National Safety and Quality
Health Service Standards

Accreditation Workbook

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Introduction

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare-associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, these NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

The eight NSQHS Standards are:

Clinical Governance, which describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.

Partnering with Consumers, which describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care.

Preventing and Controlling Healthcare-Associated Infection, which describes the systems and strategies to prevent infection, to manage infections effectively when they occur, and to limit the development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship.

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

Comprehensive Care, which describes the integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.

Communicating for Safety, which describes the systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.

Blood Management, which describes the systems and strategies for the safe, appropriate, efficient and effective care of patients' own blood, as well as other supplies of blood and blood products.

Recognising and Responding to Acute Deterioration, which describes the systems and processes to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

Each standard contains:

- A description of the standard
- A statement of intent
- A list of criteria that describe the key areas covered by the standard
- Explanatory notes on the content of the standard
- Item headings for groups of actions in each criterion
- Actions that describe what is required to meet the standard.

The NSQHS Standards require the implementation of organisation-wide systems for clinical governance, partnering with consumers, healthcare-associated infections, medication safety, comprehensive care, effective communication, blood management, and recognising and responding to acute deterioration.

The Clinical Governance Standard and the Partnering with Consumers Standard set the overarching system requirements for the effective implementation of the remaining six standards, which deal with specific high-risk clinical areas of patient care. The NSQHS Standards describe the patient care journey and are designed to be implemented in an integrated way. Similar implementation strategies apply to multiple actions across the NSQHS Standards. It is important to identify the links between actions across each of the eight NSQHS Standards. This will help health service organisations to ensure that their safety and quality systems are integrated and reduce the duplication of effort in implementing the eight standards separately.

Important improvements in the safety and quality of patient care have been documented following implementation of the first edition of the NSQHS Standards from 2011, including:

- A decline in the *Staphylococcus aureus* bacteraemia rate per 10,000 patient days under surveillance between 2010 and 2014, from 1.1 to 0.87 cases
- A drop in the yearly number of methicillin-resistant *S. aureus* bacteraemia cases between 2010 and 2014, from 505 to 389
- A decline of almost one-half in the national rate of central line-associated bloodstream infections between 2012–13 and 2013–14, from 1.02 to 0.6 per 1,000 line days.
- Greater prioritisation of antimicrobial stewardship activities in health service organisations
- Better documentation of adverse drug reactions and medication history
- Reduction in yearly red blood cell issues by the National Blood Authority between mid-2010 and mid-2015, from approximately 800,000 units to 667,000 units
- Declining rates of in-hospital cardiac arrest and intensive care unit admissions following cardiac arrests.

The Commission has worked closely with partners to review the NSQHS Standards and develop the second edition, embedding person-centred care and addressing the needs of people who may be at greater risk of harm. The NSQHS Standards (second edition) set requirements for providing comprehensive care for all patients, and include actions related to health literacy, end-of-life care, care for Aboriginal and Torres Strait Islander people, and care for people with lived experience of mental illness or cognitive impairment.

NSQHS Standards accreditation workbook

The NSQHS Standards form an essential part of the accreditation arrangements under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme. They describe the level of care that consumers can expect from health service organisations.

The Commission has developed the *NSQHS Standards Accreditation Workbook* to help organisations decide whether they meet the requirements of the NSQHS Standards.

This workbook has been developed for individuals involved in the accreditation process. These may include quality managers or health managers who are responsible for supporting improvement activity in a health service organisation and collating the outcomes of these processes for accreditation. The workbook should be used in conjunction with other resources that are available to support organisations to implement the NSQHS Standards.

More information on the AHSSQA Scheme and other NSQHS Standards resources are available from the Commission website.

The Advice Centre provides support for health service organisations, surveyors and accrediting agencies on NSQHS Standards implementation.

Email: accreditation@safetyandquality.gov.au

Phone: 1800 304 056

This workbook relates to the second edition of the NSQHS Standards.

This workbook includes examples of the types of evidence that an organisation may use to show that it meets the actions in the NSQHS Standards. It is not mandatory to use the examples of evidence in this workbook.

Health service organisations vary in size and structure, and will have different ways of developing and presenting the evidence. This workbook does not cover all possible sources of evidence that could be used by an organisation. Extra or alternative examples of evidence that are not listed can also be used. It is not expected that an organisation will have all the listed examples in place.

Quality improvement is an ongoing process. This means that activities aimed at minimising risks to patients, carers, consumers, the workforce and the organisation will be in various stages of review and implementation. Each organisation should interpret the evidence listed considering its own service delivery model.

Types of evidence included in this workbook

This accreditation workbook includes specific and generic examples of evidence. Most of the examples of evidence in this workbook are listed as generic evidence by category. Examples of these categories of evidence are shown below.

Policy documents can include:

- Policies
- Procedures
- Protocols
- Guidelines
- Pathways.

A policy document may exist for a single action, a number of actions, parts of one or more standards, or a whole standard. The number of policies and detail in each policy will depend on the organisation's size, complexity and type of services.

Training documents can include:

- Orientation manuals
- Education calendars
- Training presentations
- Attendance records
- Online education modules
- Contracts with external education providers.

Organisations need to use a risk management approach to decide what training is required, which members of the workforce need to be trained and how often training needs to occur. Training can also include competency-based assessments and continuing professional development.

Committee and meeting records can include:

- Committee membership
- Committee terms of reference
- Agenda papers, minutes or actions arising from a meeting
- Dashboard reports
- Committee correspondence
- Reports submitted to a committee.

The number, structure and purpose of committees will vary across organisations. Smaller organisations may have one committee that covers one or a variety of standards, whereas larger organisations may have committees for specific actions in the standards, such as antimicrobial stewardship.

Audit results can include:

- Survey instruments, forms and tools used to conduct audits
- Analysis of data collected
- Reports on audits conducted
- Documents showing that audit results were benchmarked.

A risk management approach should be taken when determining what areas of a health service organisation are to be audited, how big the sample size will be, how often the area(s) will be audited, and how the audit results will be used to improve safety and quality of health care for patients.

Communication with the workforce, health service organisation or highest level of governance can include:

- Reports tabled at meetings
- Intranet content or online message boards
- Correspondence, such as broadcast emails
- Newsletters
- Posters.

Employment documents can include:

- Position descriptions
- Duty statements
- Employment contracts
- Performance review documentation
- Notification of scope of clinical practice.

Observations can be done for:

- The presence of a resource, such as signage, personal protective equipment or guidelines
- Clinical practice
- The inclusion of a specific tool or form in healthcare records.

Observations will be used by assessors from accrediting agencies, but can also be used by organisations as part of an ongoing monitoring process.

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Clinical Governance Standard
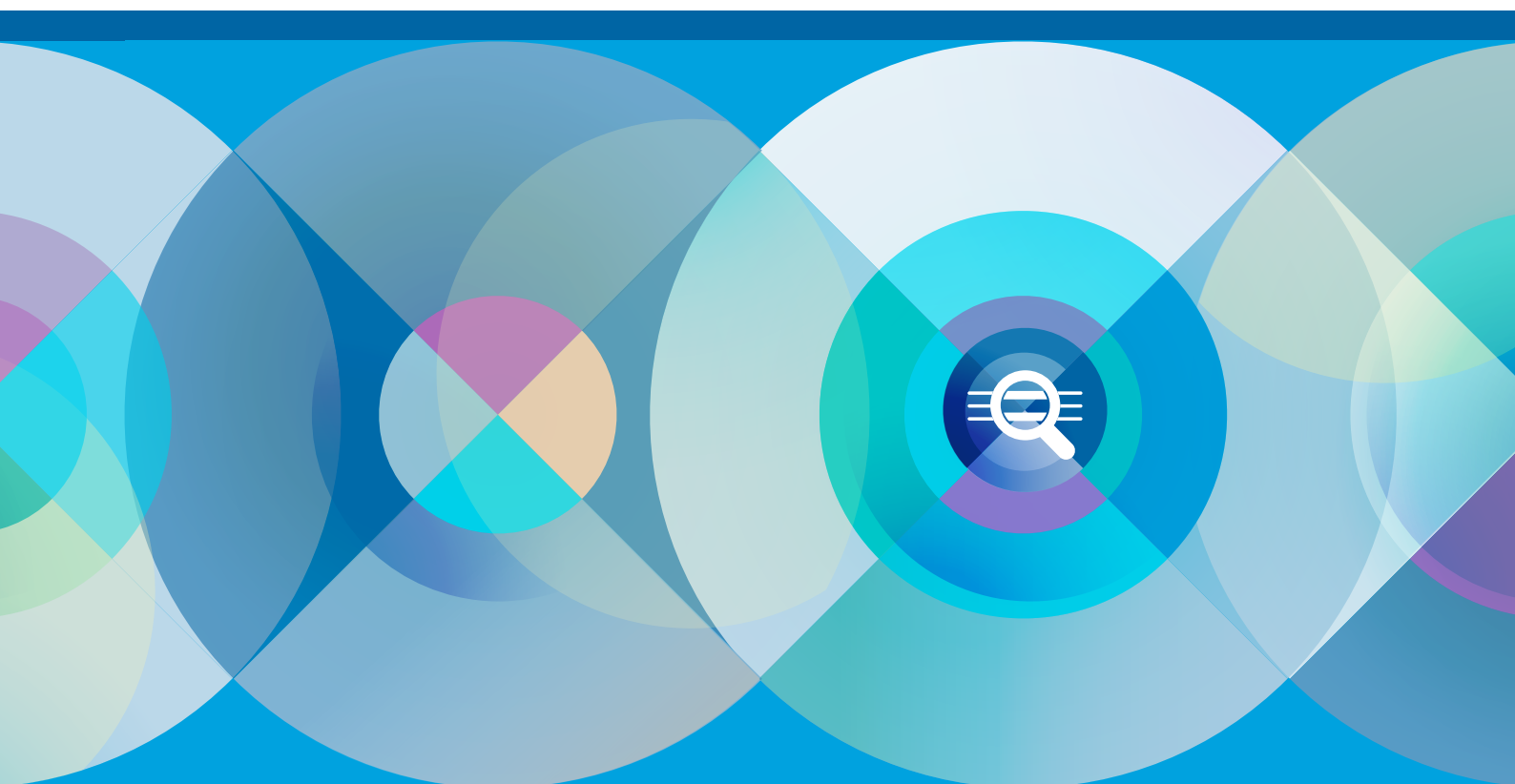
Clinical Governance Standard

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are patient centred, safe and effective.

Intention of this standard

To implement a clinical governance framework that ensures that patients and consumers receive safe and high-quality health care.

Criteria

Governance, leadership and culture

Patient safety and quality systems

Clinical performance and effectiveness

Safe environment for the delivery of care

Key resources

- *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*
- *National Model Clinical Governance Framework*[1]
- *NSQHS Standards Guide for Governing Bodies*
- Australian Open Disclosure Framework[2]
- Clinical care standards

CRITERION: Governance, leadership and culture

Leaders at all levels in the organisation establish and use clinical governance systems to improve the safety and quality of health care for patients.

Governance, leadership and culture

Action 1.1

The governing body:

a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation

b. Provides leadership to ensure partnering with patients, carers and consumers

c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community

d. Endorses the organisation's clinical governance framework

e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce

f. Monitors the action taken as a result of analyses of clinical incidents

g. Reviews reports and monitors the organisation's progress on safety and quality performance

Reflective questions

How does the governing body understand and promote safety and quality within the health service organisation?

How does the governing body set strategic direction, and define safety and quality roles and responsibilities within the health service organisation?

What information does the governing body use to monitor progress and report on strategies for safe and high-quality clinical care?

Examples of evidence

Select only examples currently in use

- Policy documents that describe the
  - roles and responsibilities of the governing body
  - health service organisation's clinical governance framework
  - processes for partnering with consumers
- Strategic, business or risk management plans that describe the priorities and strategic directions for safe and high-quality clinical care that are endorsed by the governing body
- Committee and meeting records in which clinical governance, leadership, safety and quality culture, or partnering with consumers are discussed
- Documented clinical governance framework that is endorsed by the governing body

- Audit framework or schedule that is endorsed by the governing body
- Safety and quality performance data, compliance reports and reports of clinical incidents that are monitored by the governing body, managers or the clinical governance committee
- Workforce safety and quality climate survey
- Cultural assessment tool used by the organisation and reports of assessment conducted

- Annual report that includes information on the health service organisation's safety and quality performance
- Terms of reference or letter of appointment to the governing body that describes members' safety and quality roles and responsibilities
- Communication with the workforce or consumers on the health service organisation's clinical governance framework for safety and quality performance.

Action 1.2

The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people

Reflective questions

What information from the organisation's performance, external sources, and the local Aboriginal and Torres Strait Islander community does the governing body use to identify and prioritise the specific health needs of Aboriginal and Torres Strait Islander patients?

How are Aboriginal and Torres Strait Islander people involved in the governance of the organisation?

Examples of evidence

Select only examples currently in use:
- Documented goals and performance indicators for Aboriginal and Torres Strait Islander health outcomes and employment targets, endorsed by the governing body
- Policy documents that deal with the specific needs of Aboriginal and Torres Strait Islander people using the health service

- Memorandums of understanding, partnership agreements and service collaboration agreements with Aboriginal and Torres Strait Islander health service providers and community organisations
- Affirmative action statements that are endorsed by the governing body and implemented by the workforce
- Reports to the governing body on performance data relating to Aboriginal and Torres Strait Islander patients
- Committee and meeting records that show that the health service organisation is represented at local Aboriginal and Torres Strait Islander health network meetings
- Membership of the health service organisation's community advisory committee, including people from the local Aboriginal and Torres Strait Islander community.

