

Department of Health and Human Services

SYSTEM PURCHASING AND PERFORMANCE - SERVICE QUALITY AND IMPROVEMENT



File No.: TAF

# **The Tasmanian Health Services Accreditation Framework**

***Implementing the Australian Health Services Safety and Quality  
Accreditation Scheme In Tasmania***

Final Version: 1.0

12 November 2012

# Contents

<b>Purpose</b>	<b>3</b>
<b>Background</b>	<b>4</b>
The Regulator	6
Inter-jurisdictional Regulators Working Group	6
Public Funded Health Services in Tasmania	6
Private Funded Health Services in Tasmania	6
<b>Issues</b>	<b>8</b>
Implementing NSQHS accreditation in Tasmanian public and private health care services that are not currently accredited	8
Managing Multiple Accreditation Requirements	8
Funded Community Sector Organisations	8
Accreditation within Community Based Health Services	9
NSQHS Accrediting Agency	9
The role of the Regulator within the AHSSQ Scheme	10
Tasmanian Private Sector Licensing	11
<b>The Proposed Framework</b>	<b>12</b>
Purpose	12
Design Principles	12
Scope	12
The Required Standard	<b>Error! Bookmark not defined.</b>
The Accrediting Agency	13
The Escalation Pathway	13
Timeframes	13
TAF Accreditation Assessment Outcomes	15
TAF Regulatory Response Table	17
<b>Attachments</b>	<b>18</b>

# Purpose

The purpose of this framework is to clearly articulate how the Australian Health Services Safety and Quality Accreditation Scheme will be applied within Tasmania, to improve patient safety and quality of care within Tasmanian health care services. The legislative framework within which this framework will be activated includes the Tasmanian Health Organisations Act 2011 and the Health Services Establishment Act 2006.

## Acknowledgements

This framework has been developed in consultation with the private and public health services in Tasmania, and with the support and endorsement of the Australian Commission for Safety and Quality (the Commission).

Consultation with the public funded health services has included

- The Safety and Quality Managers and leaders within DHHS.
- Executive teams from each THO executive team, Statewide and Mental Health Services, Ambulance Tasmania, the Public Dental Health service, Children's and Youth Services, and Disability, Housing and Community Services.
- Presentations and meeting papers on the AHSSQA scheme to the DHHS Clinical Governance Oversight Committee.
- Development of a draft Tasmanian Accreditation framework for the publicly funded health services and presentation of this to the DHHS Clinical Governance Oversight Committee, Health Executive and Departmental Executive.
- Formal consultation with the THO's on the draft framework during October 2012

Consultation with the private health sector has included:

- Meetings with each private Hospital Manager and DON
- Email communication and updates
- Meetings with the accredited and non accredited day procedure services
- Formal consultation on the draft framework during October 2012

Consultation with the Commission has occurred through membership of the second monthly inter-jurisdictional Regulators Working Group (chaired by the Commission) and through formal consultation on the draft framework during October 2012.

# Background

- In November 2006, Australian Health Ministers Conference (AHMC) requested that the Australian Commission on Safety and Quality in Health Care (the Commission) review national safety and quality accreditation and recommend an alternative model for accreditation including a national set of standards by which health services would be assessed. AHMC specified a report was to be submitted by March 2008.
- In July 2007, Health Ministers agreed in principle to a model to reform the accreditation system developed following consultation with jurisdictions, health services, accrediting agencies and the industry and sought additional consultation on the detail of the proposal.
- The Report, “Alternative Model for Safety and Quality Accreditation” was forwarded to AHMC in April 2008 and this was endorsed in principle by Ministers. The recommendations for implementation of the Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme included the development of a preliminary set of national healthcare standards and development of a detailed plan for national coordination of safety and quality accreditation.
- In November 2009, Health Ministers noted progress on the 'Alternative National Model for Safety and Quality Accreditation' and requested a report in 2010.
- In 2010, a final report on the Australian Health Services Safety and Quality Accreditation Scheme (AHSSQA) was endorsed by Health Ministers. In May 2011, the Commission submitted the NSQHS standards for endorsement by Health Ministers. AHMAC noted and Health Ministers endorsed the NSQHS Standards with the first edition being formally released in September 2011.
- Consultation on the AHSSQA Scheme and the NSQHS Standards has involved:
  - over 100 meetings convened with stakeholder organisations
  - 56 focus groups convened to discuss the model and standards with over 600 participants
  - a national workshop of 140 participants representing all key stakeholders
  - 12 published reports
  - 234 written submissions received
  - over 70 presentations to health sector participants
  - piloting of the standards in 38 health services
  - 6 pilot workshops
  - the involvement of over content experts in 16 technical working groups and committees

