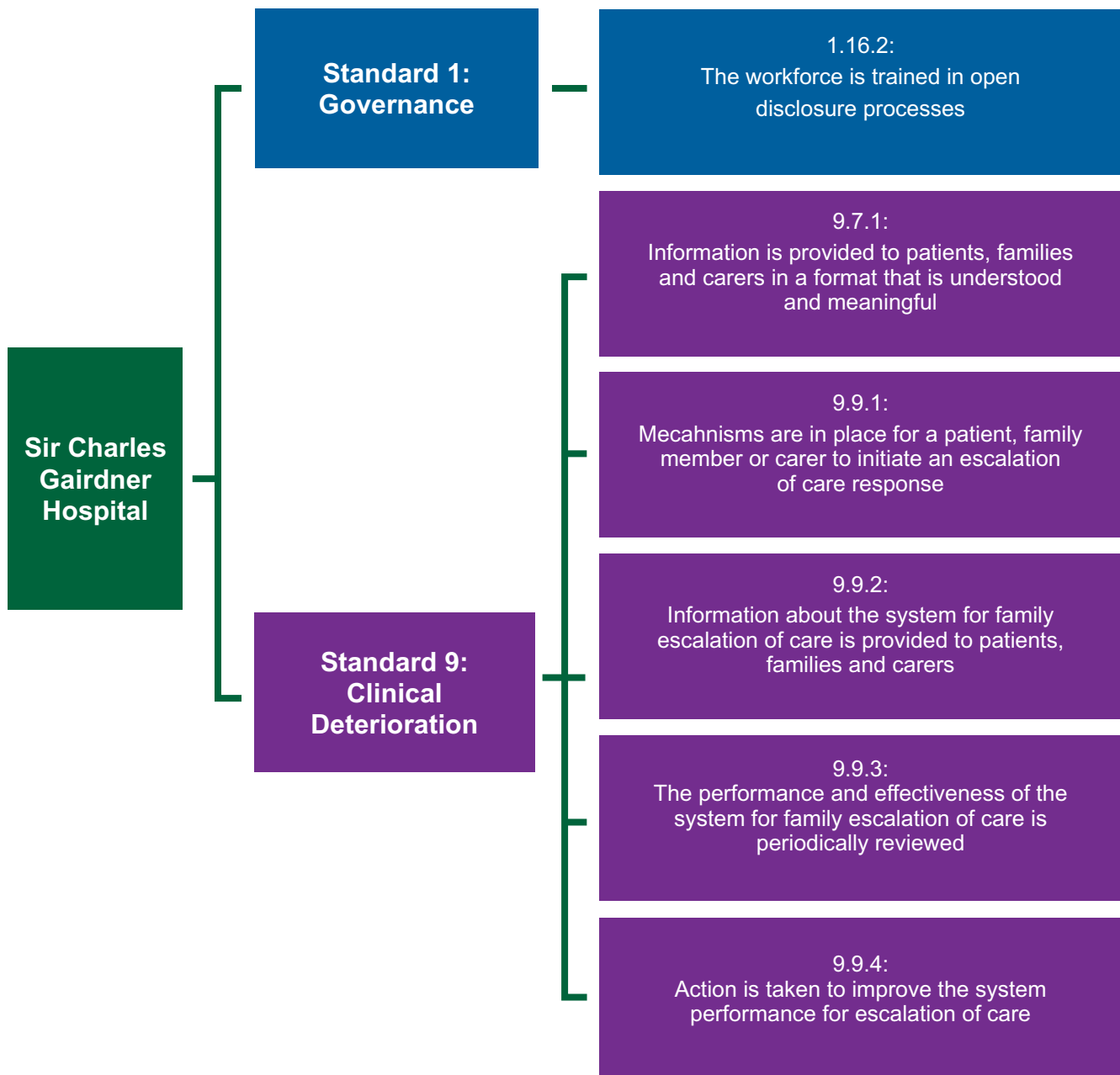
In regards to Governance, the assessors' comments indicated the need to provide clarity around the implementation of the open disclosure process as well as which clinicians were required to participate in the training program. Furthermore, the assessors suggested that although there was an area wide policy to support patients and carers to document advance care directives and/or treatment limiting orders, the evidence of implementation within the care planning process across RPG was limited.

Within the Consumer Standard, the assessors indicated that the involvement of consumers in the operational, strategic and decision making aspects of the RPG organisation was still in the preliminary phase, with formal mechanisms and reporting frameworks requiring development. The assessors' also indicated that a process for the inclusion of consumers and/or carers in the training of the clinical workforce was yet to be established.