Management and executive leadership

Action 1.3

The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality

Reflective questions

Does the health service organisation have a documented clinical governance framework?

How is the effectiveness of the clinical governance framework reviewed?

Examples of evidence

Select only examples currently in use:
- Documented clinical governance framework
- Documented safety and quality goals and performance indicators for the health service organisation
- Documented organisational and committee structure that is aligned to the clinical governance framework
- Audit results of compliance with the health service organisation's clinical governance framework, and management of safety and quality risks
- Reviews or evaluation reports on the effectiveness of the health service organisation's safety and quality systems.

Action 1.4

The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

Reflective questions

What strategies are used to improve outcomes for Aboriginal and Torres Strait Islander patients?

How are these strategies monitored, evaluated and reported?

Examples of evidence

Select only examples currently in use:
- Policy documents that incorporate the safety and quality priorities for Aboriginal and Torres Strait Islander people, including workforce training and employment
- Documented goals and performance indicators for Aboriginal and Torres Strait Islander health outcomes and employment targets that are regularly monitored and reported to the governing body
- Committee and meeting records that describe the safety and quality priorities and strategies for Aboriginal and Torres Strait Islander people
- Examples of specific strategies that have been implemented to meet the needs of Aboriginal and Torres Strait Islander people.

Action 1.5

The health service organisation considers the safety and quality of health care for patients in its business decision-making

Reflective questions

How are patient safety and quality issues considered when making business decisions?

How are decisions about patient safety and quality of care documented?

Examples of evidence

Select only examples currently in use:

- Committee and meeting records, such as for finance and audit committees, and strategic planning committees, that show that safety and quality of health care are considered in business decision-making

- Strategic plans, operational plans or business plans that outline the potential impact of decisions on patient safety and quality of care
- Business proposal templates that include consideration of safety and quality risks
- Register of safety and quality risks that includes actions to manage the identified risks.

Clinical leadership

Action 1.6

Clinical leaders support clinicians to:

a. Understand and perform their delegated safety and quality roles and responsibilities

b. Operate within the clinical governance framework to improve the safety and quality of health care for patients

Reflective questions

How do clinical leaders engage with other clinicians on safety and quality matters?

How does the health service organisation ensure that the clinical workforce operates within the clinical governance framework?

Examples of evidence

Select only examples currently in use:

*   Policy documents that outline the delegated safety and quality roles and responsibilities of clinical leaders

*   Employment documents that describe the safety and quality roles and responsibilities of clinical leaders

*   Documented workforce performance appraisals that include feedback to clinical leaders on the performance of safety and quality roles and responsibilities

*   Training documents relating to workforce safety and quality roles and responsibilities

*   Results of clinical audits of clinicians' performance under the clinical governance framework

*   Documented results of clinical audits and actions taken to deal with any identified issues.

CRITERION: Patient safety and quality systems

Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.

Policies and procedures

Action 1.7

The health service organisation uses a risk management approach to:

a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols

b. Monitor and take action to improve adherence to policies, procedures and protocols

c. Review compliance with legislation, regulation and jurisdictional requirements

Reflective questions

How does the health service organisation ensure that its policy documents are current, comprehensive and effective?

How does the health service organisation ensure that its policy documents comply with legislation, regulation, and state or territory requirements?

Examples of evidence

Select only examples currently in use:

- Documented processes for developing, authorising, and monitoring the implementation of, the health service organisation's policy documents
- Register of policy document reviews, including the date of effect, dates that policy documents were amended and a prioritised schedule for review

- Examples of policy documents that have been reviewed in response to identified risks, or changes in legislation, regulation or best practice
- Committee and meeting records that describe the governance structure, delegations, roles and responsibilities for overseeing the development of policy documents
- Audit results of healthcare records and clinical practice for compliance with policy documents
- Results from workforce surveys and feedback on policy documents
- Data and feedback from the risk management, incident management and complaints management systems that are used to update policy documents
- Communication with the workforce on new or updated policy documents
- Training documents on new or amended policy documents, or use of policy documents
- Schedule and timelines for statutory reporting.

Quality improvement

Action 1.8

The health service organisation uses organisation-wide quality improvement systems that:

a. Identify safety and quality measures, and monitor and report performance and outcomes

b. Identify areas for improvement in safety and quality

c. Implement and monitor safety and quality improvement strategies

d. Involve consumers and the workforce in the review of safety and quality performance and systems

Reflective questions

How does the quality improvement system reflect the health service organisation's safety and quality priorities and strategic direction?

How does the health service organisation identify and document safety and quality risks?

What processes are used to ensure that the actions taken to manage identified risks are effective?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the processes and accountability for monitoring the safety and quality of health care
- Documented safety and quality performance measures
- Schedule for internal or external audits
- Audit reports, presentations and analysis of safety and quality performance data
- Feedback from the workforce about the use of safety and quality systems
- Feedback from consumers about their involvement in the review of safety and quality performance data
- Quality improvement plan that includes actions to deal with issues identified
- Examples of specific quality improvement activities that have been implemented and evaluated
- Committee and meeting records in which reports, presentations, and safety and quality performance data are regularly reviewed and reported to the governing body or relevant committees
- Training documents on the health service organisation's quality improvement system
- Communication with the workforce, patients and carers that provides feedback regarding safety and quality of patient care
- Reports on hospital-acquired complications indicator set (public hospitals only).

Action 1.9

The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:

a. The governing body

b. The workforce

c. Consumers and the local community

d. Other relevant health service organisations

Reflective question

What processes are used to ensure that key stakeholders are provided with accurate and timely information about safety and quality performance?

Examples of evidence

Select only examples currently in use:

- Reports on safety and quality performance data that are provided to the governing body, managers, committees, the workforce or consumers
- Committee and meeting records in which information on safety and quality indicators, data or recommendations by the governing body are discussed
- Committee and meeting records in which the appropriateness and accessibility of the health service organisation's safety and quality performance information are discussed
- Communication strategy that describes processes for disseminating information on safety and quality performance to the community
- Communication with the workforce and consumers on the health service organisation's safety and quality performance
- Records of safety and quality performance information published in annual reports, newsletters or other local media
- Reporting templates and calendars
- Reports provided to external organisations.

Risk management

Action 1.10

The health service organisation:

a. Identifies and documents organisational risks

b. Uses clinical and other data collections to support risk assessments

c. Acts to reduce risks

d. Regularly reviews and acts to improve the effectiveness of the risk management system

e. Reports on risks to the workforce and consumers

f. Plans for, and manages, internal and external emergencies and disasters

Reflective questions

How does the health service organisation identify and document risk?

What processes does the health service organisation use to set priorities for, and manage, risks?

How does the health service organisation use the risk management system to improve safety and quality?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the processes for implementing and monitoring the risk management system
- Policy documents for emergencies and disasters that describe the reporting lines, and roles and responsibilities of the workforce
- Risk register that includes actions to manage identified risks
- Reports on safety and quality data that are analysed to identify and monitor safety and quality risks
- Data analysis and reports on safety and quality performance trends
- Feedback from the workforce on safety and quality risks, and the effectiveness of the risk management system
- Committee and meeting records regarding oversight of the risk management system, or the review of clinical and other data collections
- Committee and meeting records in which risk, and the appropriateness and accessibility of safety and quality performance information have been discussed
- Audit schedule and reports on compliance with policies, procedures or protocols regarding the health service organisation's risk management system
- Communication with the workforce and consumers on risks and risk management
- Records of safety and quality performance information published in annual reports, newsletters, newspaper articles, radio items, websites or other local media
- Business continuity plan, or emergency and disaster management plan
- Training documents relating to risk management, and the management of emergencies and disasters, including evacuation and emergency drills.

Incident management systems and open disclosure

Action 1.11

The health service organisation has organisation-wide incident management and investigation systems, and:

a. Supports the workforce to recognise and report incidents

b. Supports patients, carers and families to communicate concerns or incidents

c. Involves the workforce and consumers in the review of incidents

d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers

e. Uses the information from the analysis of incidents to improve safety and quality

f. Incorporates risks identified in the analysis of incidents into the risk management system

g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems

Reflective questions

How does the health service organisation identify and manage incidents?

How are the workforce and consumers involved in reviewing incidents?

How is the incident management and investigation system used to improve safety and quality?

Examples of evidence

Select only examples currently in use:

- Incident management and investigation system in which clinical incidents are documented, analysed and reviewed
- Policy documents for reporting, investigating and managing clinical incidents
- Information on clinical incidents, adverse events and near misses, and the actions taken to manage identified risks that are incorporated into the health service organisation's risk management system or quality improvement plan
- Training documents on recognising, reporting, investigating and analysing incidents, adverse events and near misses
- Committee and meeting records that describe the incident management and investigation system, and the strategies and actions to reduce risk
- Committee and meeting records that show workforce and consumer involvement in the analysis of organisational safety and quality performance data
- Clinical incident reporting forms and tools that are accessible to the workforce and consumers
- Information and resources that support the workforce and consumers to report clinical incidents
- Feedback from the workforce and consumers regarding their involvement in the review and analysis of organisational safety and quality performance data
- Examples of specific improvement activities that have been implemented and evaluated to reduce the risk of incidents identified through the incident management and investigation system
- Results of completed clinical incident investigations
- Audit results of compliance with the incident management and investigation system.

Action 1.12

The health service organisation:

a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework

b. Monitors and acts to improve the effectiveness of open disclosure processes

Reflective questions

How are clinicians trained and supported to discuss with patients incidents that caused harm?

How is information from the open disclosure program used to improve safety and quality?

Examples of evidence

Select only examples currently in use:

- Policy documents that are consistent with the principles and processes outlined in the Australian Open Disclosure Framework

- Reports on open disclosure that are produced by the health service organisation
- Information and data on open disclosure presented to the governing body and relevant committees
- Committee and meeting records about issues and outcomes relating to open disclosure.

Feedback and complaints management

Action 1.13

The health service organisation:

a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care

b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems

c. Uses this information to improve safety and quality systems

Reflective questions

How does the health service organisation collect patient experience feedback?

How does the health service organisation collect feedback from the workforce?

How are patient experience data and workforce feedback used to improve safety and quality?

Examples of evidence

Select only examples currently in use:

- Data collection tools for collecting workforce, patient and carer feedback
- Committee or meeting records about the selection of patient experience questions, and review of workforce, patient and carer feedback

- Data analysis and reports of consumer feedback or surveys used to evaluate the health service organisation's performance

- Strategic, business and quality improvement plans that incorporate workforce, patient and carer feedback.

Action 1.14

The health service organisation has an organisation-wide complaints management system, and:

a. Encourages and supports patients, carers and families, and the workforce to report complaints

b. Involves the workforce and consumers in the review of complaints

c. Resolves complaints in a timely way

d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken

e. Uses information from the analysis of complaints to inform improvements in safety and quality systems

f. Records the risks identified from the analysis of complaints in the risk management system

g. Regularly reviews and acts to improve the effectiveness of the complaints management system

Reflective questions

What processes are used to ensure that complaints are received, reviewed and resolved in a timely manner?

How are complaints data used to improve safety and quality?

What processes are used to review the effectiveness of the complaints management system?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the processes for recording, managing and reporting complaints
- Complaints register that includes responses and actions to deal with identified issues, and its schedule for review
- Training documents about the complaints management system
- Consumer and carer information and resources about the health service organisation's complaints mechanisms
- Feedback from the workforce on the effectiveness of the complaints management system
- Feedback from consumers and carers on the analysis of complaints data
- Audit results of compliance with complaints management policies
- Evaluation reports that note the effectiveness of responses and improvements in service delivery
- Committee and meeting records in which trends in complaints and complaints management are discussed
- Reports or briefings on complaints provided to the governing body, the workforce or consumers
- Quality improvement plan that includes actions to deal with issues identified
- Examples of improvement activities that have been implemented and evaluated.

Diversity and high-risk groups

Action 1.15

The health service organisation:

a. Identifies the diversity of the consumers using its services

b. Identifies groups of patients using its services who are at higher risk of harm

c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care

Reflective questions

What are the sociodemographic characteristics of the patient population?

How do these characteristics affect patient risk of harm?

How is this information used to plan service delivery and manage inherent risks for patients?

Examples of evidence

Select only examples currently in use:

- Demographic data for the health service organisation and community that are used for strategic planning purposes
- Organisational risk profile that details patient safety and quality risks, and their potential impact
- Results of an assessment or survey of local health needs
- Strategic or business plans that reflect the diversity of the patient population
- Training documents on diversity and cultural awareness
- Consumer information that is available in different formats and languages that reflect the diversity of the patient population
- List of local interpreters or consumer advocacy services, and reports on interpreter use and access
- Examples of actions taken to meet the needs of high-risk patients (for example, cultural awareness events)
- Health service organisation representation at local network meetings that reflect the local diversity of the patient population
- Membership of committees with consumer representation that reflect the diversity of the patient population.

Healthcare records

Action 1.16

The health service organisation has healthcare records systems that:

a. Make the healthcare record available to clinicians at the point of care

b. Support the workforce to maintain accurate and complete healthcare records

c. Comply with security and privacy regulations

d. Support systematic audit of clinical information

e. Integrate multiple information systems, where they are used

Reflective questions

How does the health service organisation ensure that clinicians have access to accurate and integrated healthcare records?