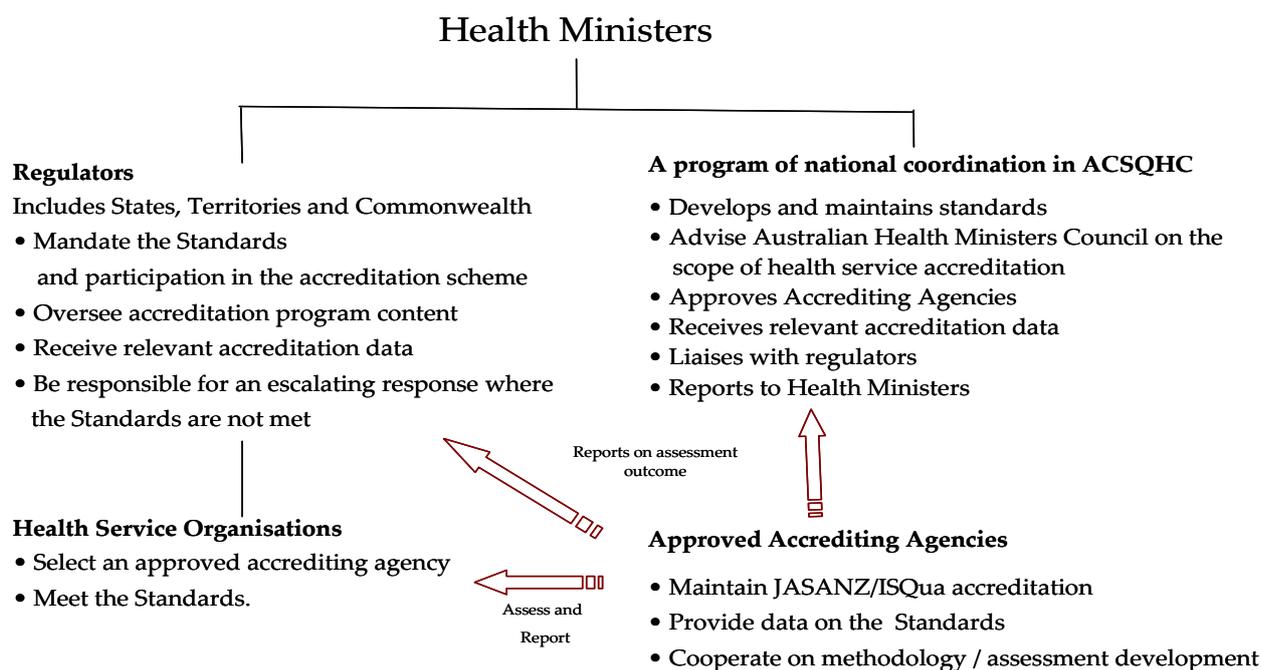
## The AHSSQA Scheme

The AHSSQA Scheme consists of five inter-related elements. The roles of each are broadly outlined below:

- 1 **Health Ministers** endorse the NSQHS Standards and receive information on the system’s performance against the Standards.
- 2 The **Regulators** including States, Territories and the Commonwealth would adopt the Standards, and require participation by health services in accreditation processes undertaken by an approved accrediting agency to assess whether the health service meets the Standards. They will receive relevant accreditation data as a performance measure. Where the Standards are not met, the Regulators could commence a series of escalating actions to ensure the Standards are met by health services. Industry and Professional Organisations would adopt the Standards and support participation by health services in accreditation processes undertaken by an approved accrediting agency to meet the Standards.