Sir Charles Gairdner Hospital – Developmental Actions ‘Not Met’

During the organisation wide survey against the ten NSQHS Standards, there were six occasions where Sir Charles Gairdner Hospital was deemed to have ‘not met’ a developmental action. These actions belonged to the NSQHS Standards for Governance (n=1) and Clinical Deterioration (n=5).

Sir Charles Gairdner Hospital ‘Not Met’ action items



Within the Governance Standard, the training program for clinical staff in open disclosure processes was recognised by the assessors as being in the preliminary stages of implementation. While there were a number of initiatives planned, only a small number of senior medical staff had received training.

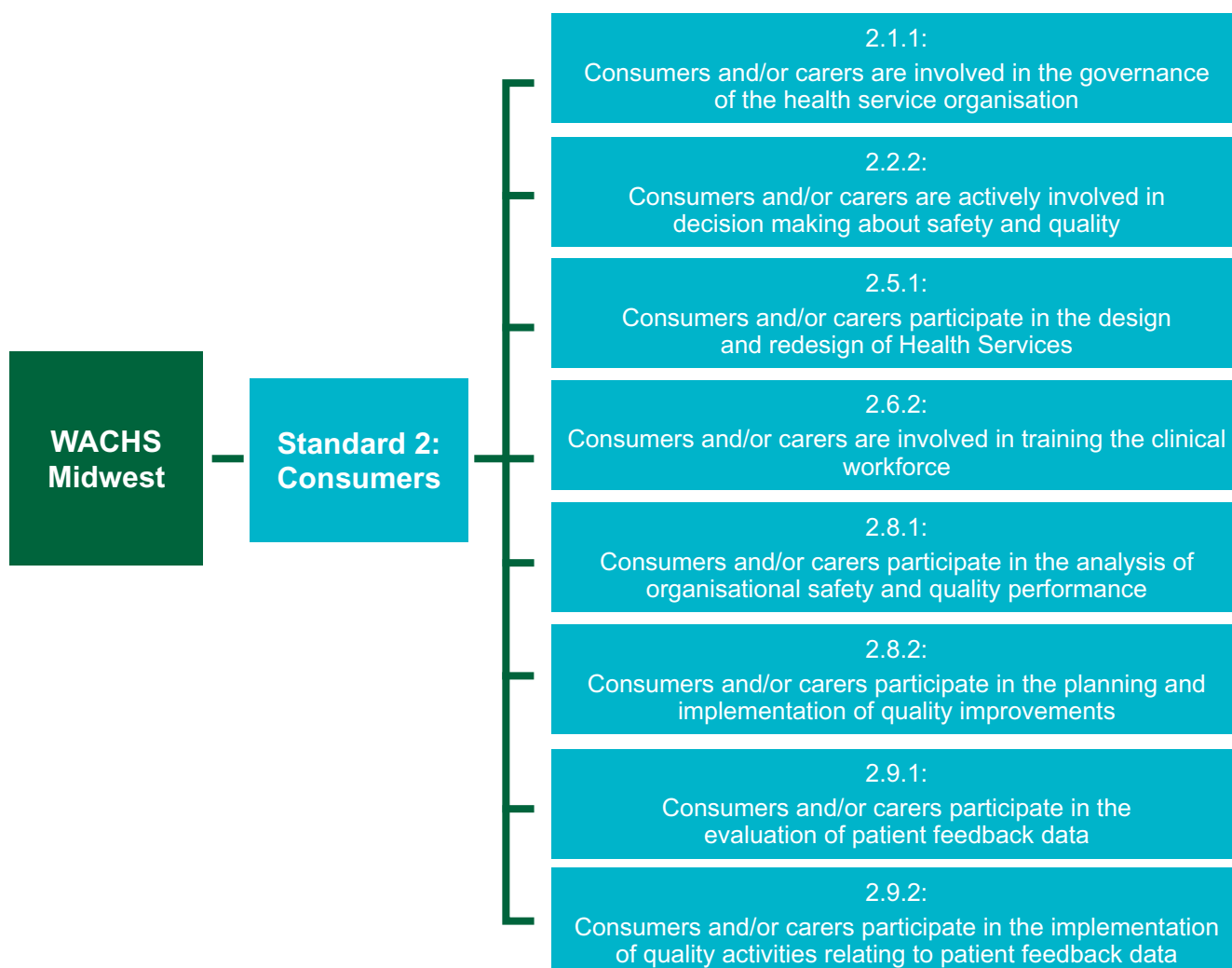
Although SCGH had started to promote the involvement of patients, families and carers in the escalation of care responses as part of the Clinical Deterioration Standard, the assessors suggested that the new process for involving consumers required time to mature prior to formal evaluation.