How does the health service organisation ensure the privacy and security of healthcare records?

Examples of evidence

Select only examples currently in use:

- Policy documents about healthcare record management, including access, storage, security, consent and sharing of patient information
- Audit results of healthcare records for compliance with policies, procedures or protocols on healthcare records management, including access to healthcare records and sharing of information
- Audit results of the accuracy, integration and currency of healthcare records
- Observation that healthcare records are accessible at the point of patient care
- Observation that computer access to electronic records is available to the clinical workforce in clinical areas

- Committee and meeting records in which the governance of the health service organisation's data and information technology (IT) systems is monitored or discussed
- Code of conduct that includes privacy and confidentiality of consumer information
- Signed workforce confidentiality agreements
- Secure archival storage and disposal systems
- Observation of secure storage systems in clinical areas
- Observation that computers are password protected
- Records of ethics approval for research activities that involve sharing patient information
- Templates for issuing login and password details for electronic healthcare records systems
- Audit results of the use of a unique identifier in the healthcare records management system
- Training documents about the healthcare records management system
- Systems in place that enable combining of multiple information systems.

Action 1.17

The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:

a. Are designed to optimise the safety and quality of health care for patients

b. Use national patient and provider identifiers

c. Use standard national terminologies

Reflective questions

What processes are used to ensure that the health service organisation's IT systems comply with the requirements of the My Health Record system?

How does the health service organisation ensure that the workforce is appropriately trained in the use of the My Health Record system, including the use of identifiers and terminology?

Examples of evidence

Select only examples currently in use:

- Healthcare records management system that uses Individual Healthcare Identifiers and standard national terminologies
- Policy documents about the healthcare records management system
- Audit results of compliance with policies, protocols or procedures for accessing healthcare records and sharing information
- Audit results of the use of unique identifiers to link the paper healthcare record to the electronic healthcare record
- Committee and meeting records in which the governance of the health service organisation's data and IT systems is monitored or discussed, including validation and protection of data
- Training documents on the use of the My Health Record system
- Observation that data and records are kept secure and safe in both soft and hard copies
- Observation that systems are in place to provide IT infrastructure and support to the workforce using national standard secure messaging to generate national standard e-referral discharge summaries or event summaries
- Examples of electronic correspondence or referrals that use secure messaging.

Action 1.18

The health service organisation providing clinical information into the My Health Record system has processes that:

a. Describe access to the system by the workforce, to comply with legislative requirements

b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

Reflective questions

How does the health service organisation manage the policy implications and risks associated with introducing the My Health Record system?

How does the health service organisation check the accuracy and completeness of clinical information in the My Health Record system?

Examples of evidence

Select only examples currently in use:

• Audit results of compliance with policies, procedures or protocols about healthcare records management

• Audit results of completeness and integration of healthcare records systems.

CRITERION: Clinical performance and effectiveness

The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.

Safety and quality training

Action 1.19

The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:

a. Members of the governing body

b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation

Reflective question

What information is provided to new members of the governing body and workforce about their roles and responsibilities for safety and quality?

Examples of evidence

Select only examples currently in use:

- Orientation and induction documents that detail the safety and quality roles and responsibilities of the workforce and the governing body
- Attendance records for orientation and induction training
- Reports on evaluation of orientation and induction training content.

Action 1.20

The health service organisation uses its training systems to:

a. Assess the competency and training needs of its workforce

b. Implement a mandatory training program to meet its requirements arising from these standards

c. Provide access to training to meet its safety and quality training needs

d. Monitor the workforce's participation in training

Reflective questions

How does the health service organisation test the skills level of the workforce?

What training does the health service organisation provide on safety and quality?

How does the health service organisation identify workforce training needs to ensure that workforce skills are current and meet the health service organisation's service delivery requirements?

Examples of evidence

Select only examples currently in use:

- Policy documents about orientation and training of the clinical workforce
- Employment records that detail the skills and competencies required of the position, as well as the safety and quality roles and responsibilities

- Evidence of the assessment of clinicians' needs for education and competency-based training
- Schedule of clinical workforce education and competency-based training that includes the requirements of the NSQHS Standards
- Orientation manuals, education resources or records of attendance at workforce training
- Audit results of the proportion of the workforce with completed performance reviews
- Skills appraisals and records of competencies for the workforce, including the locum and agency workforce
- Feedback from the workforce about their training needs
- Reviews and evaluation reports of education and training programs
- Communication to the workforce about annual mandatory training requirements.

Action 1.21

The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

Reflective question

How does the health service organisation work to meet the needs of Aboriginal and Torres Strait Islander patients?

Examples of evidence

Select only examples currently in use:

- Evidence of assessment of the workforce's needs for cultural competency and cultural awareness training
- Training documents on Aboriginal and Torres Strait Islander cultural awareness and cultural competency
- Policy documents in which the needs of Aboriginal and Torres Strait Islander patients are recognised

- Review and evaluation reports of cultural awareness education and training programs
- Committee and meeting records in which the cultural needs of Aboriginal and Torres Strait Islander patients are discussed, and strategies to meet their needs are monitored or evaluated
- Employment documents that detail the roles and responsibilities of Aboriginal support officers
- Strategies for increasing employment opportunities for Aboriginal and Torres Strait Islander people in the organisation
- Data analysis and evaluation of feedback from the workforce and consumers about the workforce's cultural competency and cultural awareness.

Performance management

Action 1.22

The health service organisation has valid and reliable performance review processes that:

a. Require members of the workforce to regularly take part in a review of their performance

b. Identify needs for training and development in safety and quality

c. Incorporate information on training requirements into the organisation's training system

Reflective questions

What are the health service organisation's performance review processes?

What process is used to identify the training needs for each member of the workforce?

How is this information incorporated into the health service organisation's training system?

Examples of evidence

Select only examples currently in use:

- Policy documents about the performance review process for the workforce
- Documented performance development system that meets professional development guidelines and credentialing requirements

- Audit results of the proportion of the clinical workforce with completed performance reviews, including actions taken to address identified training and development needs
- Mentoring or peer-review reports
- Feedback from the workforce about their training needs

- Review and evaluation reports of education and training
- Committee and meeting records in which performance review and credentialing of clinicians are discussed.

Credentialing and scope of clinical practice

Action 1.23

The health service organisation has processes to:

a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan

b. Monitor clinicians' practice to ensure that they are operating within their designated scope of clinical practice

c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered

Reflective questions

What processes are used to ensure that clinicians are working within the agreed scope of clinical practice when providing patient care?

How does the health service organisation match the services provided with the skills and capability of the workforce?

How does the health service organisation assess the safety and quality of a new clinical service, procedure or technology?

Examples of evidence

Select only examples currently in use:
- Policy documents about the scope of clinical practice for clinicians in the context of the organisation's needs and capability
- Committee and meeting documents that include information on the roles, responsibilities, accountabilities and monitoring of scope of clinical practice for the clinical workforce

- Audit results of position descriptions, duty statements and employment contracts against the requirements and recommendations of clinical practice and professional guidelines
- Audit results of diagnosis-related groups cared for by clinicians compared with their granted scope of clinical practice and the organisation's clinical services capability framework
- Reports of key performance indicators for clinicians
- Audit results of signatures and role designation in patient healthcare records
- Workforce performance appraisal and feedback records that show a review of the scope of clinical practice for the clinical workforce
- Peer-review reports
- Evaluation of the health service organisation's clinical services targets
- Procedure manuals or guidelines for new services, procedures and technologies
- Defined competency standards for new services, procedures and technologies

- Planning documents to introduce new services (including workforce, equipment, procedures, scope of clinical practice applications and approval for licensing)

- Training documents about new clinical services, procedures and technologies
- Communication to the workforce that defines the scope of clinical practice for new clinical services, procedures or technologies.

Action 1.24

The health service organisation:

a. Conducts processes to ensure that clinicians are credentialed, where relevant

b. Monitors and improves the effectiveness of the credentialing process

Reflective question

What processes are used to ensure that clinicians have the appropriate qualifications, experience, professional standing, competencies and other relevant professional attributes?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the formal credentialing processes for health practitioners
- Committee and meeting records for the credentialing committee
- Register of workforce qualifications and areas of credentialed practice
- Documented recruitment processes that ensure that clinicians are matched to positions, and have the required skills, experience and qualifications to perform their roles and responsibilities

- Employment documents that define the roles of clinical supervisors and trainees undertaking regular clinical supervision
- Evidence that the health service organisation has verified clinicians' qualifications before employment
- Documented use of a checklist for scope of clinical practice
- Documented performance reviews or peer reviews for the clinical workforce
- Audit results of clinical documentation for compliance with guidelines, policies, procedures or protocols
- Documented process for identifying clinicians to be credentialed.

Safety and quality roles and responsibilities

Action 1.25

The health service organisation has processes to:

a. Support the workforce to understand and perform their roles and responsibilities for safety and quality

b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff

Reflective question

How are members of the workforce informed about, and supported to fulfil, their roles and responsibilities for safety and quality of care?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline the delegated safety and quality roles and responsibilities of the workforce
- Employment documents that describe the safety and quality roles, responsibilities and accountabilities of the workforce
- Contracts for locum and agency workforce that specify designated roles and responsibilities, including for safety and quality
- Organisational chart and delegations policy that demonstrates clinical governance reporting lines and relationships
- Training documents about safety and quality roles and responsibilities of the workforce
- Communication to the workforce about their safety and quality roles and responsibilities
- Performance appraisals that include feedback to the workforce about delegated safety and quality roles and responsibilities
- Results of workforce surveys or feedback regarding their safety and quality roles and responsibilities.

Action 1.26

The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate

Reflective question

How does the health service organisation monitor and support clinicians to safely fulfil their designated roles?

Examples of evidence

Select only examples currently in use:

- Individual performance reviews for the clinical workforce, including requirements for supervision
- Audit of the extent and effectiveness of supervision
- Observation of clinical practice
- Mentoring or peer-review reports
- Audit results of members of the clinical workforce who have completed performance reviews, including supervision that is required, and actions taken to deal with identified training and development needs.

Evidence-based care

Action 1.27

The health service organisation has processes that:

a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice

b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

Reflective questions

How does the health service organisation decide which best-practice guidelines, integrated care pathways, clinical pathways, decision support tools and clinical care standards are to be used?

How does the health service organisation support and monitor clinicians' use of these tools?

Examples of evidence

Select only examples currently in use:

- Policy documents about access to, and use of, best-practice guidelines, pathways, decision support tools and clinical care standards that reflect best available evidence and are appropriately referenced

- Committee and meeting records in which decisions about the implementation and use of best-practice guidelines, pathways, decision support tools and clinical care standards were discussed

- Training documents about best-practice guidelines, pathways, decision support tools and clinical care standards

- List of procedures with agreed clinical pathways available to the workforce

- List of web addresses for the workforce to use, and electronic copies of best-practice guidelines, pathways, decision support tools and clinical care standards

- Audit results of healthcare records for adherence to available best-practice guidelines, pathways, decision support tools and clinical care standards

- Observation of best-practice guidelines, pathways, decision support tools and clinical care standards in clinical areas.

Variation in clinical practice and health outcomes

Action 1.28

The health service organisation has systems to:

a. Monitor variation in practice against expected health outcomes

b. Provide feedback to clinicians on variation in practice and health outcomes

c. Review performance against external measures

d. Support clinicians to take part in clinical review of their practice

e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems

f. Record the risks identified from unwarranted clinical variation in the risk management system

Reflective questions

How does the health service organisation use both external and internal systems for monitoring and improving clinical and patient outcomes?

How does the health service organisation interact with clinicians regarding their clinical practice and the health outcomes of their patients?

Examples of evidence

Select only examples currently in use:

- Policy documents that identify the external clinical quality systems that the health service organisation contributes to and encourages its clinicians to take part in
- Reports on data analyses that are used to identify variation in clinical practice and areas of risk associated with variation in clinical practice
- Reports that compare clinical practice and outcomes with those of similar services or peer organisations
- Reports on comparative data analysis from meetings involving clinicians that identify potential reasons for any variation, further investigations that may be needed and potential areas of risk associated with variation in clinical practice

- Comparative data analysis on clinical variation and the outcomes associated with care using external sources such as the *Australian Atlas of Healthcare Variation*, or data provided by, or shared with, external organisations such as clinical quality registries, the Health Roundtable, peer organisations, and states and territories
- Committee and meeting records in which reports on clinical variation or appropriateness of practice were discussed, and clinicians assessed interventions and managed changes in practice
- Audit results of clinical practice against the recommended best-practice guidelines, pathways or clinical care standards, and reports on findings that are provided to all relevant clinicians, managers and committees
- Records of clinical participation in morbidity and mortality reviews, external audits of clinical care, and external clinical registries
- Risk management system that includes actions to manage identified risks associated with unwarranted variation
- Quality improvement system that includes actions to deal with identified issues
- Examples of improvement activities that have been implemented and evaluated to reduce unwarranted variation.

CRITERION: Safe environment for the delivery of care

| The environment promotes safe and high-quality health care for patients.

Safe environment

Action 1.29

The health service organisation maximises safety and quality of care:

a. Through the design of the environment

b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose

Reflective questions

How does the health service organisation ensure that the design of the environment supports the quality of patient care?

