









# SHORT NOTICE ACCREDITATION ASSESSMENT CHECKLIST FOR SUPPORT WORKERS / ALLIED HEALTH

The following table contains a list of common questions an Assessor may ask support workers / allied health staff when undertaking an onsite accreditation assessment against the NSQHS Standards.

From the 1st July 2023, Allowah transitioned to Short Notice Assessments against the NSQHS Standards. What does this mean? We will only receive a minimum of 1 full business day notice that an accreditation assessment will commence. Assessors will be spending a minimum of 75% of their time out in clinical areas, therefore the likelihood of an assessor speaking with you is high!

NSQHS Standard	Can I answer...?			
	<b>Clinical Governance</b>		Yes	No
	How do clinical leaders engage with other clinicians on safety and quality matters?			
	How does the hospital identify and document safety and quality risks?			
	What are my quality and safety responsibilities?			
	How do we document & feedback matters regarding incidents & near misses?			
	How are we trained and supported to discuss with patients and family's incidents that caused harm? (if relevant to your role)			
	How do I work to meet the cultural needs of my Aboriginal and Torres Strait Islander patients & families?			
	How do I know which best-practice guidelines, pathways, decision support tools are to be used?			
	Am I up to date with my mandatory training requirements?			
	<b>Partnering with Consumers</b>		Yes	No
	How do you identify the communication needs of patients & families?			
How do you partner with patients & families to communicate, set goals and make decisions about current and future care?				
	<b>Preventing and Controlling Infection</b>		Yes	No
	How is surveillance data on healthcare-associated infections communicated to you? I.e., Hand Hygiene audit results			
	What are the 5 moments of hand hygiene and do I routinely follow them?			
How do we assess and manage infection risks?				

		Medication Safety N/A		
	<b>Comprehensive Care</b>		<b>Yes</b>	<b>No</b>
	What systems and processes are in place to support us to communicate, deliver and document comprehensive care at Allowah?			
	How does multidisciplinary collaboration and teamwork operate?			
	How are the roles and responsibilities of each person working in a team defined? How is this communicated to team members and the patient & family?			
	What processes are used for screening patients on admission and at other appropriate times? Do these screening processes have the capacity to identify cognitive, behavioural, mental and physical conditions, issues or risks of harm?			
	What processes are used for shared decision making between clinicians and the patient & family?			
	What processes are in place for developing a comprehensive and individualized plan that addresses the significance and complexity of the patient's health issues and risk of harm, and identifies the agreed goals of care?			
	<b>Communicating for Safety</b>		<b>Yes</b>	<b>No</b>
	How do you reflect & improve the effectiveness of your clinical communication?			
	What processes are in place for patient identification, procedure matching, clinical handover and communication of critical clinical information or risks?			
	What is the minimum information content to be communicated at each clinical handover? (if relevant to your role)			
	Describe the different situations in which structured clinical handover should take place, the method of communication, who should be involved and the structured communication tools to assist with handover? (if relevant to your role)			
	What processes are in place to support patients and families to communicate critical information about their care?			
	<b>Recognising and Responding to Acute Deterioration</b>		<b>Yes</b>	<b>No</b>
	How are clinicians trained to be alert for the signs of acute deterioration in a patient's mental state?			
	What protocols are used to specify the criteria for escalating care? How and when would you use the recognition and response system?			
	What processes are in place for patients & families to directly escalate care?			