WA Country Health Service Midwest – Developmental Actions ‘Not Met’

The mid-cycle review against NSQHS Standards 1, 2 and 3, that was undertaken across WACHS Midwest was considered to be an alignment survey as it amalgamated the three regional areas (WACHS Midwest/Midwest, WACHS Midwest/Gascoyne and WACHS Midwest/Murchison) that had previously had separate accreditation assessments into one survey.

There were eight occasions where the newly created WACHS Midwest group was deemed to have ‘not met’ a developmental action. These actions all belonged to the NSQHS Standard for Consumers (n=8).

WA Country Health Service Midwest Actions ‘Not Met’

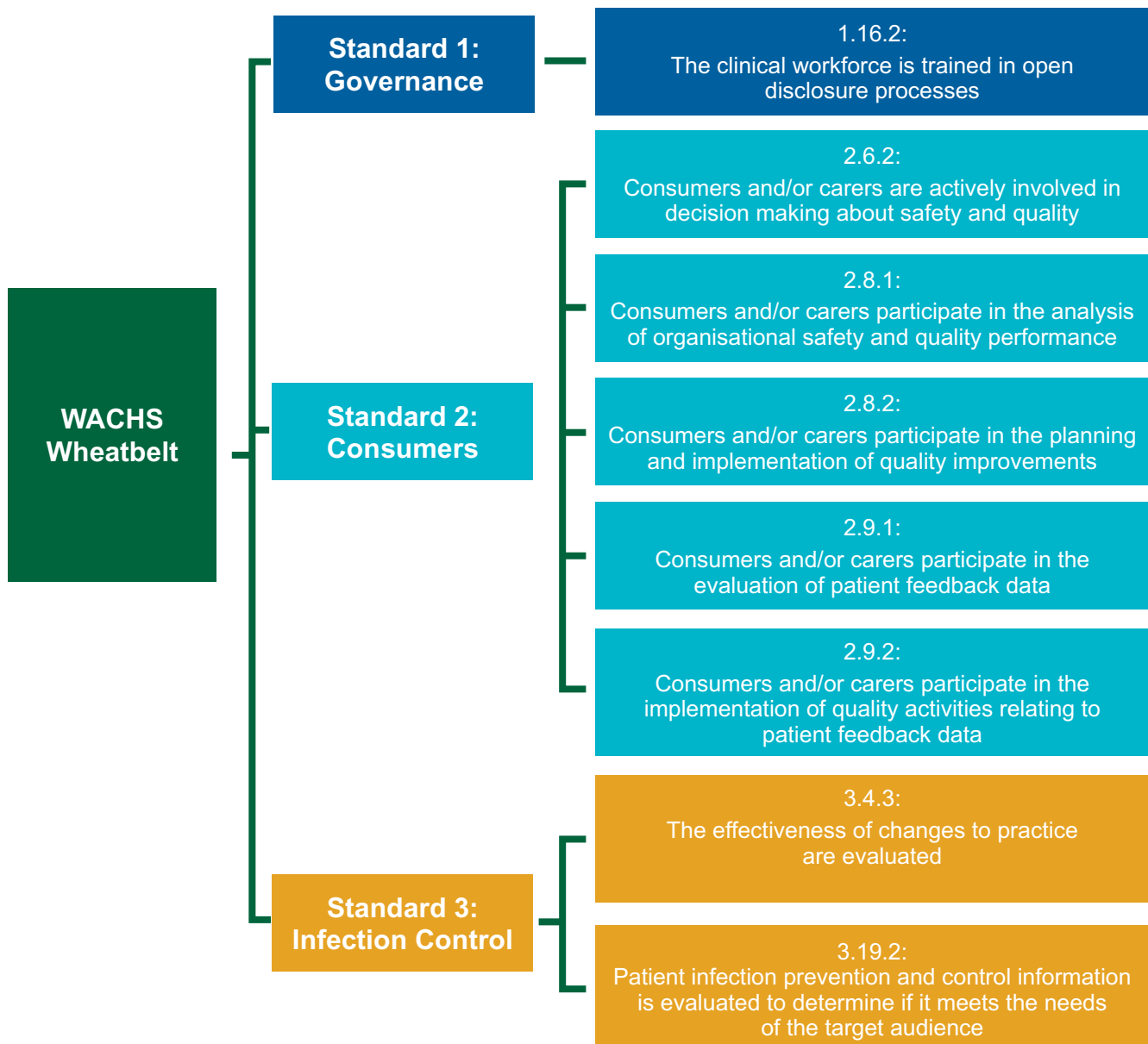


The alignment of three regional areas into one accreditation group led to complexity when trying to ensure that the diverse patient population from a large geographical area were represented at the strategic and operational level of 24 different hospitals. While overarching governance committees existed, the degree to which the intent of Standard 2 had been achieved at the local level varied between the individual facilities. The assessors suggested that amalgamation of effort would be beneficial in some areas. Further work was also required to strengthen the approach to consumer involvement in the creation and analysis of quality initiatives, as well as the training of the clinical workforce.

WA Country Health Service Wheatbelt Region – Developmental Actions ‘Not Met’

During the mid-cycle review against NSQHS Standards 1, 2 and 3, there were eight occasions where WACHS Wheatbelt was deemed to have ‘not met’ a developmental action. These actions belonged to the NSQHS Standards for Governance (n=1), Consumers (n=5) and Infection Control (n=2).

WA Country Health Service Wheatbelt Region Actions ‘Not Met’