How does the health service organisation ensure that buildings and equipment are safe and maintained in good working order?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the health service organisation's
  - requirements for maintaining buildings, plant, equipment, utilities and devices
  - reporting lines and accountability for actions, including during emergency situations
- Strategic plan for facilities and capital works
- Maintenance schedule for buildings, equipment, utilities and devices
- Audit results of compliance with maintenance schedules and inspections of equipment
- Register of equipment that is assigned to meet individual patients' needs
- Audit results of the use of a pre-purchase checklist and risk assessment to identify suitability of all new equipment

- Observation of design and use of the environment to reduce risks relating to self-harm (for example, removal of ligature points, collapsible curtain rails)
- Observation that the different types of accommodation (for example, private and shared rooms, designated palliative care rooms, patient/consumer/carer lounge) are allocated based on clinical need
- Observation that the physical environment includes consideration of safety and quality (for example, interview rooms in high-risk areas that have double doors, use of CCTV surveillance, duress alarms, access to security services, a secure environment after hours)
- Business continuity plan
- Analysis of incident reports and action taken to deal with issues identified
- Risk register and quality improvement plan that includes information from an analysis of incidents.

Action 1.30

The health service organisation:

a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce

b. Provides access to a calm and quiet environment when it is clinically required

Reflective questions

How does the health service organisation identify and manage aspects of the environment and other factors that can worsen risks of harm?

What processes are in place to assess the appropriateness of the physical environment of the health service organisation for people at high risk of harm, such as people with cognitive impairment?

Examples of evidence

Select only examples currently in use:

- Policy documents for safe work practices and emergency situations
- Audit results of healthcare records for compliance with policies, procedures or protocols regarding unpredictable behaviours
- Training documents about safe work practices and emergency situations
- Observation that the physical design of the environment includes consideration of safety and quality (for example, interview rooms in high-risk areas that have double doors, use of CCTV surveillance, duress alarms, access to security services, a secure environment after hours)
- Security contracts and surveillance systems.

Action 1.31

The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose

Reflective question

How do patients and visitors find the facilities to gain access to care?

Examples of evidence

Select only examples currently in use:

- Policy documents for signage, disability access and inclusion
- Observation of the use of universal signage to enable wayfinding for people from culturally and linguistically diverse backgrounds
- Audit results that show whether signs are clearly visible to people with disability
- Location maps that are displayed at entrances and in areas of high visual impact
- Facility map that is available in multiple languages
- Observation of the use of volunteers in reception areas to assist consumers with directions.

Action 1.32

The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so

Reflective question

What processes are in place to support flexible visiting arrangements?

Examples of evidence

Select only examples currently in use:

- Policy documents about visiting rights of patients, including any clinically necessary or reasonable restrictions or limitations that the health service organisation may have

- Consumer and carer information packages or resources that inform consumers of visiting policies or guidelines
- Availability of different types of accommodation to meet patients' needs (for example, visitor waiting rooms, family rooms, quiet rooms).

Action 1.33

The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

Reflective questions

How does the health service organisation make Aboriginal and Torres Strait Islander patients feel welcome and safe when receiving care?

How does the physical environment meet the needs of Aboriginal and Torres Strait Islander patients, carers and families?

Examples of evidence

Select only examples currently in use:

- Policy documents about cultural diversity that deal with the needs of Aboriginal and Torres Strait Islander patients, and their carers and families
- Committee and meeting records that show that the local community provided input about the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

- Availability of an Aboriginal support officer to support Aboriginal and Torres Strait Islander patients on entry or admission to the health service organisation
- Information brochures that outline the role of the Aboriginal support officer, and the services available to support Aboriginal and Torres Strait Islander patients
- Examples of services that are tailored to meet the needs of Aboriginal and Torres Strait Islander patients
- Aboriginal and Torres Strait Islander flags, local artworks or land maps that are displayed in main foyers, or used in soft furnishings and information brochures
- Statements of reconciliation and acknowledgement of traditional custodians
- Use of Aboriginal and Torres Strait Islander names for wards and meeting rooms
- Results of consumer satisfaction surveys that provide feedback on actions to meet the needs of Aboriginal and Torres Strait Islander patients

- Identified space for Aboriginal and Torres Strait Islander people to hold family conferences or to consult with members of the clinical workforce
- Evidence of involvement in, or recognition of, ceremonies such as NAIDOC celebrations, smoking ceremonies and National Sorry Day.

Partnering with Consumers Standard
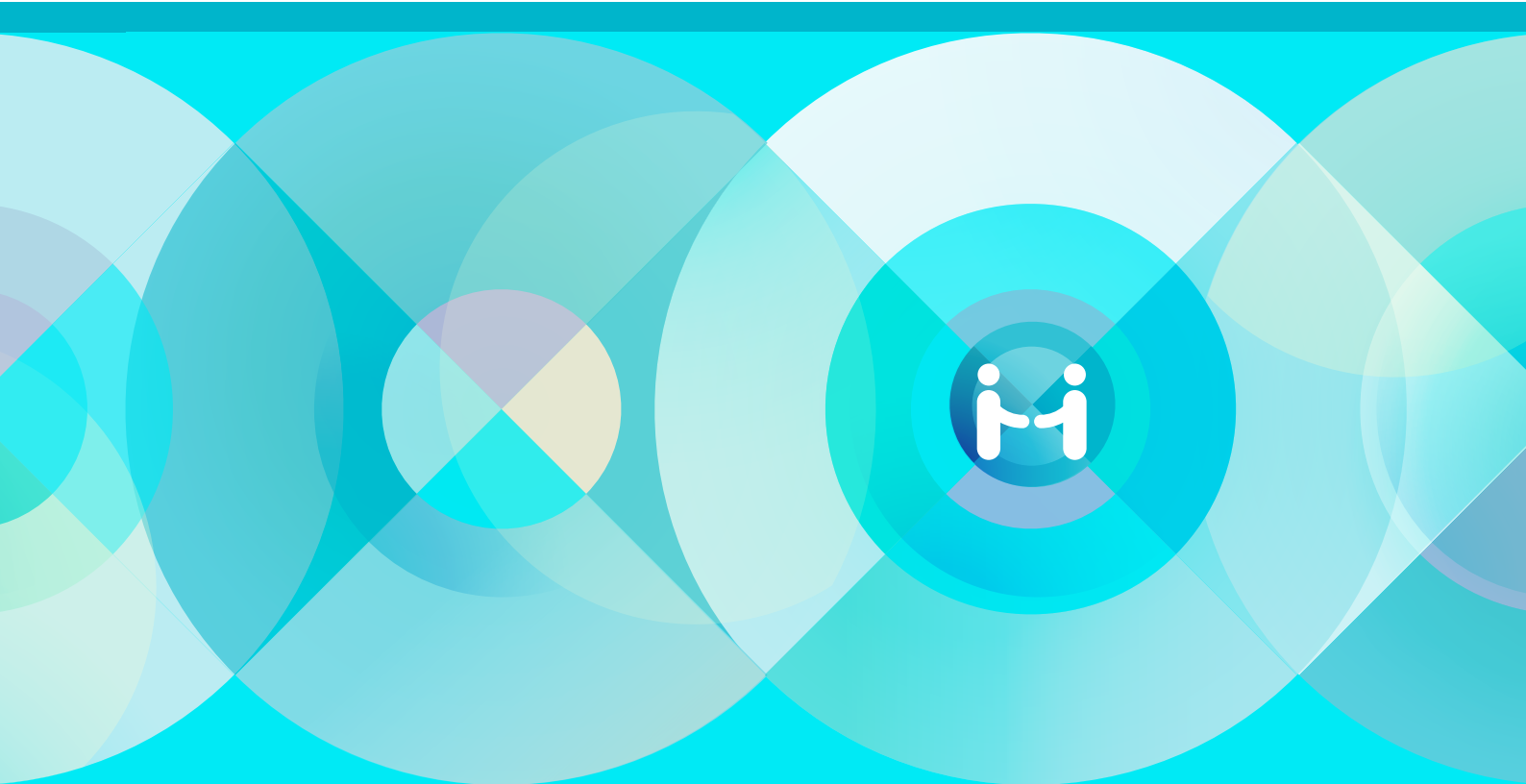
Partnering with Consumers Standard

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

Intention of this standard

To create an organisation in which there are mutually valuable outcomes by having:
- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.

Criteria

Clinical governance and quality improvement systems to support partnering with consumers

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Partnering with patients in their own care

Health literacy

Partnering with consumers in organisational design and governance

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Key resources

- Australian Charter of Healthcare Rights[3]
- Health literacy resources

CRITERION: Clinical governance and quality improvement systems to support partnering with consumers

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

Integrating clinical governance

Action 2.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for partnering with consumers

b. Managing risks associated with partnering with consumers

c. Identifying training requirements for partnering with consumers

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for partnering with consumers
- Identify and manage risks associated with partnering with consumers
- Identify training requirements for partnering with consumers?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the health service organisation's processes for partnering with consumers, including the
  - mechanisms available to engage with consumers
  - financial and physical resources that are available to support consumer participation and input at the governance level
- Observation of clinicians' practice that demonstrates use of the health service organisation's processes for partnering with consumers

- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- Organisational structure that identifies where and how consumers are engaged
- Committee and meeting records that show clinician and consumer involvement in the discussion of consumer engagement strategies, including implementing policy, managing risk, and building skills and capacity for partnering with consumers
- Data from the health service organisation's risk management and reporting systems on risks associated with partnering with consumers and risk mitigation strategies
- Training documents that include information on the value of consumer engagement, and the potential roles for consumer partners in clinical governance and strategic leadership
- Documented examples of consumer engagement in workforce recruitment or review of recruitment processes
- Feedback from consumers, consumer representatives, consumer organisations and carers on their experience of engagement with the health service organisation in clinical governance.

Applying quality improvement systems

Action 2.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring processes for partnering with consumers

b. Implementing strategies to improve processes for partnering with consumers

c. Reporting on partnering with consumers

Reflective questions

How are the processes for partnering with consumers continuously evaluated and improved?

How are these improvements reported to the governing body, the workforce and consumers?

Examples of evidence

Select only examples currently in use:

- Organisation-wide quality improvement system that includes performance measures for partnering with consumers
- Audit of health service organisation performance against identified measures for partnering with consumers
- Results of consumer and carer experience surveys reviewed by the governing body or relevant committees
- Committee and meeting records in which feedback from consumers and the workforce on the health service organisation's safety and quality systems is reported
- Review of the incident monitoring system to identify areas of concern in consumer partnerships
- Quality improvement plan that includes actions to deal with issues identified

- Consumer and carer information packages or resources about the health service organisation's processes for partnering with consumers
- Examples of improvement activities that have been implemented and evaluated to maximise the engagement of patients and consumers
- Reports on safety and quality performance that are published in annual reports, newsletters, newspaper articles, radio items, websites or other local media
- Records of focus groups or meetings involving consumers in which the appropriateness and accessibility of safety and quality performance information were discussed
- Communication with the workforce and consumers about the effectiveness and outcomes of the health service organisation's consumer partnerships
- Formal progress reports or evaluation reports provided to members of the health service organisation's governance committees, leadership team and workforce; consumers; and the wider community
- Feedback from consumers, carers and the workforce on the involvement of consumers in quality improvement systems.

CRITERION: Partnering with patients in their own care

Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.

Healthcare rights and informed consent

Action 2.3

The health service organisation uses a charter of rights that is:

a. Consistent with the Australian Charter of Healthcare Rights

b. Easily accessible for patients, carers, families and consumers

Reflective questions

Does the health service organisation have a charter of rights that is consistent with the Australian Charter of Healthcare Rights?

How do patients, carers, families and consumers use the charter at different points throughout their healthcare journey?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the use of a charter of rights
- Charter of rights that is consistent with the Australian Charter of Healthcare Rights in different languages and formats, consistent with the patient profile

- Observation that a charter of rights is displayed in areas that are accessible to the public
- Consumer and carer information packages or resources that explain consumer healthcare rights
- Evidence that patients and carers received information about their healthcare rights and responsibilities, such as audits of patients, interviews or surveys
- Admission checklist that includes provision and explanation of a charter of rights
- Feedback from patients and consumers about awareness of the charter of rights.

Action 2.4

The health service organisation ensures that its informed consent processes comply with legislation and best practice

Reflective questions

How does the health service organisation ensure that its informed consent policy complies with legislation and best practice?

How does the health service organisation monitor compliance with consent processes?

Examples of evidence

Select only examples currently in use:

- Policy documents for informed consent that reference relevant legislation or best practice and consider issues such as
  - when consent should be obtained
  - when consent is not required
  - when written consent is required
  - requirements for valid consent
  - refusal of treatment or consent
  - obtaining consent from patients from culturally and linguistically diverse backgrounds
  - consent ages and consent for minors
  - guardianship or advocacy

- Training documents on informed consent processes
- Standardised consent form that is in use
- Audit results of healthcare records for compliance with informed consent policies, procedures or protocols
- Audit results of healthcare records to see whether patients are informed of the risks and benefits of treatment, and whether there is a record of consent
- Results of consumer and carer experience surveys, and actions taken to deal with issues identified about informed consent
- Patient information packages or resources about treatment and consent processes that are available for consumers in different formats and languages, consistent with the patient profile
- Feedback about the consent process from patients and carers after treatment.

Action 2.5

The health service organisation has processes to identify:

a. The capacity of a patient to make decisions about their own care

b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves

Reflective questions

What processes are in place to support clinicians to identify a patient's capacity to make decisions about their own care?

How are clinicians supported to identify a substitute decision-maker?