- 3 The **Health Service Organisations** would meet the Standards and select an approved accrediting agency to assess whether they met the Standards. There would be a contractual relationship with the accrediting agency that recognises that accreditation data will be provided to regulators and the national coordination program for reporting and review.
- 4 The **Approved Accrediting Agencies** assess health service organisations against the Standards. They may also offer to assess against a range of other standards. The Agencies will provide accreditation information to the health service organisations, the Regulators and the national coordination program of the Commission. The Commission has approved 15 accrediting agencies to assess against the Standards; the current listing is attached as attachment I.
- 5 A program of **national coordination** within the Commission that:
  - Develops and maintains the Standards;
  - Advises Health Ministers (from time to time) on the scope of accreditation, i.e. which health services are to be accredited. The initial focus is on high risk services;
  - Approves accrediting agencies to assess against the Standards. In order to be approved, an accrediting agency will meet the following criteria:
    - Hold current accreditation with Joint Accreditation System of Australia and New Zealand (JASANZ) or the International Society for Quality in Health Care (ISQua) or other recognised international accrediting body;
    - Provide accreditation data on compliance and outcomes to health services, Regulators and the national coordination program; and
    - Participate in the national coordination program in relation to matters including reviewing assessment methodologies, supporting surveyor training, streamlining reporting and data collections and developing implementation documentation, training programs for surveyors, and guidance resources and tools.
  - Undertakes ongoing liaison with Regulators on opportunities to improve the Standards and accreditation systems; and
  - Reports to Health Ministers annually on safety and quality.

The articulation of the roles under the AHSSQA is outlined below.



## **The Regulator**

- In Tasmania the Department of Health undertakes the functions of the state regulator.
- The AHSSQA Scheme specifies that States, Territories and the Commonwealth governments, as the AHSSQA Scheme regulators, adopt the NSQHS Standards and require health services they regulate to participate in accreditation processes. The Regulator is also responsible for specifying the standards needing to be met and identifying the health services that are to be accredited to the NSQHS Standards.
- In Tasmania as in other states, the State has a range of regulatory responsibilities for public and private health care. The AHSSQA Scheme will require further development of the regulatory functions within Tasmania to address these new responsibilities outlined in the AHSSQA Scheme.

## **Inter-jurisdictional Regulators Working Group**

- Tasmanian departmental staff have been active participants in a Regulators Working Group was created to assist the Commission progress the implementation of the AHSSQA Scheme. The Regulators Working Group has worked with the Commission largely to try to achieve consistency in regulatory processes and identify and provide advice on solutions and possible options for addressing implementation issues.
- To this end the group have agreed that Australian Hospitals and Day procedure services public and private, and public (only) Dental services, are required to be accredited to the NSQHS Standards. Whilst retaining the capacity for each state or territory department or ministry to require additional services to be accredited against these standards. See Attachment 2 – Health Services to be accredited.
- Where accreditation is not awarded, an escalation pathway has also been agreed, the specific details of which will be tailored to each jurisdictions regulatory framework. See Attachment 3 Inter-jurisdictional Regulatory Response table.

## **Public Funded Health Services in Tasmania**

- From 1 July 2012 the Tasmanian Health Organisations Act 2011 (The Act) provided the mechanism to establish three Tasmanian Health Organisations (THOs) in Tasmania. Each THO is a separate legal entity (Statutory Authority) under State legislation in order to devolve operational management for public hospitals to the local level.
- Public Dental Services are delivered as a statewide service reporting within the southern THO.
- The Act provides for the performance standards, targets and measures and standards for patient care and service delivery to be set out in a service agreement. The THO services agreement will require accreditation of services against the NSQHS Standards.
- The remaining DHHS services continue to report directly to the department for their ongoing operational management. This includes Children and Youth Services, Ambulance Tasmania, and Statewide and Mental Health Services. Statewide and Mental Health Services are being transitioned to the THOs during 2013.