Within the Governance Standard, the assessors identified that the open disclosure training program for clinical staff was in the preliminary stages of implementation. The suggestion was that open disclosure be formally included in ongoing training programs for all relevant levels of clinical staff.

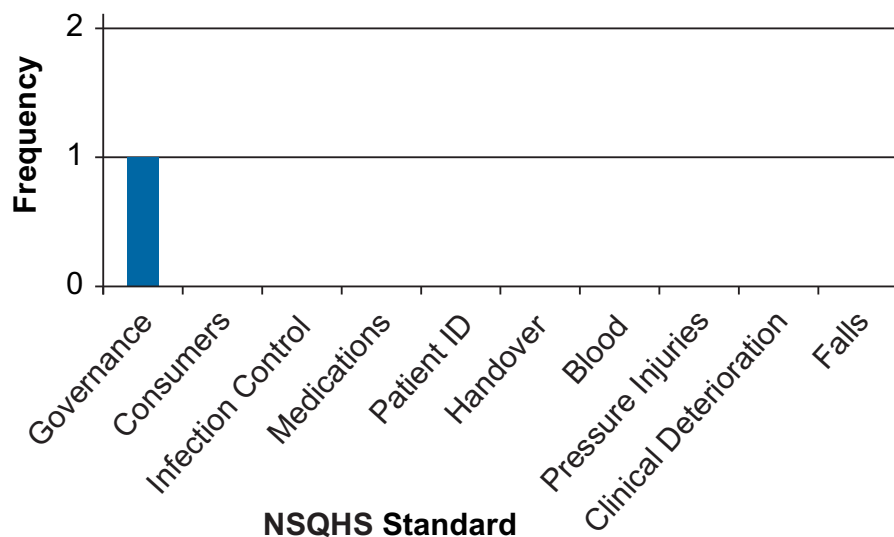
In terms of the Consumer Standard, the assessors indicated that WACHS Wheatbelt needed to formalise the processes and thus maximise opportunities for consumer involvement in workforce training, committee representation and in the evaluation of patient feedback data. The assessors commented that work in this area would assist in the achievement of consumer focussed action items in other NSQHS Standards.

The assessors indicated achievement of the developmental action items for Infection Control by WACHS Wheatbelt would be reliant upon creating regional specialist role as well as designating responsibilities for education and support to a range of staff across all the facilities within the region. Information provided to patients on infection prevention and control also needed to be evaluated to ensure it met the needs of the target audience.

Identification of Significant Risk

There was one occasion where a 'significant risk' was identified during the accreditation assessment of a Public Sector Health Service.

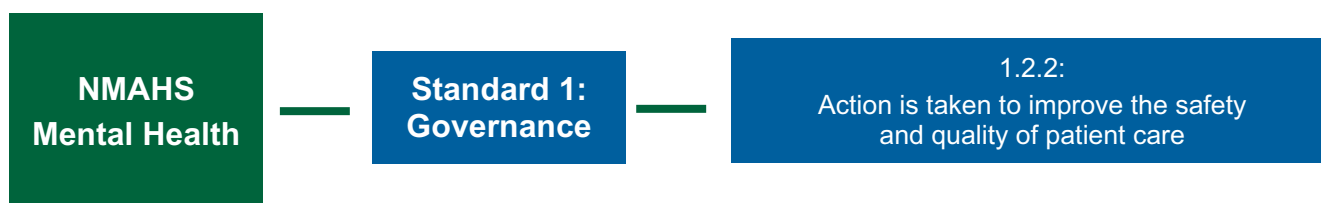
NSQHS Standards with 'Significant Risk' Identified – Public Sector 2013



North Metropolitan Health Service Mental Health

The 'significant risk' to patient safety was identified during the mid-cycle review against NSQHS Standards 1, 2 and 3, for the NMAHS Mental Health Service. The 'significant risk' was identified within the Governance Standard and pertained to action taken to improve the safety and quality of patient care (1.2.2).