Examples of evidence

Select only examples currently in use:

- Policy documents or processes for
  - identifying a patient's capacity for making decisions about their care
  - identifying a substitute decision-maker, if a patient does not have the capacity to make decisions about their care
  - documenting substitute decision-makers such as next of kin, advocates, people with power of attorney and legal guardians
- Admission screening and assessment tools that identify the patient's capacity for choice and decision-making

- Audit results of healthcare records that identify patients' capacity to make decisions, and confirm the identity of the substitute decision-maker, if required
- Audit results of healthcare records for compliance with policies, procedures or protocols, and completeness of documentation relating to advocacy or guardianship
- Patient information packages or resources about advocacy, power of attorney and legal guardianship that are available for consumers in different formats and languages, consistent with the patient profile
- Examples of applications regarding guardianship or use of the Office of the Public Advocate.

Sharing decisions and planning care

Action 2.6

The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals and make decisions about their current and future care

Reflective questions

What systems and processes are available for clinicians to partner with patients or their substitute decision-maker to plan, communicate, set goals, and make decisions about current and future care?

How does the health service organisation review the use and outcomes of systems and processes for partnering with patients or their substitute decision-maker?

Examples of evidence

Select only examples currently in use:

- Policy documents for partnering with consumers in their care, including communication and interpersonal skills, shared decision making, and planning current and future care

- Training documents about communication and interpersonal skills, partnering with consumers and shared decision making
- Tools to support shared decision making, care planning and development of goals of care
- Audit results of healthcare records to see whether
  - information was provided to patients and carers about care options
  - patients and carers were involved in preoperative assessment
  - a plan for care was developed with patients and clinicians, and provided to patients to review, sign and receive as a copy relating to their treatment
  - patients and carers were involved in decision-making (for example, case conference records)
  - patients and carers were involved in discharge planning
  - patients were engaged in developing goals of care (for example, in an advance care plan)

- Patient information packages or resources about care options that are available for patients in different languages and formats, consistent with the patient profile
- Results of patient and carer experience surveys, and actions taken to deal with issues identified regarding participation in making decisions about their care

- Observation of patients and carers taking part in making decisions about their care
- Feedback from patients and carers about their experiences in shared decision making and care planning.

Action 2.7

The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care

Reflective questions

How is the workforce supported to form partnerships with patients so that they can be actively involved in their own care?

How is workforce participation in education and training to support patient partnerships monitored and evaluated?

Examples of evidence

Select only examples currently in use:
- Policy documents for partnering with consumers in their care, including policies on communication and interpersonal skills, shared decision making and health literacy

- Training documents about partnering with consumers in their care and shared decision making
- Audit results of healthcare records to identify the involvement of clinicians and patients in developing a plan of care, including coordinated care meetings
- Analysis of feedback data from the workforce about partnering with consumers in their care.

Health service organisations communicate with consumers in a way that supports effective partnerships.

Communication that supports effective partnerships

Action 2.8

The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

Reflective questions

How are the communication needs of consumers and the community identified?

What strategies are used to tailor communication to meet the needs of a diverse consumer and community population?

Examples of evidence

Select only examples currently in use:

- Policy documents about communication, including the use of plain language, and addressing the cultural and linguistic diversity of the community that the health service organisation serves
- Demographic profile or demographic survey for the health service organisation that identifies the diversity of the community it serves
- Results of a needs assessment project that identifies local health needs
- Demographic data from external sources that are used for strategic and communication planning to identify the cultural diversity and needs of patients and carers

- Training documents about cultural awareness and diversity
- Consumer and carer information packages or resources that are culturally appropriate, and are available in different languages and accessible formats
- Feedback from consumers from culturally or linguistically diverse backgrounds during the development or review of information packages or resources
- Committee and meeting records that show that the health service organisation is represented at local network meetings that reflect the local diversity of the patient population
- Reports on interpreter use and access
- Feedback from patients and carers about whether communication processes meet their needs
- Observation that clinicians have access to communication resources that provide contact details for support services such as local consumer health advocates, interpreters, or cultural support and liaison services.

Action 2.9

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

Reflective question

How are consumers involved in the development and review of patient information that is developed internally?

Examples of evidence

Select only examples currently in use:

- Committee and meeting records that show consumer involvement in the development and review of patient information resources
- Feedback from consumers who have used the health service organisation's information publications
- Evaluation reports on existing patient information publications that identify how consumers were involved in development and review
- Examples of publications that have changed in response to consumer feedback
- Communication with consumers who provided input into the development or review of resources about the types of changes made in response to their feedback.

Action 2.10

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

a. Information is provided in a way that meets the needs of patients, carers, families and consumers

b. Information provided is easy to understand and use

c. The clinical needs of patients are addressed while they are in the health service organisation

d. Information needs for ongoing care are provided on discharge

Reflective questions

What processes are used to ensure that the information available for clinicians to give to patients meets the patients' needs?

How are clinicians supported to meet the information needs of patients for ongoing care on discharge?

Examples of evidence

Select only examples currently in use:

- Observation that the workforce, patients and carers have access to information about the health service organisation and the services it provides
- Audit results of healthcare records that reflect an assessment of need, and the information and support provided before, during and after an episode of care
- A register of interpreter and other advocacy and support services available to the workforce, patients and carers
- Examples of information materials provided to patients and carers that are in plain language, and available in different languages and formats
- Results of patient and carer experience surveys regarding the information provided
- Audit of the proportion of patients receiving a discharge summary
- Feedback from patients and carers about the information communicated to them in the health service organisation and on discharge.

CRITERION: Partnering with consumers in organisational design and governance

| Consumers are partners in the design and governance of the organisation.

Partnerships in healthcare governance, planning, design, measurement and evaluation

Action 2.11

The health service organisation:

a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care

b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the local community

Reflective questions

How does the health service organisation involve consumers in governance planning, and the design, measurement and evaluation of health care?

How does the health service organisation ensure that the diversity of consumers and local communities who use the service is reflected in these partnerships?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the process for involving consumers in partnerships to design, measure and evaluate health care
- Description of the roles and responsibilities of consumers in strategic, operational and service planning partnerships
- Membership of groups tasked with steering design and redesign projects, including consumers who are representative of the patient population
- Committee and meeting records that show consumer involvement in activities relating to healthcare planning, design, measurement and evaluation

- Project plans and reports that include information on consumer involvement in the development of design or redesign projects
- Reports from designers and architects outlining how they have responded to consumer suggestions for improvements
- Feedback from consumers, survey results or evaluation reports on the processes of engagement and support provided to consumers
- Reports that detail consumer participation in activities to design, measure and evaluate health care, such as notes from interviews or focus groups, planning workshops or forums, or meetings with community and consumer organisations
- Committee and meeting records that show that the health service organisation is represented at local network meetings that reflect the diversity of the local consumer population
- Feedback from consumers and consumer representatives on the involvement of consumers in governance, planning, design, measurement and evaluation of health care.

Action 2.12

The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation

Reflective questions

What training and support are offered to consumers who are partnering in the governance, design, measurement and evaluation of the health service organisation?

How is feedback from consumers used to evaluate and improve the effectiveness of the support provided?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the orientation and ongoing training provided to consumers who have formed partnerships with the health service organisation
- Calendar of internal and external training that is available to support consumers who take part in the governance, design, measurement and evaluation of the health service organisation
- Feedback from consumers and consumer representatives on their experience of orientation, support and education for involvement in governance, design, measurement and evaluation.

Action 2.13

The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

Reflective question

What framework is used to enable the health service organisation to partner with Aboriginal and Torres Strait Islander communities?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the health service organisation's approach to providing culturally appropriate and safe health care for Aboriginal and Torres Strait Islander people
- Membership of the health service organisation board, and clinical governance or consumer advisory committees that reflects the consumer population

- Reports on the number of Aboriginal and Torres Strait Islander members of the workforce employed by the health service organisation
- Employment documents that describe the roles and responsibilities of Aboriginal health workers or community liaison officers
- Examples of strategies that have been implemented to strengthen the Aboriginal and Torres Strait Islander workforce or provide leadership regarding Aboriginal and Torres Strait Islander healthcare needs
- Reports from meetings that included representatives from the health service organisation, and from local Aboriginal and Torres Strait Islander networks and service providers

- Committee and meeting records where consultation about local health issues for the community and the cultural appropriateness of education programs were discussed
- Memorandum of understanding or similar formal agreement with the local Aboriginal and Torres Strait Islander community or health service providers

- Training documents about cultural capability and awareness of Aboriginal and Torres Strait Islander healthcare needs
- Examples of programs that have been implemented to deal with the healthcare needs of Aboriginal and Torres Strait Islander people
- Examples that show a culturally safe environment for Aboriginal and Torres Strait Islander people who use the health service organisation.

Action 2.14

The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

Reflective question

How are consumers involved in the design and delivery of workforce training and education?

Examples of evidence

Select only examples currently in use:
- Project plans, communication strategies or consultation plans that describe the involvement of consumers in the development of training curriculums and materials

- Committee and meeting records in which training curriculums for the workforce were discussed and feedback was provided by consumers
- Training documents that incorporate consumers' views and experiences
- Records of training or presentations provided to the workforce by consumers
- Feedback from consumers involved in developing training and education resources for the workforce.

Preventing and Controlling Healthcare–Associated Infection Standard

Preventing and Controlling Healthcare-Associated Infection Standard

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

Intention of this standard

To reduce the risk of patients acquiring preventable healthcare-associated infections, effectively manage infections if they occur, and limit the development of antimicrobial resistance through prudent use of antimicrobials as part of antimicrobial stewardship.

Criteria

Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship

Infection prevention and control systems

Reprocessing of reusable medical devices

Antimicrobial stewardship

Key resources

- *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[4]
- Antimicrobial Use and Resistance in Australia
- Antimicrobial Stewardship Clinical Care Standard[5]
- *Antimicrobial Stewardship in Australian Hospitals*[6]

CRITERION: Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship

Systems are in place to support and promote prevention and control of healthcare-associated infections, and improve antimicrobial stewardship.

Integrating clinical governance

Action 3.1

The workforce uses the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship

b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship

c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures to minimise healthcare-associated infections
- Identify and manage risks associated with healthcare-associated infections
- Identify training requirements to prevent and control healthcare-associated infections, and improve antimicrobial stewardship?

Examples of evidence

Select only examples currently in use:

- Policy documents about infection prevention and control that include risk assessment and risk management strategies, and instructions for clinicians
- Audit results of workforce compliance with policies and procedures for infection prevention and control, and antimicrobial stewardship
- Surveillance data that are used to improve infection prevention and control
- Action plan based on the risk assessment of the health service organisation's infection prevention and control systems
- Training documents about the health service organisation's infection prevention and control systems.

Applying quality improvement systems

Action 3.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program

b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship

c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program

Reflective questions

How are the systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce, consumers and other organisations?

Examples of evidence

Select only examples currently in use:

- Improvements made to the health service organisation's infection prevention and control system

- Reports to the highest level of governance, the workforce and consumers on infection prevention and control outcomes of the health service organisation's quality improvement program
- Performance evaluation of the infection prevention and control program by leadership, the workforce and consumers as part of the health service organisation's quality improvement program
- Audit results of infection prevention and control activities included in the quality improvement system.

Action 3.3

Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

How do clinicians use the processes for partnering with consumers to involve patients in planning and making decisions about infection prevention and control?

How does the health service organisation collect feedback from patients about information provided on infection prevention and control?

Examples of evidence

Select only examples currently in use:

- Policy documents about partnering with consumers on infection prevention and control
- Observation of clinicians' practice that demonstrates use of the health service organisation's processes for partnering with consumers
- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- Evidence of consumer engagement in the health service organisation's program for infection prevention and control, such as inclusion of consumers on organisational committees and evaluation of consumer feedback
- Examples of resources to support patients' decision-making about infection prevention and control risks that have been developed with consumer partnership
- Results of evaluation of consumer resources used in the health service organisation.

Surveillance

Action 3.4

The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:

a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation

b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing

c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups

Reflective questions

How does the health service organisation collect surveillance data on healthcare-associated infections?

How are these data used to monitor, assess and reduce risks relating to healthcare-associated infections?

How are these data reported to the workforce, the governing body, consumers and other relevant groups?

Examples of evidence

Select only examples currently in use:

- Surveillance strategy for healthcare-associated infections based on the complexity of services provided in the health service organisation and assessment of risks

- Audit results of surveillance activities for healthcare-associated infections
- Reports of surveillance activities for healthcare-associated infections provided to the workforce, the governing body, consumers and other relevant groups
- Results from analysis of data on healthcare-associated infections
- Committee and meeting records in which surveillance data on healthcare-associated infections were reported or discussed.

CRITERION: Infection prevention and control systems

Evidence-based systems are used to prevent and control healthcare-associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The health service organisation is clean and hygienic.

Standard and transmission-based precautions

Action 3.5

The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements

Reflective question

How does the health service organisation ensure that its standard and transmission-based precautions are consistent with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and with state or territory requirements?

Examples of evidence

Select only examples currently in use:

- Policy documents about standard and transmission-based precautions that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and are available to the workforce

- Audit results of workforce compliance with standard and transmission-based precautions
- Training documents about standard and transmission-based precautions
- Examples of improvement activities that have been implemented and evaluated to improve compliance with, and raise awareness of, standard and transmission-based precautions
- Committee and meeting records in which compliance with, and incidents relating to, standard and transmission-based precautions were discussed
- Observation of standardised signage and other information resources consistent with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Action 3.6

Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider:

a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care

b. Whether a patient has a communicable disease, or an existing or pre-existing colonisation or infection with organisms of local or national significance

c. Accommodation needs to manage infection risks

d. The need to control the environment

e. Precautions required when the patient is moved within the facility or to external services

f. The need for additional environmental cleaning or disinfection

g. Equipment requirements

Reflective questions

How do clinicians decide on the need to apply transmission-based precautions?