## **Private Funded Health Services in Tasmania**

- The Health Service Establishments Act 2006 provides for licensing of private hospitals and day procedure services, with a staged commencement in 2011 and 2012. As a component of licensing, the Health Service Establishments Regulations 2011 requires licensed services to be accredited within

two years after commencing its functions by an approved industry body (see Attachment 4 HSE Regulations 2011 Schedule 1 Part 2 Clinical Standards). The Secretary of the Department may place conditions on licences, and it is envisaged these conditions will require accreditation including meeting NSQHS accreditation requirements.

- Currently there are six privately funded, state licensed and accredited hospitals in Tasmania.
- There are also six accredited day procedure type services in Tasmania, and two day procedure services not currently accredited, these eight day procedure services are currently in the process of becoming permanently licensed.
- There are an unknown number of other health facilities in Tasmania which may fit the definition of day procedure services as outlined in the Commissions table for day procedure services see Attachment 2 to review the list of Day Procedure Services. These facilities are not currently licensed. These facilities may or may not fall within the scope of the HSE Act and regulations.

# Issues

## Implementing NSQHS accreditation in Tasmanian public and private health care services that are not currently accredited

- Under the AHSSQA Scheme implementation of the NSQHS Standards will commence from 1 January 2013 for hospitals and day procedure services undertaking an organisation-wide assessment as part of their ongoing accreditation cycle.
- Not all Tasmanian Public or private, hospital and day procedure, health care services are currently accredited. For these non accredited services, accreditation under the NSQHS Standards will be required as part of the AHSSQA.
- Of the Tasmanian public and private Hospitals and Day Procedure services required to undertake accreditation using the NSQHS from January 2013, the following services have not undertaken accreditation in the past and as such do not have an existing or ongoing accreditation cycle:
  - Tasmanian Rural Hospitals providing public acute and sub-acute hospital beds
  - Statewide and Mental Health Services, including Alcohol and Drug services (inpatient/hospital beds)
  - Correctional Health Services (inmate/hospital beds)
  - Public Dental Health services
  - 2 known (private) day procedure facilities and potentially others yet to be identified
- The HSE Regulations require that a licensee of a private hospital or day-procedure centre (other than a low-risk day-procedure centre) must ensure that the private hospital or day-procedure centre is granted accreditation by an approved industry body within 2 years after it commences its functions as such, unless granted an exemption by the Secretary.

## Managing Multiple Accreditation Requirements

- Tasmanian Health Services may be required to undertake a range of accreditation programs to meet funder and/or regulatory requirements and/or as part of a health service risk management strategy. The Tasmanian Accreditation Framework recognises this as being a decision for the health service organisation and does not apply any restrictions to this.

## Funded Community Sector Organisations

- The Department of Health and Human Services (DHHS) funds community sector organisations to deliver a range of community based health and human services.
- A key priority of the DHHS is for the funded community sector to deliver safe and high quality services to Tasmanian consumers.
- To achieve this priority, the Community Sector Relations Unit, in collaboration with the funded community sector and DHHS Operational Units, is progressing the implementation of the recommendations from the evaluation of the *Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector Organisations 2009 – 2012*.
- The DHHS will continue to require funded community sector organisations to ensure that 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.

- For those community sector organisations that are funded by the THO's, to provide subacute public hospital beds including palliative care beds, and other inpatient care type facilities, or any day procedure type services, there is a requirement to implement the NSQHS and AHHSSA in the same timeframes as the THO managed services.
- Whilst accreditation against the NSQHS within the community sector is not currently required for all community sector organisations, the Commission does encourage organisations to consider utilising the NSQHS as a resource to contribute towards their ongoing service development and enhancement.

## Accreditation within Community Based Health Services

- Whilst accreditation against the NSQHS within the community sector is not currently required for all community based health services, the Commission does encourage organisations to consider utilising the NSQHS as a resource to contribute towards their ongoing service development and enhancement. The Department of Health supports the Commission's position and strongly encourages all community based health services to consider using the NSQHS as a resource towards ongoing service development from 2013.
- There are a number of settings within which integrated health services have both a community based and inpatient services component, that jointly provides a pathway of care for clients. Whilst there is currently a requirement for accreditation of the inpatient 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 inpatient component as an integrated health service. It is recognised that this is a decision for the health service providers to make as part of their service quality improvement and risk management plans.