North Metropolitan Area Health Service Mental Health Significant Risk



The assessors identified the physical environment of a particular ward at Graylands Hospital as being unsafe for the designated patient population. LARU was notified by the health service and provided with a verbal report. A copy of the action plan agreed between the health service and the accrediting agency was forwarded to LARU within 48 hours of the initial identification.

The action plan was reviewed by LARU and advice, options and strategies to address the issue identified within a designated time frame was provided. LARU regularly visited the health service to review anecdotal and documentary evidence. The completion of mandatory items requested by LARU was monitored until the situation was satisfactorily resolved.

The health service was then re-assessed by the accrediting agency. The assessors commended the collaborative approach adopted by the health service, the Office of the Chief Psychiatrist (OCP) and the WA Health Licensing and Accreditation Regulatory Unit (LARU) to address the area of concern. The 'significant risk' was then closed and accreditation of the NMAHS Mental Health Service was achieved.

Appendices

Appendix 1

National Safety and Quality Health Service Standards:



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



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



3. Preventing and Controlling Healthcare Associated Infections which describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.



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



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



6. Clinical Handover which describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.



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



8. Preventing and Managing Pressure Injuries which describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.



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



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

Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (September 2012). Sydney. ACSQHC, 2012. p.3

Appendix 2

Operational Directive (OD 0410/12) Implementation of the Australian Health Service Safety and Quality Accreditation Scheme in Western Australia

OPERATIONAL DIRECTIVE

Enquiries to:	Licensing and Accreditation Regulatory Unit	OD number:	OD 0410/12
Phone number:	(08) 9222 4027	Date:	18 December 2012
		File No:	F-AA-17722
Subject:	Implementation of the Australian Health Service Safety and Quality Accreditation Scheme and the National Safety and Quality Health Service Standards in Western Australia		

Compliance with this Operational Directive is mandatory

Purpose

This Operational Directive describes the implementation in Western Australia (WA) of the accreditation process for the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

Introduction

- On 12 November 2010 Australian Health Ministers endorsed the AHSSQA Scheme as the national accreditation model for all jurisdictions.
- The AHSSQA Scheme incorporates accreditation to the National Safety and Quality Health Service (NSQHS) Standards.
- The NSQHS Standards were endorsed by Australian Health Ministers in September 2011.

Application of the AHSSQA scheme in WA

- All public and private hospitals and private day hospitals (Class A) (as defined in the *Hospitals and Health Services Act 1927* and associated Standards) (herein referred to as health services) in WA will be required to achieve accreditation to the NSQHS Standards.
- Accreditation to the NSQHS Standards will be in addition to health services' existing requirements for accreditation to other standards.

Responsibilities related to accreditation

- The Licensing and Accreditation Regulatory Unit (LARU), Department of Health, will be responsible for regulating the AHSSQA Scheme in WA.
- The Executive Director of the Performance, Activity and Quality Division will be the Executive Sponsor for the regulatory process. Further, the Executive Sponsor will approve any policy directly associated with the AHSSQA Scheme and the regulatory function.

- All health services are required to register their organisation for accreditation against the NSQHS Standards with the LARU by completing a LARU accreditation registration form.
- For existing health services, completed accreditation registration forms must be lodged before 31 March 2013. For new health services, registration with the LARU will occur within 3 months of commencement of the service.

All health services must choose an accrediting agency that has approval from the Australian Commission on Safety and Quality in Health Care (ACSQHC), to assess their service against the NSQHS Standards. A list of approved accrediting agencies is located on the ACSQHC's website at www.safetyandquality.gov.au.

- In the event of disagreements about the assessment process or outcome the health service will follow the dispute resolution mechanisms of the accrediting agency in the first instance.

Accreditation to the NSQHS standards

- It is mandatory that all health services are assessed against and accredited to the NSQHS Standards. Health services may elect to be assessed against additional standards offered by accrediting agencies.
- In order to achieve satisfactory performance against the NSQHS Standards health services must meet 100 percent of core actions and be actively working towards the developmental actions in the NSQHS Standards to be awarded accreditation.