How do clinicians assess and manage infection risks when a patient presents for care?

Examples of evidence

Select only examples currently in use:

- Policy documents about the assessment of infection risks and implementation of transmission-based precautions to manage the risks
- Patient referral or admission documentation that demonstrates assessment of infection risks and precautions to manage risks
- Committee and meeting documents in which infection risks and precautions to manage them were discussed
- Audit results of the use of precautions for infection risks
- Training documents about assessing infection risks and precautions to manage the risks
- Examples of activities that have been implemented and evaluated to improve assessment and management of infection risks
- Observation that relevant equipment, including personal protective equipment, is available to the workforce
- Observation of physical and environmental controls for managing the risk of transmission of infectious agents
- Cleaning schedules that outline further requirements associated with infection risk
- List of communicable diseases or infectious agents of local or national significance that affect the health service organisation, patients and the workforce
- Examples of communication with the workforce and patients about the risk of infectious agents and communicable diseases, and measures that can be used to reduce the risks.

Action 3.7

The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations

Reflective question

How does the health service organisation communicate the patient's infectious status when care is transferred?

Examples of evidence

Select only examples currently in use:

- Policy documents about communicating relevant information about any risks associated with a patient's infectious status when care is transferred between clinicians or health service organisations
- Clinical communication processes that include actions to communicate a patient's infectious status to clinicians
- Examples of clinical communication that highlights infectious status, such as handover sheets, discharge forms or electronic communication
- Audit results of compliance with the processes for communicating infectious status, such as reviewing clinical communication documents or related incident reports
- Resources for patients and visitors about infection risks, and infection prevention and control strategies.

Hand hygiene

Action 3.8

The health service organisation has a hand hygiene program that:

a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements

b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative

Reflective questions

What processes are used to ensure that the health service organisation's hand hygiene program is consistent with the current National Hand Hygiene Initiative and with state or territory requirements?

How does the health service organisation measure compliance with the current National Hand Hygiene Initiative? What action has been taken to improve compliance?

Examples of evidence

Select only examples currently in use:

- Policy documents about a hand hygiene program that is consistent with the current National Hand Hygiene Initiative and state or territory requirements
- Training documents about the hand hygiene program
- Audit results of compliance with the hand hygiene program, including clinician compliance, using passive or active assessment

- Strategies to reduce noncompliance or inconsistency with the current National Hand Hygiene Initiative in the health service organisation
- Committee and meeting records in which noncompliance and inconsistency with the hand hygiene program were discussed

- Communication with clinicians about the results of hand hygiene programs and compliance rates of the workforce
- Audit results of evaluation of the hand hygiene program, including use and availability of equipment, supplies and products for hand hygiene.

Aseptic technique

Action 3.9

The health service organisation has processes for aseptic technique that:

a. Identify the procedures where aseptic technique applies

b. Assess the competence of the workforce in performing aseptic technique

c. Provide training to address gaps in competency

d. Monitor compliance with the organisation's policies on aseptic technique

Reflective questions

What processes are used to ensure that the workforce is competent in aseptic technique?

How does the health service organisation ensure that clinicians routinely follow aseptic technique when required?

Examples of evidence

Select only examples currently in use:
- Policy documents that identify clinical procedures and activities for which aseptic technique is required
- List of procedures undertaken in the health service organisation that require aseptic technique

- Evidence of the assessment of workforce competence in performing aseptic technique
- Skills appraisals and record of competencies of contractor, locum and agency workforce for aseptic technique
- Training documents about aseptic technique, including training to reduce gaps in competence
- Audit results of compliance with aseptic technique procedures
- Actions taken to reduce identified risks associated with aseptic technique
- List of invasive clinical procedures included in the aseptic technique assessment.

Invasive medical devices

Action 3.10

The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*

Reflective question

How does the health service organisation ensure that the workforce selects, inserts, maintains and removes invasive devices safely?

Examples of evidence

Select only examples currently in use:

- Policy documents about the selection, insertion, maintenance and removal of invasive medical devices
- Committee and meeting records in which use of invasive medical devices was discussed

- Review of infection surveillance data about invasive medical devices
- Actions taken to manage identified risks with the selection, insertion, maintenance and removal of invasive medical devices
- List of invasive medical devices in use in the health service organisation and where they are used
- Audit results of workforce compliance with processes for the selection, insertion, maintenance and removal of invasive medical devices.

Clean environment

Action 3.11

The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements – that:

a. Respond to environmental risks

b. Require cleaning and disinfection in line with recommended cleaning frequencies

c. Include training in the appropriate use of specialised personal protective equipment for the workforce

Reflective questions

What processes are used to maintain a clean and hygienic environment in line with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and with state or territory requirements?

How does the health service organisation ensure that the workforce is trained in the appropriate use of specialised personal protective equipment?

Examples of evidence

Select only examples currently in use:
- Policy documents about a clean and hygienic environment
- Cleaning and disinfection schedules that meet the requirements outlined in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and relevant state or territory requirements
- Audit results of cleaning and disinfection practices
- Committee and meeting records relating to cleaning and disinfection
- Contracts with external cleaning providers that outline the health service organisation's requirements for cleaning and disinfection
- Results of consumer experience surveys, and actions taken to deal with issues identified regarding cleaning and disinfection
- Training documents for the workforce about the use of specialised personal protective equipment (for example, powered air-purifying respirators or general-purpose utility gloves)
- Audit results of the use of specialised personal protective equipment.

Action 3.12

The health service organisation has processes to evaluate and respond to infection risks for:

a. New and existing equipment, devices and products used in the organisation

b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings

c. Handling, transporting and storing linen

Reflective questions

How are infection risks for new and existing equipment, devices and products determined?

How is this information used to inform policies, procedures and protocols for preventing and controlling healthcare-associated infections?

What action has been taken to maintain cleaning standards and services?

Examples of evidence

Select only examples currently in use:
- Policy documents about evaluating and responding to the risks associated with linen, equipment, devices, products, buildings, furnishings and fittings in the health service organisation
- Audit results of the handling, transport and storage of linen
- Contracts with external linen providers that outline the health service organisation's requirements for managing clean and used linen to minimise infection risks
- Schedules for maintenance of buildings, equipment, furnishings and fittings
- Audit results of compliance with the maintenance schedules for buildings, equipment, furnishings and fittings
- Records of business decision-making about repairs and upgrades to buildings, equipment, furnishings and fittings.

Workforce immunisation

Action 3.13

The health service organisation has a risk-based workforce immunisation program that:

a. Is consistent with the current edition of the *Australian Immunisation Handbook*

b. Is consistent with jurisdictional requirements for vaccine-preventable diseases

c. Addresses specific risks to the workforce and patients

Reflective question

Is the health service organisation's immunisation program consistent with the national immunisation guidelines and state or territory requirements?

Examples of evidence

Select only examples currently in use:

- Policy documents about risk-based workplace immunisation
- Audit results of workforce vaccination compliance
- Committee and meeting records in which workforce vaccination compliance was discussed
- Communication with the workforce about workforce vaccination requirements
- Workforce vaccination schedule
- Workforce vaccination records.

CRITERION: Reprocessing of reusable medical devices

Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards, and meets current best practice.

Reprocessing of reusable devices

Action 3.14

Where reusable equipment, instruments and devices are used, the health service organisation has:

a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines

b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying

- the patient
- the procedure
- the reusable equipment, instruments and devices that were used for the procedure

Reflective questions

What processes are in place to ensure that reprocessing of reusable medical devices follows relevant national standards and manufacturers' instructions?

How does the health service organisation identify the patients, procedures, and reusable equipment, instruments and devices used during a procedure?

Examples of evidence

Select only examples currently in use:

- Policy documents about reprocessing reusable equipment, instruments and devices
- Policy documents about tracing critical and semi-critical reusable equipment, instruments and devices

- List of critical and semi-critical equipment, instruments and devices used in the health service organisation
- Committee and meeting records in which reprocessing and tracing of reusable equipment, instruments and devices were discussed
- Audit results of the traceability system
- Training documents for the workforce about reprocessing and tracing of reusable equipment, instruments and devices.

CRITERION: Antimicrobial stewardship

The health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

Antimicrobial stewardship

Action 3.15

The health service organisation has an antimicrobial stewardship program that:

a. Includes an antimicrobial stewardship policy

b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing

c. Has an antimicrobial formulary that includes restriction rules and approval processes

d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard

Reflective questions

What systems, processes and structures are in place to support appropriate prescribing and use of antimicrobials?

How does the health service organisation provide access to current endorsed therapeutic guidelines for clinicians who prescribe antimicrobials?

How is information about the antimicrobial formulary, restriction rules and approval processes communicated to prescribers and clinicians?

Examples of evidence

Select only examples currently in use:

- Policy documents about the antimicrobial stewardship (AMS) program
- Examples of how the quality statements from the Antimicrobial Stewardship Clinical Care Standard have been incorporated into the AMS program
- Membership lists and role descriptions for the AMS committee and team
- Committee and meeting records in which performance of the AMS program was discussed

- Communication with the workforce promoting the use of current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing
- Observation that current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing are available to the workforce
- Training documents about AMS and attendance records
- Antimicrobial formulary that includes restrictions and approval procedures that align with current endorsed therapeutic guidelines
- Audit results of antimicrobial use, especially for high-risk antimicrobials or high-risk clinical areas
- A risk management plan that identifies gaps and priorities, and includes identifying high-risk antimicrobials or high-risk clinical areas, and monitoring for unintended consequences associated with the AMS program
- Information technology and clinical decision support systems that support implementation of the formulary.

Action 3.16

The antimicrobial stewardship program will:

a. Review antimicrobial prescribing and use

b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing

c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use

d. Report to clinicians and the governing body in relation to

- compliance with the antimicrobial stewardship policy

- antimicrobial use and resistance

- appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing

Reflective questions

What processes are in place to evaluate antimicrobial use?

How does the health service organisation use surveillance data on local antimicrobial resistance and use to support appropriate prescribing?

What actions have been taken to improve the effectiveness of the AMS processes?

How are data on prescribing and use of antimicrobials reported to clinicians and the governing body?

Examples of evidence

Select only examples currently in use:

- Committee and meeting records in which compliance with the AMS policy, and antimicrobial prescribing and use were discussed, including reviews of surveillance data

- Results of analysis of surveillance data on antimicrobial resistance and use, including
  - National Antimicrobial Prescribing Survey (NAPS) audit reports
  - data submitted to the National Antimicrobial Utilisation Surveillance Program
  - local antibiograms

- Results of NAPS or other audits and surveys about the appropriateness of prescribing

- Improvement activities for AMS that have been implemented and evaluated

- Communications with clinicians on antimicrobial use, resistance and stewardship in the health service organisation

- Reports that analyse outcome measures showing compliance and effectiveness of the AMS program.

Medication Safety Standard

4
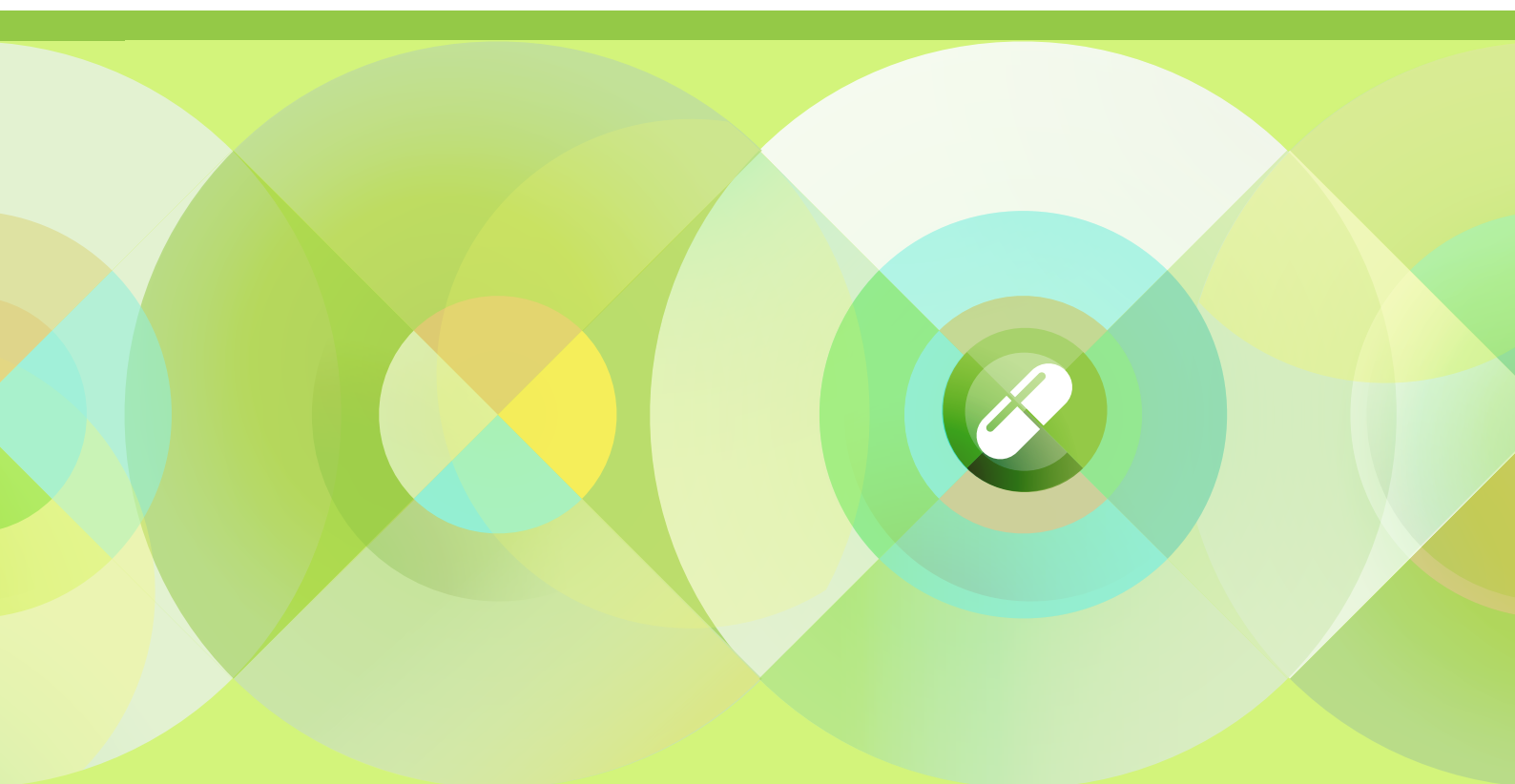
Medication Safety Standard

Leaders of a health service organisation describe, implement and monitor systems to reduce the occurrence of medication incidents, and improve the safety and quality of medication use. The workforce uses these systems.