## NSQHS Accrediting Agency

- Under the AHSSQA scheme Health service providers select from one of the Commission approved accrediting agencies. It is important to note that there are a number of accrediting agencies that will be approved by the Commission, and that Health Service providers can determine whether they wish to select an accrediting agency via tender or other processes to ensure appropriate quality, cost, and accreditation support arrangements.
- Approved Accrediting Agencies providing accreditation against NSQHS within Tasmania must ensure the appropriate information
  - is collected during NSQHS accreditation processes of private and public health services to meet the approved accrediting agencies reporting requirements of the Commission
  - and that this information is also submitted to the DHHS Regulator in a timely fashion as follows - the regulator is to be notified:
    - immediately of any identified "significant patient risk"
    - within 2 days when a core component of a standard is identified as being "not met" at the completion of a on site review
    - In a routine 3 monthly report, to be provided to the regulator, of licensed facilities, the date of certification, date of expiry and type of review and a copy of either the summary of recommendations or corrective action plan.

# The role of the Regulator within the AHSSQ Scheme

- The existing regulatory functions within DHHS include the
  - Development and amendment of relevant health care legislation
  - Operational functions to implement the regulatory requirement, i.e. Various departmental functions captured in various legislation e.g. issuing of various licences and permits, inspection, monitoring and where required remedial action to ensure compliance.
- The AHSSQ Scheme requires the Regulator i.e. the state jurisdiction, to:
  - Mandate the Standards and participation in the Accreditation Scheme
  - Oversee the regulators accreditation program content
  - Receive accreditation data
  - Be responsible for escalating responses where the Standards have not been met
- The above are new functions for DHHS.
- The Regulator will
  - Establish a register of services required to be accredited; manage receipt of accreditation data from accrediting agencies and health services against the register of services (this may require a data base to be established or alternatively the required data can be accessed by the regulator from the Commission's proposed Enterprise Data Warehouse); seek clinical or legal advice as required; trigger the required escalation where standards are not met; maintain and update the Tasmanian Accreditation framework as changes are made by the Commission etc.
  - Ensure appropriate linkages are maintained with the System Purchasing and Performance(SPP) unit of the DHHS to
    - ensure the TAF accreditation requirements are captured in purchasing framework and service agreements for the service or any service being subcontracted to deliver services requiring accreditation
    - ensure access to accreditation performance data which may underpin planning and purchasing decisions or statewide service quality improvement activity and/or monitoring.
  - Establish linkages to the private sector licensing activity to ensure alignment of accreditation and licensing activity e.g. if a new licence is issued or an existing licence is expanded to include provision of new services, these new services will need to be added to the register for accreditation.
  - Ensure access to clinical advice from the Service Quality Improvement Unit within SPP and other clinicians as appropriate, to
    - assist the regulator to develop an appropriate regulatory response to any identified "significant risk" identified by Accrediting Agencies;
    - advise on the suitability of remedial action plans developed by services and accrediting agencies where the Standards have not been met and accreditation has not been achieved, and to assist the regulator to determine the level of risk and the appropriate level of escalated response.
    - Advise on the appropriateness, or requirements to add, additional Standards to this regulatory framework to ensure delivery of safe high quality health care.

- Access to legal advice as to the capacity of the existing legislation i.e. HSE and THO Act to underpin the requirements of the Australian Health Services Safety and Quality Accreditation Scheme and advice re any amendments etc required or conflicts arising.
- It must be noted that the Commission has signalled an intention to expand (over time) the types of health services required to be accredited against the NSQHS. This will increase the volume and potentially the complexity of regulator work identified above.