Timelines for implementing the NSQHS standards

- The implementation of accreditation to the NSQHS Standards will commence from 1 January 2013 for health services.
- All health services will be assessed, in accordance with their current accreditation cycle, against:
 - the ten NSQHS Standards at their first organisational wide accreditation survey scheduled after 1 January 2013
 - Standards 1, 2 and 3 at all mid cycle assessments scheduled after 1 January 2013. In addition mid cycle assessments will also include review of recommendations from past assessment processes and the organisational quality improvement plan.

Reporting for health services

- Following each organisational wide accreditation survey and mid-cycle assessment health services are required to provide a copy of their written report to the LARU, within 10 working days of its receipt, via email at LARUAccreditation@health.wa.gov.au or facsimile to (08) 9222 4077.
- Health services are required to notify the LARU within 10 working days of any change:
 - in the accrediting agency nominated to undertake the organisation's accreditation against the NSQHS Standards
 - to the information provided in the application for registration for example change of contact details/persons, number of services covered in the application etc.
- Health services are required to provide any other information related to accreditation against the NSQHS Standards that may be requested by LARU and within specified timeframes.

Reporting for accredited agencies

- Where accrediting agencies assess performance against the NSQHS Standards, determine core actions to be 'met' and no major issues are identified, accreditation/certification is awarded as per the agreed contract. Accrediting agencies provide routine assessment data to the LARU as agreed with the ACSQHC.
- When performance against the NSQHS Standards results in any core action/s being determined as 'not met' the approved accrediting agency will make recommendations for risk mitigation/improvement. The accrediting agency will also provide a limited timeframe for improvement, 90 days (during first year of operation this will be 120 days from 1 January 2013 to 31 December 2013) before determining a final outcome of assessment process.
- Where the health service addresses all of the accrediting agency's recommendations, to the accrediting agency's satisfaction and within the given timeframe, accreditation/certification award is confirmed. Accrediting agencies provide routine assessment data to the LARU as agreed with the ACSQHC.
- If the health service does not address the accrediting agency's recommendations, to the accrediting agency's satisfaction and within the specified timeframe, the accrediting agency shall notify the LARU and a responsive regulatory process will be enacted.
- Where the accrediting agency identifies significant patient risk in areas covered by the NSQHS Standards it will refer the concerns to the health service's system manager/Licence Holder representative. The accrediting agency and the health service system manager/Licence Holder representative will agree on an action plan which identifies the level of risk to patients and includes recommendations for risk mitigation/improvement within agreed timeframes.
- The accrediting agency will:
 - notify the LARU at the time the significant risk is identified and provide a verbal report of the nature of the risk and the name of the accrediting agency officer responsible for identifying the risk
 - forward a copy of the agreed action plan to the LARU, by the end of 48hrs of the initial identification.

Note: Significant risk to patient safety is one that may result in a serious adverse incident, sentinel event, impairment, grossly sub-standard care or death of a patient or risk of harm that could impact on a large number of patients.

Responsive regulatory process

- A responsive regulatory process is utilised in the following circumstances:
 - where a significant patient risk/s in areas covered by the NSQHS Standards is identified by a certified accrediting agency during a mid cycle assessment or organisational wide accreditation survey against the NSQHS Standards
 - where a health service has failed to address 'not met' core item/s of the NSQHS Standards within specified timeframes.
- An initial regulatory response will begin with a process of verifying the scope, scale and implications of the reported issues, review of documentation, and may include one or more site visits.
- The LARU will review the action plan agreed between the health service and the accrediting agency using the regulatory process.

- Upon evidence of completion of mandatory items the LARU will advise the health service and the accrediting agency.
- The regulatory process for public hospitals may include one or a combination of the following actions:
 - provide advice, information on options or strategies that could be used to address the non-met actions within a designated time frame
 - connect the hospital to other hospitals that have addressed similar deficits or have exemplar practice in this area.
- In the case of serious or persistent non-compliance and where required action is not taken by the health service, the response may be gradually escalated. The LARU, with approval from the Executive Director of the Performance, Activity and Quality Division, may undertake one or a combination of the following actions:
 - restrict specified practices/activities in areas/units or services of the health service where the NSQHS Standards have not been met
 - suspend particular services at the health service until the area/s of concern are resolved
 - suspend all service delivery at a health service for a period of time
 - place conditions on the organisation's licence.

Appeals process

- Appeals against decisions of the Regulator will be dealt with by an independent reviewer appointed by the Director General, Department of Health.
- Details of the appeal to be lodged with the Director General within fourteen working days of receipt of the Regulator's decision.
- Appeal decisions will be available at twenty one working days from date of receipt.