Intention of this standard

To ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use. To ensure consumers are informed about medicines and understand their individual medicine needs and risks.

Criteria

Clinical governance and quality improvement to support medication management

Documentation of patient information

Continuity of medication management

Medication management processes

Key resources

A range of resources are available on the Commission's Medication Safety web page.

CRITERION: Clinical governance and quality improvement to support medication management

Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines.

Integrating clinical governance

Action 4.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for medication management

b. Managing risks associated with medication management

c. Identifying training requirements for medication management

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Ensure appropriate governance of medication management
- Support development and implementation of policies and procedures for medication management
- Identify and manage risks associated with medication management
- Identify training requirements for medication management?

Examples of evidence

Select only examples currently in use:

- Policy documents about medication management that are accessible to the workforce
- Observation of clinicians' practice that demonstrates use of the health service organisation's processes for medication management
- Records of interviews with clinicians that show that they understand the health service organisation's processes for medication management

- Committee and meeting records relating to medication safety
- Terms of reference and membership of the governance group or committee responsible for medication safety
- Documents that detail responsibilities for organisation-wide medication safety systems at all levels of the organisation
- Employment documents that outline the roles, responsibilities and accountabilities for clinical and organisational medication management activities
- Training documents about medication management and medication safety
- Reports from an incident management and investigation system, including analysis of incident data and trends relating to medication management
- Risk management system that includes actions to manage risks identified in medication management.

Applying quality improvement systems

Action 4.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the effectiveness and performance of medication management

b. Implementing strategies to improve medication management outcomes and associated processes

c. Reporting on outcomes for medication management

Reflective questions

How are the effectiveness and performance of medication management monitored and improved?

How are the outcomes of improvement activities communicated to the governing body, the workforce, consumers and other organisations?

Examples of evidence

Select only examples currently in use:

- Results of trend analyses of incident data on medication management systems
- Results of workforce and patient experience surveys relating to medication management
- Quality measures and tools developed to evaluate medication management systems
- Reports to the highest level of governance and the workforce about the evaluation and assessment of performance of medication management systems
- Actions taken to improve the safety of medication management systems
- Evidence of risk assessments, evaluations and actions taken to implement new tools or processes for medication management (for example, implementation of electronic medication management)
- Audits of compliance with medication management policies and procedures
- Results of observation audits or walk-arounds
- Examples of action taken as a result of feedback (including complaints) from surveys or focus groups.

Partnering with consumers

Action 4.3

Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients in planning and making decisions about their medication management?

How does the health service organisation ensure that patients are provided with medicine-related information tailored to their needs and health literacy?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the processes for gaining patient consent, or consulting with substitute decision-makers, for the administration of medicines

- Policy documents about consumer engagement in medication management

- Observation of clinicians' practice that shows use of the health service organisation's processes for partnering with consumers

- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers

- Samples of medicine-related information resources for patients, carers and families that meet the requirements in the health literacy actions of the Partnering with Consumers Standard

- Examples of clinical documentation that provide evidence of shared decision making about medication management

- Results of patient experience surveys about medication management.

Medicines scope of clinical practice

Action 4.4

The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians

Reflective questions

What processes does the health service organisation use to ensure that only clinicians with the relevant authority prescribe, dispense or administer medicines?

What processes are used to ensure that clinicians are competent and operating within their individual scope of clinical practice?

Examples of evidence

Select only examples currently in use:

- Policy documents about scope of clinical practice for prescribing, dispensing and administering medicines

- List of the individual workforce members with authority to prescribe, dispense or administer medicines
- Employment documents that describe the responsibilities, accountabilities and scope of clinical practice of the workforce in medication management
- Records of competency assessments of the workforce where medication authority requires demonstration of competence
- Audit results of compliance with the authority to prescribe, dispense or administer medicines
- Committee and meeting records in which the scope of clinical practice for medicines was considered.

CRITERION: Documentation of patient information

A patient's best possible medication history (BPMH) is recorded when commencing an episode of care. The BPMH, and information relating to medicine allergies and adverse drug reactions are available to clinicians.

Medication reconciliation

Action 4.5

Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care

Reflective questions

What processes are used to obtain and record a best possible medication history (BPMH) in the patient's healthcare record?

How does the health service organisation evaluate the quality of patient involvement in the process of obtaining a BPMH?

Examples of evidence

Select only examples currently in use:
- Policy documents about obtaining and documenting a BPMH
- Audit results of healthcare records for documentation of a BPMH

- Evidence that BPMHs are documented in a standard place (hard copy or electronic), such as a medication management plan
- Evaluation report on the quality of patients' involvement in, and contribution to, the process of obtaining a BPMH
- Evaluation of the quality and usefulness of the content of a BPMH
- Training documents about taking and documenting a BPMH
- Records of competency assessments of the workforce in taking and documenting a BPMH.

Action 4.6

Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care

Reflective questions

What processes are in place to ensure that clinicians review their patients' current medication orders against the BPMH?

How and where are discrepancies with a patient's medicines documented and reconciled?

How are changes to a patient's medicines, and the reasons for change, documented and communicated at transfer of care or on discharge?

Examples of evidence

Select only examples currently in use:

- Policy documents about medication reconciliation on admission, at transitions of care and on discharge
- Tool or form (hard copy or electronic) used for medication reconciliation
- Audit results of documentation of medication reconciliation
- Training documents about medication reconciliation and workforce training attendance records.

Adverse drug reactions

Action 4.7

The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation

Reflective questions

How does the health service organisation ensure that a patient's history of medicine allergies and adverse drug reactions (ADRs) is recorded when taking a BPMH on presentation?

How do clinicians who prescribe, dispense or administer medicines know that a patient has an existing medicine allergy or ADR?

Examples of evidence

Select only examples currently in use:

- Policy documents about recording a patient's known medicine allergies and ADRs on presentation

- Audit results of healthcare records for documentation of known medicine allergies and ADRs on presentation
- Feedback to the workforce about compliance with documenting known medicine allergies and ADRs on presentation
- Training documents about taking and documenting a patient's history of medicine allergies and ADRs on presentation.

Action 4.8

The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system

Reflective questions

What processes are used to ensure that all medicine allergies and ADRs experienced by a patient during an episode of care are recorded in the patient's healthcare record, and reported in the incident management and investigation system?

How do clinicians who prescribe, dispense or administer medicines know that a patient has experienced a new medicine allergy or ADR?

What processes are used to ensure that clinicians document a patient's new medicine allergies or ADRs on their medicines list?

Examples of evidence

Select only examples currently in use:

- Policy documents about recording new medicine allergies and ADRs experienced during an episode of care
- Audit results of workforce compliance with policies, procedures, protocols and guidelines for documenting new medicine allergies and ADRs
- Audit results of healthcare records for documentation of new medicine allergies and ADRs in places noted in policies, procedures, protocols and guidelines
- Feedback to the workforce about compliance with policies, procedures, protocols and guidelines for documenting new medicine allergies and ADRs
- Results of analysis of incident data relating to new medicine allergies and ADRs
- Orientation or training documents about documenting patients' new medicine allergies and ADRs.

Action 4.9

The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements

Reflective questions

What processes are used to report all new suspected ADRs experienced by patients during their episode of care to the Therapeutic Goods Administration (TGA)?

What resources, tools or information are provided to clinicians to encourage the reporting of ADRs?

How does the health service organisation use the information and reports on suspected ADRs experienced by its patients?

Examples of evidence

Select only examples currently in use:

- Policy documents on recording and reporting suspected ADRs to the TGA
- Record of suspected ADR reports submitted to the TGA
- Communication to the workforce explaining the process for reporting suspected ADRs to the TGA
- Reports from audits of workforce compliance in using the process for reporting ADRs to the TGA

- Communication with the workforce and the highest level of governance summarising TGA reports of suspected ADRs experienced within the health service organisation
- Consumer resources outlining how they can self-report ADRs to the TGA
- Orientation or training documents about identifying and reporting suspected ADRs to the TGA.

CRITERION: Continuity of medication management

| *A patient's medicines are reviewed, and information is provided to them about their medicines needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.*

Medication review

Action 4.10

The health service organisation has processes:

a. To perform medication reviews for patients, in line with evidence and best practice

b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems

c. That specify the requirements for documentation of medication reviews, including actions taken as a result

Reflective questions

What evidence-based policies, procedures or guidelines for medication review are in place for clinicians?

What processes are used to identify patients at risk of medicine-related problems or adverse events, and to set priorities for patients for medication review?

Examples of evidence

Select only examples currently in use:
- Policy documents about undertaking, prioritising and documenting medication reviews
- Documented examples of actions taken as a result of medication review
- Orientation or training documents about medication review
- Employment documents that outline the roles, responsibilities and accountabilities for medication review
- Audit results of compliance with the system for medication review
- Audit results of the conduct of medication review
- Review of data about medication-related problems or adverse events experienced by patients.

Information for patients

Action 4.11

The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks

Reflective questions

How do clinicians inform patients about options for their care, including use of medicines?

What information do clinicians provide to patients about the benefits and risks of medicine-related treatment options?

How do clinicians gain access to medicine-related information for patients?

Examples of evidence

Select only examples currently in use:

- Policy documents that define the roles, responsibilities and accountabilities of the clinical workforce in informing patients and carers about their individual medicines needs and risks

- Audit results of workforce compliance with policies, procedures, protocols and guidelines for informing patients and carers about their individual medicines needs and risks

- Observation that information about medicines needs and risks is available for clinicians to use during discussions with patients and carers

- Examples of resources that can be provided to support discussion about patients' medicines needs and risks

- Results from evaluation of the usefulness of locally produced medicine-related information, and patients' understanding of their medicines needs and risks

- Communication with the workforce that promotes the importance of discussing medicines needs and risks with patients.

Provision of a medication list

Action 4.12

The health service organisation has processes to:

a. Generate a current medicines list and the reasons for any changes

b. Distribute the current medicines list to receiving clinicians at transitions of care

c. Provide patients on discharge with a current medicines list and the reasons for any changes

Reflective questions

What processes are used by clinicians to document and maintain a current medicines list during a patient's episode of care?

How do clinicians generate a current medicines list, including reasons for any changes, to use at clinical handover and provide on discharge?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline the generation, distribution and provision of a medicines list (with reasons for any changes) to patients and clinicians, including at transitions of care and on discharge
- Audit results of documenting medicines lists on admission
- Audit results of providing a medicines list to patients on discharge
- Orientation or training documents about generating and updating medicines lists
- Documented process to gain consent before sharing a patient's medicines list on discharge
- Examples where medicines lists have been tailored to the specific needs of recipients (patient, general practictioner, community pharmacist).

CRITERION: Medication management processes

Health service organisations procure medicines for safety. Clinicians are supported to supply, store, compound, manufacture, prescribe, dispense, administer, monitor and safely dispose of medicines.

Medicines information and decision support tools

Action 4.13

The health service organisation ensures that information and decision support tools for medicines are available to clinicians

Reflective question

How does the health service organisation ensure that medicine-related information and decision support tools are up to date and available to clinicians at the point of decision-making?

Examples of evidence

Select only examples currently in use:

- Observation that up-to-date decision support tools such as protocols, guidelines and medicine-related information resources are available in clinical areas (in electronic or hard copy)
- Orientation or training documents about using decision support tools for medicines

- Communication with the workforce about medicine-related information and decision support tools
- Examples of medicine-related information and decision support tools.

Safe and secure storage and distribution of medicines

Action 4.14

The health service organisation complies with manufacturers' directions, legislation and jurisdictional requirements for the:

a. Safe and secure storage and distribution of medicines

b. Storage of temperature-sensitive medicines and cold chain management

c. Disposal of unused, unwanted or expired medicines

Reflective questions

How does the health service organisation ensure that all medicines (including temperature-sensitive medicines) are stored and handled according to manufacturers' directions?

