

## Accreditation and Sector Support Survey Tool (Draft V6)

### Purpose of Survey Tool

NACCHO and Affiliates would like to take this opportunity to invite representatives from our sector to have input into the development of a Sector Support Strategy for Health Care Standards Accreditation. It is anticipated that the Strategy will allow NACCHO and the State/Territory Affiliates to provide the on-going support and development required by member services to maintain their accreditation status in the future. The Strategy will support the provision of necessary training and development for our member services identified in, for example, the Risk Assessment Profile. This will ensure services have the necessary resources available to enable capacity building in the quality of services delivered by the sector for the sector.

### 1. Service Accreditation Status

<b>a. Is your service currently accredited?</b>		<b>Yes</b>		<b>No</b>
<b>b. Which Health Care Standards is your service currently accredited against?</b>		<b>RACGP</b>		<b>QIC</b>
		<b>ISO</b>		<b>EQuIP</b>
		<b>Other</b>		
<b>c. If accredited, what year was accreditation (if no go to d)</b>				
<b>d. Which Health Care Standards will your service be using</b>		<b>RACGP</b>		<b>QIC</b>
		<b>ISO</b>		<b>EQuIP</b>
		<b>Other</b>		
<b>e. Which Accreditation Provider is your service using for accreditation against your chosen Health Care Standards?</b>		<b>AGPAL</b>		<b>GPA Plus</b>
		<b>IHCA/QMS</b>		<b>QICSA</b>
		<b>ACHS</b>		<b>ISO</b>
<b>f. Has your service registered/contracted with an Accreditation Provider for accreditation?</b>		<b>Yes</b>		<b>No</b>
<b>g. If Yes to (e), what year was your service registered /contracted?</b>				
<b>h. Which Accreditation Provider are you registered with?</b>		<b>AGPAL</b>		<b>GPA Plus</b>
		<b>IHCA/QMS</b>		<b>QICSA</b>
		<b>ACHS</b>		<b>ISO Provider</b>
<b>i. Is your service participating in any of the following 'external' quality improvement (QI) programs?</b>		<b>ABCD</b>		<b>GPET</b>
		<b>D &amp; A</b>		<b>HACC</b>
		<b>APCC</b>		<b>S/T Govt</b>
		<b>H4L</b>		<b>Other</b>
<b>j. If No to (h) please list any other QI activities your service undertakes (eg maybe developed by your service)</b>				

### 2. Accreditation Support and Implementation

<b>a. Does your service have external support</b>		<b>Yes</b>		<b>No</b>
<b>b. If yes to (a), please tick 1 or more</b>		<b>Facilitator</b>		<b>Consultant</b>
		<b>Licensed Provider</b>		<b>Affiliate</b>
		<b>OATSIH</b>		<b>Other</b>
<b>c. Does your service have an accreditation committee/s</b>				
		<b>Yes</b>		<b>No</b>
<b>d. If yes (c), how often does the accreditation committee meet?</b>		<b>Weekly</b>		<b>Monthly</b>
		<b>Fortnightly</b>		<b>Quarterly</b>
<b>e. Is there an identified accreditation officer</b>				
		<b>Yes</b>		<b>No</b>
<b>f. If yes (e), is this accreditation officer</b>				
	<b>Full Time</b>		<b>Part Time</b>	<b>Short Term</b>

Question 3 is only for services that are participating in EQHS if not please go to Q4

**3. Accreditation Pathway with EQHS**

**Stage 1: Initial Review**

a. Has your service engaged an OATSIH – Funded Facilitator		Yes	No
b. Has your Facilitator conducted an On-Site Assessment		Yes	No
c. Has your service submitted a Support Needs Assessment Form		Yes	No
d. Has your service developed an Accreditation Work Plan		Yes	No
e. How many days of support were provided to your service by the Facilitator to achieve Stage 1	1 – 2 Days	3 – 4 Days	
	5 Days	5 – 7 Days	

**Stage 2: Support**

a. Has the Facilitator provided on-site and distance support to your service		Yes	No
b. If yes to (a) , how many days	1 – 2 Days	3 – 4 Days	
	5 Days	5 – 7 Days	
c. Has your service submitted an Accreditation Support Grant to OATSIH		Yes	No
d. If yes to (c) , did the Facilitator provide support to your service to write the application		Yes	No
e. Has your service signed a contract with an Accreditation Licensed Provider		Yes	No
f. How many days of support were provided to your service by the Facilitator to achieve Stage 2?	1 – 2 Days	3 – 4 Days	
	5 Days	5 – 7 Days	

**Stage 3: Exit**

a. Has your service completed the 15 days of support provided to you by Facilitators		Yes	No
b. If no to (a) , how many support days remain	1 – 2 Days	3 – 4 Days	
	5 Days	5 – 7 Days	