Kim Snowball

**DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA**

Appendix 3

Public Sector Health Service by Accreditation Contract

Table 2 - Public Sector Health Services included in the Accreditation Contract as Signed by the Chief Executive

Region	Health Service	Accreditation Certificate Title	Service/Facility
Metropolitan	CAHS	Child and Adolescent Health Service	Princess Margaret Hospital
			Inpatient Mental Health Unit – 4H Princess Margaret Hospital
	NMHS	Women and Newborn Health Service	Inpatient Mental Health Unit – Bentley Adolescent Unit
			King Edward Memorial Hospital
			PMH Ward 6B Neonatal ICU
			Osborne Park Hospital Program
			Osborne Park Hospital
			North Metropolitan Area Health Service Mental Health
			Graylands Hospital Campus
			MH Inpatient Beds SCGH, OPH, SKHS
			Sir Charles Gairdner Hospital
			Sir Charles Gairdner Hospital
	Swan Kalamunda Health Service		
	Swan District Hospital Campus		
	Kalamunda Hospital Campus		
SMHS	Armadale Health Service	Armadale Kelmscott Memorial Hospital	
		Bentley Health Service	
		Bentley Health Service	
		Fremantle Hospital and Health Service	
		Fremantle Hospital	
Kaleeya Hospital			
Rockingham Peel Group	Rockingham Kwinana District Hospital		
	Murray District Hospital		
Royal Perth Hospital	Royal Perth Hospital		

Table 2 - Public Sector Health Services included in the Accreditation Contract as Signed by the Chief Executive (continued)

Region	Health Service	Accreditation Certificate Title	Facility
Country	WACHS	WACHS Goldfields	Coolgardie Health Centre Coonana Health Centre Esperance Hospital Goldfields Mental Health Kalgoorlie Hospital Kambalda Health Centre Laverton Hospital Leonora Hospital Menzies Health Centre Norseman Hospital
		WA Country Health Service – Great Southern	Albany Regional Hospital Bremer Bay Health Centre Denmark District Health Services Gnowangerup District Hospital Jerramungup Health Centre Katanning District Hospital Kojonup District Hospital Plantagenet District Hospital Ravensthorpe Hospital Tambellup Health Centre
		WACHS Kimberley	Broome Health Service Derby Health Service Fitzroy Crossing District Hospital Halls Creek District Hospital Kununurra District Hospital Wyndham District Hospital Kimberley Mental Health and Drug Service Kimberley Population Health Unit

Table 2 - Public Sector Health Services included in the Accreditation Contract as Signed by the Chief Executive (continued)

Region	Health Service	Accreditation Certificate Title	Facility
Country	WACHS	WA Country Health Service - Midwest Key: 1 = Midwest District 2 = Midwest Gascoyne 3 = Midwest Murchison District	Dongara Eneabba Mingenew Health Service ¹ Geraldton Health Campus ¹ Morawa Perenjori Health Service ¹ Mullewa Murchison Health Service ¹ North Midlands Health Service ¹ Northhampton District Hospital ¹ Northhampton Kalbarri Health Service ¹ Burringurrah Nursing Post ² Carnarvon Hospital ² Coral Bay Nursing Post ² Exmouth Hospital ² Cue Health Centre ³ Meekatharra District Hospital ³ Mount Magnet Health Centre ³ Sandstone Nursing Post ³ Yalgoo Nursing Post ³
		WA Country Health Service - Pilbara	Newman Health Services Nickol Bay Hospital Onslow District Hospital Paraburdoo District Hospital Port Hedland Regional Hospital Roebourne District Hospital Tom Price District Hospital Wickham Health Centre
		WA Country Health Service – South West	Augusta Multipurpose Health Centre Boyup Brook & Districts Soldiers Memorial Hospital Bridgetown Hospital Bunbury Hospital & South West Health Campus Busselton Hospital Collie Hospital Donnybrook Hospital Harvey Hospital Margaret River District Hospital Nannup Health Service MPS Northcliffe Nursing Post Pemberton Health Service Warren Hospital

Table 2 - Public Sector Health Services included in the Accreditation Contract as Signed by the Chief Executive (continued)