## **Tasmanian Private Sector Licensing**

- Private sector licensing is currently largely centred on the administrative process of issuing renewed licences for the 6 licensed private hospitals.
- The amendments to the HSE now provide for licensing of day procedure services. Temporary licences have been issued for the six “known” private day procedure services in Tasmania, additional work is required
  - To formally issue the permanent licences following service review and inspection
  - To identify other facilities which (under the provisions of the HSE) might need to be licensed, but as yet may not be aware of this requirement.
- The Commissions table of day procedure type services to be accredited includes a broader range of services than those six identified facilities, currently undergoing formal licensing processes in Tasmania. The HSE provisions for minimally invasive; surgical; and endoscopic day procedure services appear to be able to be applied across this broader range of services. Significant work is required to identify these services, consult and prepare these services for licensing (and accreditation processes).

# The Tasmanian Accreditation Framework

## Purpose

The purpose of the Tasmanian Accreditation Framework (TAF) is to contribute to the improvement of the safety and quality of health services provided to the Tasmanian community.

## Design Principles

- The TAF meets the requirements of the AHSSQA scheme and the roles outlined within this.
- Applies consistently across public, private sector and non government sector.
- Recognise the needs of services which have not been previously required to undertake accreditation
- Recognise the range of health service standards
- Recognises that in the future additional clinical standards may be required by the regulator
- Recognises the independence of health services.

## Scope

The TAF requires that

- 1) Tasmanian public and private hospitals and day procedure services are accredited against the NSQHS Standards in their next organisational wide assessment after 1 January 2013.
- 2) Tasmanian public and private hospitals and day procedure services that have not been formerly accredited in the past will commence work to achieve accreditation from January 2013 and complete i.e. achieve accreditation against NSQHS by January 2015. This includes Mental Health, Correctional, and Drug & alcohol, inmate/inpatient /hospital beds; private day procedure services and public dental health services.
- 3) Where the above services are due to undergo a mid cycle assessment before their organisational wide assessment the mid cycle assessment must include ( as a minimum):
  - a. The recommendations from the past assessment processes
  - b. Organisational quality improvement plan, and,
  - c. Standard 1,2, & 3
- 4) The above provisions also apply to any contracted or funded health services i.e. where a THO/public health service contracts out provision of subacute public hospital beds including palliative care beds, and other inpatient care type facilities, or any day procedure type services. As such the Service agreements for THOs will require THO funded private and community sector organisations providing subacute public hospital beds including palliative care beds, and other inpatient care type facilities, or any day procedure type services, to implement the NSQHS accreditation in the same timeframes as the THO managed services.
- 5) Whilst accreditation against the NSQHS within the community sector is not currently required for all community sector organisations, the Commission and the TAF encourages community sector organisations to consider utilising the NSQHS as a resource to contribute towards their ongoing service development and enhancement. Some of these services may also choose to undertake full accreditation against the NSQHS.

## The Standards

- 6) The TAF currently requires accreditation against the NSQHS, this may in time and as deemed appropriate by DHHS for the purposes of improving safety and quality of patient care, also include additional Standards to be added to the NSQHS within this regulatory framework.
- 7) The TAF recognises the right and/or obligations of health organisations to undertake a range of additional or alternative accreditation programs in addition to the Tasmanian Accreditation Framework requirements for NSQHS accreditation i.e. Tasmanian Health Services may determine which if any additional accreditations they wish to undertake.

## Accrediting Agencies

- 8) The TAF requires Health service providers to select from one of the Commission approved NSQHS accrediting agencies.
- 9) The TAF requires approved NSQHS accrediting agencies to collect the required information during accreditation processes and provide this to the Commission and to the DHHS Regulator in a timely fashion.

## Remediation/The Escalation Pathway

- 10) The TAF will use the Accreditation Assessment Outcomes Table and Regulatory Response Table to underpin an appropriate escalation pathway/response within the relevant legislation, to situations where: a service may not achieve accreditation within the required timeframe; or may have it's accreditation withheld or withdrawn; or where a significant patient risk is identified.
- 11) The escalation response will be premised on using the available legislative response (within the Regulatory Response Table) to support health services to achieve the TAF requirements whilst also ensuring patient safety and quality of care is immediately addressed and maintained.

## Timeframes

The intention is to meet the timeframes established by the Commission. It is recognised that a number of hospital and day procedure services in Tasmanian have not been required to be accredited in the past. This fact has been considered and it is recognised that there is a need to consider the timeframe required whilst balancing this with the need to be able to assure the safety and quality of the services being provided.