**4. Accreditation Course/s**

a. Has your service participated in any training and development courses in Quality and Accreditation Programs		Yes	No
• Facilitated by your Affiliate?		Yes	No
• Conducted by Accreditation Providers?		Yes	No
• Conducted by an OATSIH Facilitator?		Yes	No
b. If yes to (a) please select the provider or the education/training	AGPAL	GPA Plus	
	IHCA/QMS	QICSA	
	EQuIP	ISO Provider	
c. If yes to (a) , were these conducted on site or off site	On-Site	Off-Site	
d. Have you participated in any other training for Accreditation?		Yes	No
e. Would you like to undertake training on accreditation on a regular basis?		Yes	No
f. Has your service submitted funding application to the Training and Development Program for Accreditation?		Yes	No

Question 5 is only for services that are participating in EQHS if not please go to Q6

5. Participating in EQHS			
a. Has participating in EQHS help your service understand the need to demonstrate they meet Health Care Standards through Accreditation?		Yes	No
b. Is your service receiving the required level of information and support?		Yes	No
c. If yes to (b), to what degree are these being met			
d. If no to (b), what is lacking and how could support be provided			
e. What do you see as the benefits of demonstrating that your service meets a nominated Health Care Standard (Accreditation)			
f. What are your concerns/comments/sug gestions for post EQHS sustainability for Accreditation and Reaccreditation			

6. In the past 2 years has your service undertaken a Risk Assessment Profile (RAP) by OATSIH			
a. Did your RAP indicate the following rating		Low	Medium
		High	Extreme
b. Please list in order from 1 – 4 the priority areas that need sector support from the RAP		Management Structure	Management Standards
		Control, Monitoring & Reporting	Accountability & Management
c. Has RAP assisted your service in identifying quality improvement processes		Yes	No
d. Do you think Board of Directors should be provided with regular Corporate Governance Training?		Yes	No
e. Who do you think should provide Corporate Governance Training?		Consultant	OATSIH
		Affiliate	TAFE
		Other ACCHS'S	Other Training Providers
f. Does your service have a strategic plan and/or business plan		Strategic Plan	Business Plan
			Don't Know
g. If yes to (f), is this also your SDRF		Yes	No
			Don't Know
h. Do these plans integrate quality improvement processes		Yes	No
			Don't Know
i. Does your service have a compliance register?		Yes	No
			Don't Know

<b>7. Does your service undertake any of the following quality Clinical assurance activities</b>				
a. Use of Clinical Audit Tools		Yes		No
b. Have a formal process for client feedback		Yes		No
c. Does your service have mechanism to report on incidents/accidents		Yes		No
d. Have a policy and procedure manual		Yes		No
e. If Yes to (d) , when was it last updated				
f. Does your service have a clinical management team?		Yes		No
g. If yes to (f), how often does the clinical management team meet?		Weekly		Monthly
		Fortnightly		Quarterly
h. Does your service participate in 'Quality Use of Medicines' programs?		Yes		No
i. Does your service employ GP's		Yes		No
j. If yes to (i) are they		Full Time		Part Time
				Locum
k. If yes to (i) , are they vocationally registered		Yes		No
l. Has your GP/'s undertaken any formal professional development training in the past 12 months?		Yes		No
m. Is your service accessing the Practice Incentive Program?		Yes		No
n. What other activity (not mentioned above and not referred to in 1 (i)) does your service undertake for 'quality assurance' to funders and the community?				

<b>8. Does your service undertake any of the following Information Technology activities</b>				
a. Self Assessment Tools for Information Technology		Yes		No
b. If no to (a), would you like to have a Self Assessment Tool		Yes		No
c. Have an IT Governance Plan?		Yes		No
d. Have an IT Committee?		Yes		No
e. If yes to (f), how often does the clinical management team meet?		Weekly		Monthly
		Fortnightly		Quarterly
f. Does your service collect Key Performance Indicators – KPI's		Yes		No
g. If yes to (f), are these collected through PIRS		Yes		No
h. If no to (g), how are these KPI's collected				
i. If yes to (f), who are these KPI's provided to?		Community		OATSIH
		S/T Govt		Affiliates
j. Would you like our sector to have an internet online discussion web site to share information and resources?		Yes		No
k. If yes to (j), could you please complete the NCN Registration Form	See Attached			

# **NACCHO Communication Network – NCN**

National Aboriginal Community Controlled Health Organisation (NACCHO) has developed an online internet discussion forum for its members.

We are keen to provide a mechanism whereby our members are able to provide advice, suggestions and share information to other members within our sector.

## **REGISTRATION FORM**

### **Service Profile**

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**Name**

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**Address**

**Phone**

**Fax**

**Email**

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### **User Profile**

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**First Name**

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**Last Name**

**Position**

**Email**

**Mobile**

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**NCN User Name**

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**NCN Password**

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(You can change the NCN Password when you are notified of your registration))

Individuals will be registered and an email will be sent to you confirming your access to the NCN online internet discussion web site.