Region	Health Service	Accreditation Certificate Title	Facility
Country	WACHS	WACHS Wheatbelt Region	Beverley Hospital Boddington Hospital Bruce Rock Hospital Corrigin Hospital Dalwallinu Hospital Dumbleyung Hospital Goomalling Hospital Jurien Bay Hospital Kellerberrin Hospital Kondinin Hospital Kununoppin Hospital Lace Grace Hospital Merredin Hospital Moora Hospital Narembeen Hospital Narrogin Hospital Northam Hospital Pingelly Hospital Quairading Hospital Southern Cross Hospital Wagin Hospital Wongan Hills Hospital Wyalkatchem Hospital York Hospital

Appendix 4

Public Sector Health Service Facilities Results by Accreditation Survey Group (2013)

Table 3 - Public Sector Health Service Facilities Results by Accreditation Survey Group (2013)

Region	Health Service	Accreditation Certificate Title	Survey Type	Initial Result			
				MM	NM (C)	NM (D)	SR
Metropolitan	CAHS	Child and Adolescent Health Service	Transitional MCR	1.6.1 3.4.1 3.16.1			
	NMHS	North Metropolitan Area Health Service – Mental Health	MCR			1.16.2 1.17.3 3.19.2	1.2.2
		Sir Charles Gairdner Hospital	OWS	3.2.2 3.15.3 3.16.1 8.4.1 10.3.1 10.8.1 10.9.1		1.16.2 9.7.1 9.9.1 9.9.2 9.9.3 9.9.4	
	SMHS	Fremantle Hospital and Health Service	MCR	1.5.1		1.18.4 2.1.1 2.1.2 2.2.1 2.2.2 2.3.1 2.5.1 2.6.2 2.8.1 2.8.2 2.9.1 2.9.2 3.19.2	
		Rockingham Peel Group	MCR			1.16.1 1.16.2 1.18.4 2.2.1 2.2.2 2.6.2	

Key: MM = Met with Merit, NM (C) = Not Met Core Action, NM (D) = Not Met Development Action, SR = Significant Risk

Table 3 - Public Sector Health Service Facilities Results by Accreditation Survey Group (2013) (continued)

Region	Health Service	Accreditation Certificate Title	Survey Type	Initial Result			
				MM	NM (C)	NM (D)	SR
Country	WACHS	WACHS Kimberley	MCR		3.14.3		
	WACHS	WA Country Health Service - Midwest	MCR Alignment Survey			2.1.1 2.2.2 2.5.1 2.6.2 2.8.1 2.8.2 2.9.1 2.9.2	
Country	WACHS	WACHS Wheatbelt Region	MCR			1.16.2 2.6.2 2.8.1 2.8.2 2.9.1 2.9.2 3.4.3 3.19.2	

Key: MM = Met with Merit, NM (C) = Not Met Core Action, NM (D) = Not Met Development Action, SR = Significant Risk

Appendix 5

Public Sector Health Service Results by NSQHS Standards (2013)

Table 4 – Public Sector Health Service Results by NSQHS Standards (2013)

NSQHS Standards	Items Met with Merit	Significant Risks Identified	Core Items Not Met	Developmental Items Not Met
Std 1	1.5.1 (1)	1.2.2 (1)	-	1.16.1 (1)
	1.6.1 (1)	-	-	1.16.2 (4)
	-	-	-	1.17.3 (1)
	-	-	-	1.18.4 (2)
Sub -Total	2	1	0	8
Std 2	-	-	-	2.1.1 (2)
	-	-	-	2.1.2 (1)
	-	-	-	2.2.1 (2)
	-	-	-	2.2.2 (3)
	-	-	-	2.3.1 (1)
	-	-	-	2.5.1 (2)
	-	-	-	2.6.2 (4)
	-	-	-	2.8.1 (3)
	-	-	-	2.8.2 (3)
	-	-	-	2.9.1 (3)
-	-	-	2.9.2 (3)	
Sub -Total	0	0	0	27
Std 3	3.2.2 (1)	-	3.14.3 (1)	3.4.3 (1)
	3.4.1 (1)	-	-	3.19.2 (3)
	3.15.3 (1)	-	-	-
	3.16.1 (2)	-	-	-
Sub -Total	5	0	1	4
Std 8	8.4.1 (1)	-	-	-
Sub -Total	1	0	0	0
Std 9	-	-	-	9.7.1 (1)
	-	-	-	9.9.1 (1)
	-	-	-	9.9.2 (1)
	-	-	-	9.9.3 (1)
	-	-	-	9.9.4 (1)
Sub -Total	0	0	0	5
Std 10	10.3.1 (1)	-	-	-
	10.8.1 (1)	-	-	-
	10.9.1 (1)	-	-	-
Sub -Total	3	0	0	0
TOTAL	11	1	1	44



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