As such discussions will occur with the individual private day procedure services that have not been previously accredited to identify a staged implementation process, within the constraints of the health service establishment licensing requirements for completion of accreditation within two years of achieving licensing of these services.



## TAF Accreditation Assessment Outcomes

The following table outlines the potential outcomes of an accreditation assessment and the action to be taken by the Accrediting Agency and the Regulator. This approach is being mirrored in all jurisdictions.

Scenario	External Assessment	Action by Accrediting Agency	Process Outcome	Feedback to Regulator
No issues identified	<ul style="list-style-type: none"> <li>No major issues identified</li> <li>Core actions met</li> <li>Developmental actions may or may not be met</li> </ul>	Assess performance against the NSQHS Standards and award accreditation/certification	<b>Accreditation Award conferred.</b>	Routine provision of agreed assessment data provided to regulator
Issues identified	<ul style="list-style-type: none"> <li>Issues identified</li> <li>Some core actions not met</li> <li>Developmental actions may or may not be met</li> </ul>	Assess performance against the NSQHS Standards and make recommendations for improvement for any items that are not met.	1. Health Service addresses all accrediting agency's recommendations. <b>Accreditation Award conferred.</b>	1. Routine provision of agreed assessment data provided to regulator
		Provide limited timeframe for improvement (30 - 90 days) before determining a final outcome of assessment process	2. Health Service does not address accrediting agency's recommendations. <b>Accreditation withheld or withdrawn.</b>	2. Notify regulator. Responsive regulatory process enacted.  Provision of agreed assessment data in agreed timeframes to regulator and <b>ongoing action</b> by the health service to address the issues required.  Health services reapply for external assessment against the NSQHS Standards
Significant Patient risk issues identified	<ul style="list-style-type: none"> <li><b>Significant</b> patient risk identified in areas covered by the NSQHS Standards</li> </ul>	Make recommendations for improvements and set timeframe for urgent improvement.	1. Health Service addresses all accrediting agency's recommendations <b>Accreditation Award conferred.</b>	1. Routine provision of agreed assessment data provided to regulator

Scenario	External Assessment	Action by Accrediting Agency	Process Outcome	Feedback to Regulator
	<p><b>Note:</b> Significant risk to patient safety is one that may result in a serious adverse incident, impairment, grossly sub-standard care or death.</p>	<p>Refer concerns to health service system manager and regulator and notify action to date.</p> <p>Action plan to be provided subsequently in a timely way.</p>	<p>2. Health Service does not address recommendations.</p> <p><b>Accreditation withheld or withdrawn.</b></p>	<p>2. Notify regulator. Responsive regulatory process enacted.</p> <p>Provision of agreed assessment data in agreed timeframes to regulator to regulator and <b>ongoing action</b> by the health service to address the issues required.</p> <p>Health service reapplies for external assessment against the NSQHS Standards.</p>

## TAF Regulatory Response Table

The regulatory response table utilises the provisions within the THO Act for the public health sector and the HSE Act for the private health sector.

Scenarios	Outcomes	Regulatory response Private sector HSE	Regulatory response THO
No issues identified	Accredited	Nil	nil
Issues identified	Action taken & Accredited Accreditation withheld or withdrawn	Nil Apply Conditions to licence sect 16 I. 2. That requires accreditation to be completed and/or further apply conditions to the licence.	Nil Sect 58 unsatisfactory performance Sect 59 performance improvement plan required
Significant issue identified	Action Taken and Accredited Accreditation withheld or withdrawn	Nil Apply Conditions to licence sect 16 I. 2. Amend the licence sect 22 I. Cancellation of a licence with Notice (sect 30 I. H) of the HSE Act	Nil Sect 58 unsatisfactory performance Sect 59 performance improvement plan required Division 4 Ministerial representative appt Division 5 Performance Improvement Team appt.

# Attachments

1. Accrediting Agencies List
2. Table – Health Services to be accredited
3. Inter-jurisdictional regulatory response table
4. Health Service Establishments Regulations 2006 excerpt