How does the health service organisation manage and report risks associated with the storage of medicines?

How does the health service organisation ensure that processes for medicines disposal are consistent with state or territory requirements and the manufacturer's instructions?

Examples of evidence

Select only examples currently in use:

- Policy documents about the safe and secure distribution and storage of medicines (including Schedule 8 medicines, temperature-sensitive medicines and cold chain management)
- Policy documents about the disposal of unused, unwanted or expired medicines
- Audit results of compliance with the correct storage, distribution and disposal of medicines, including patients' own medicines
- Reports on medicine use and review of usage patterns
- Committee and meeting records in which the storage, distribution and disposal of medicines were considered
- Orientation or training documents about storage, distribution and disposal of medicines
- Examples of action taken to manage identified risks regarding the storage, distribution and disposal of medicines
- Results of analyses of incident reports relating to medicine storage and disposal.

High-risk medicines

Action 4.15

The health service organisation:

a. Identifies high-risk medicines used within the organisation

b. Has a system to store, prescribe, dispense and administer high-risk medicines safely

Reflective questions

What processes are in place to identify medicines that are considered to be high risk?

How does the organisation ensure safe and appropriate storage, prescribing, administration and distribution practices for high-risk medicines?

Examples of evidence

Select only examples currently in use:

- Policy documents about identifying, storing, prescribing, dispensing, administering and monitoring high-risk medicines
- List of high-risk medicines used in the health service organisation
- Audit results of compliance with policies, procedures, protocols and guidelines for documenting, storing, prescribing, dispensing, administering and monitoring high-risk medicines

- Results of audits or risk assessments of high-risk medicines
- Examples of implementation of alerts or advisories relating to high-risk medicines
- Committee and meeting records in which high-risk medicines were discussed
- Results of analysis of incidents involving high-risk medicines
- Orientation or training documents about high-risk medicines
- Feedback to the workforce about incidents associated with high-risk medicines and risk prevention strategies
- Examples of communication (including education) with patients and carers about high-risk medicines.

5

Comprehensive Care Standard
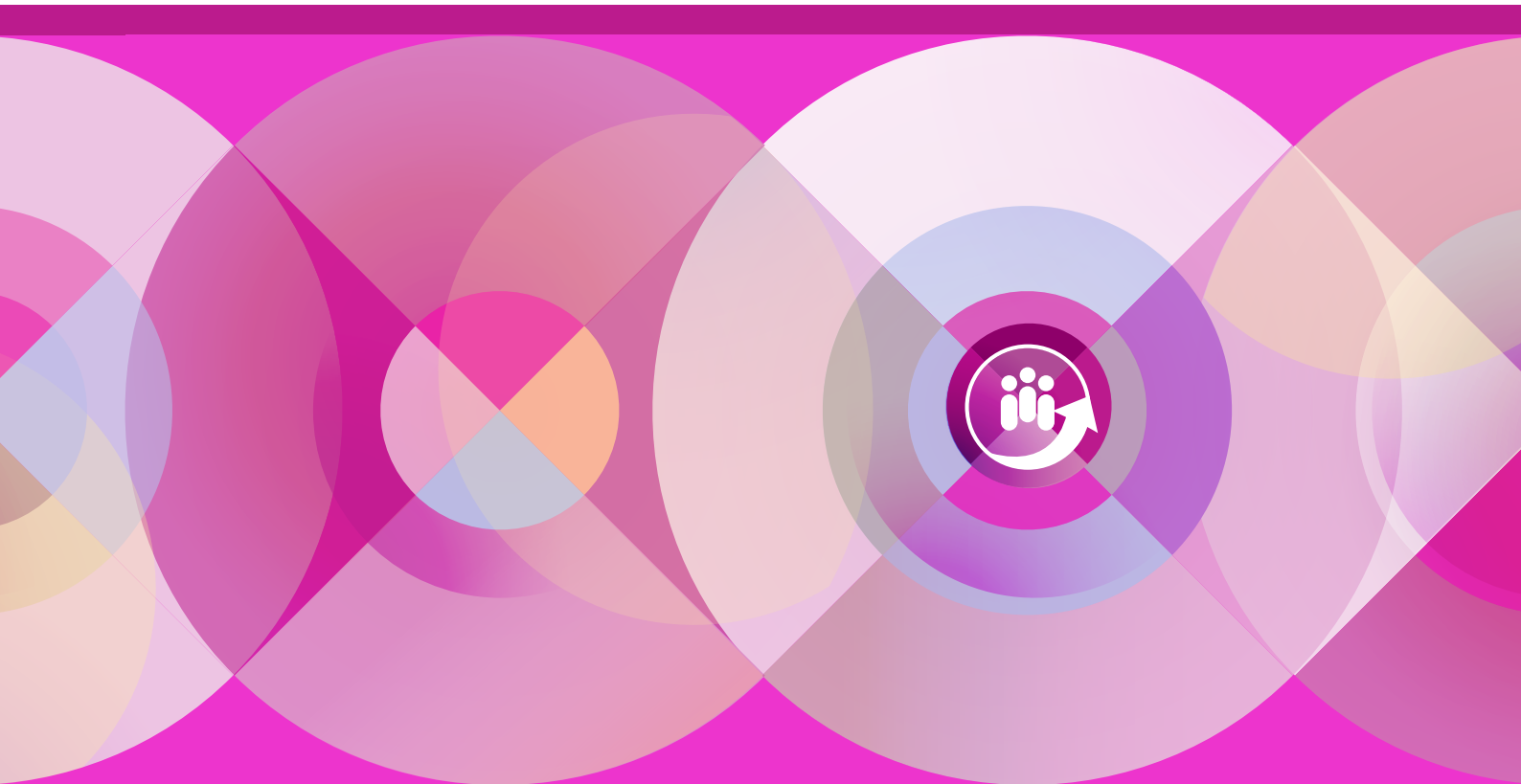
Comprehensive Care Standard

Leaders of a health service organisation establish and maintain systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.

Intention of this standard

To ensure that patients receive comprehensive care – that is, coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient's expressed goals of care and healthcare needs, considers the effect of the patient's health issues on their life and wellbeing, and is clinically appropriate.

To ensure that risks of harm for patients during health care are prevented and managed. Clinicians identify patients at risk of specific harm during health care by applying the screening and assessment processes required in this standard.

Criteria

Clinical governance and quality improvement to support comprehensive care

Developing the comprehensive care plan

Delivering comprehensive care

Minimising patient harm

Key resources

- *National Consensus Statement: Essential elements for safe high quality end-of-life care*[7]
- *Preventing Falls and Harm from Falls in Older People: Best practice guidelines*[8]
- *A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*[9]
- *Delirium Clinical Care Standard*[10]

CRITERION: Clinical governance and quality improvement to support comprehensive care

| Systems are in place to support clinicians to deliver comprehensive care.

Integrating clinical governance

Action 5.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for comprehensive care

b. Managing risks associated with comprehensive care

c. Identifying training requirements to deliver comprehensive care

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for the delivery of comprehensive care
- Identify and manage risks associated with the delivery of comprehensive care
- Identify training requirements for the delivery of comprehensive care?

Examples of evidence

Select only examples currently in use:

- Policy documents that provide guidance on aspects of comprehensive care, including
    - organisation-wide screening and assessment processes
    - documentation of screening and assessment findings, the outcome of shared decision-making processes, agreed goals of care and comprehensive care plans
    - roles, responsibilities and accountabilities of the multidisciplinary team in delivering comprehensive care
    - processes for identifying patients at the end of life and managing their care appropriately

- processes relating to the specific harms identified in the 'Minimising patient harm' criterion of this standard
- Risk management system to identify, monitor, manage, review, and manage risks associated with, comprehensive care
- Audit results of clinical practice in the delivery of comprehensive care
- Results from audits, prevalence surveys and incident reporting relating to comprehensive care
- Documentation of governance structures, including committees or other bodies, to discuss planning and delivery of comprehensive care
- Committee and meeting records in which planning and delivery of comprehensive care were discussed
- Risk assessment of workforce competency and training needs, and actions taken to manage risks
- Training documents relating to planning and delivering comprehensive care, including care at the end of life, and care relating to falls, pressure injuries, mental health, nutrition and hydration, and cognitive impairment.

Applying quality improvement systems

Action 5.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the delivery of comprehensive care

b. Implementing strategies to improve the outcomes from comprehensive care and associated processes

c. Reporting on delivery of comprehensive care

Reflective questions

How are the strategies to improve the outcomes of comprehensive care and associated processes continuously evaluated and improved?

How are the outcomes of improvement activities communicated to the governing body, the workforce and consumers?

Examples of evidence

Select only examples currently in use:

- Record of quality improvement activities relating to comprehensive care
- Administrative and clinical data that are used to decide risk, priorities for improvement and effectiveness of improvement interventions for provision of comprehensive care
- Audit results of healthcare records for documentation of screening, assessment and shared decision-making processes, and comprehensive care plans
- Schedules for planned audits of issues associated with delivery of comprehensive care
- Committee and meeting records in which quality performance and improvement strategies for delivery of comprehensive care were discussed
- Results of data analysis on outcomes such as length of stay, the alignment of documented patient preferences with actual care and the prevalence of adverse events associated with identified risks

- Actions taken to manage identified risks associated with delivering comprehensive care
- Reports to the highest level of governance, consumers and the workforce on delivery of comprehensive care, or other documented information on trends relating to identified risks
- Communication with the workforce and patients about improvement activities and outcomes
- Documentation from incident monitoring that captures data relating to delivery of comprehensive care
- Examples of improvement activities that have been implemented and evaluated to improve teamwork, screening assessment or shared decision making
- Feedback provided to the workforce about the results of audits relating to delivery of comprehensive care and actions to deal with issues identified
- Results of consumer and carer experience surveys, and actions taken to deal with issues identified
- Results of workforce surveys for attitudes regarding delivery of care that is based on a patient's identified goals for the episode of care
- Adverse events register that includes actions taken to improve performance in relation to adverse events associated with delivery of care that is based on a patient's identified goals for the episode of care.

Partnering with consumers

Action 5.3

Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients when providing comprehensive care?

How does the health service organisation collect feedback from patients about information provided on comprehensive care?

Examples of evidence

Select only examples currently in use:

- Audit results of healthcare records that include
  - documentation of patients' nominated substitute decision-makers or support people they want involved in care decisions
  - documentation about the content and outcome of shared decision-making processes (for example, discussion of risks and benefits, information about patients' goals and preferences)
  - patient and carer involvement in screening, assessment and comprehensive care delivery
  - a comprehensive care plan based on the outcomes of a shared decision-making process
  - evidence that the comprehensive care plan is provided to the patient
  - patient and carer involvement in discharge planning
  - case conference records with patients and carers

- Results of patient and carer experience surveys and actions taken to deal with issues identified regarding participation in shared decision making
- Observation of patients and carers participating in decision-making about their care
- Feedback from patients and carers regarding their involvement in care, the extent to which their needs were met and participation in shared decision making.

Designing systems to deliver comprehensive care

Action 5.4

The health service organisation has systems for comprehensive care that:

a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment

b. Provide care to patients in the setting that best meets their clinical needs

c. Ensure timely referral of patients with specialist healthcare needs to relevant services

d. Identify, at all times, the clinician with overall accountability for a patient's care

Reflective questions

What systems and processes are in place to support clinicians to communicate, deliver and document comprehensive care in the setting that best meets patients' needs?

What systems and processes are in place to ensure the timely referral of patients to relevant services?

What systems and processes are used to identify the clinician with overall responsibility for the patient? How is this communicated to the patient and the team?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes for
  - comprehensive care planning, including shared decision making and goal-setting with patients, and triggers for review of comprehensive care plans
  - managing patient flow, including flagging patients with clinical priorities that need urgent or special consideration
  - referral to other services, including clinical or other criteria for referral
  - determining and transferring accountability for a patient's care
- Observation of clinicians' practice that demonstrates use of the health service organisation's processes for comprehensive care

- Records of interviews with clinicians that demonstrate that they understand the health service organisation's processes for comprehensive care
- Employment documents that describe roles and responsibilities for
  - managing patient flow
  - screening and clinical assessment processes
  - developing comprehensive care plans
  - delivering comprehensive care
- Training documents about
  - shared decision making and goal-setting
  - screening and clinical assessment processes for comprehensive care
  - multidisciplinary teamwork and collaboration
  - planning and delivering comprehensive care, including at the end of life
  - strategies for minimising risks of harm
- Standardised tools and templates for developing, documenting and communicating comprehensive care plans
- Committee and meeting records in which the placement of populations of patients in settings appropriate to their clinical needs was discussed
- Examples of improvement activities that have been implemented and evaluated to better match patients' care setting to their clinical needs
- Memorandums of understanding or other agreements with external organisations that outline services for transfer of patients
- Communication with the workforce that provides guidance about referral processes to different services

- Audit results of healthcare records for documented accountability for patient care
- Standardised referral tools and processes, including documented referral criteria for specialist services within the organisation and in the community

- Feedback from patients and carers about whether they can identify the clinician with overall responsibility for the patient.

Collaboration and teamwork

Action 5.5

The health service organisation has processes to:

a. Support multidisciplinary collaboration and teamwork

b. Define the roles and responsibilities of each clinician working in a team

Reflective questions

How do multidisciplinary collaboration and teamwork operate in the health service organisation?

How are the roles and responsibilities of each clinician working in a team defined? How is this communicated to team members and the patient?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline structured communication processes that are used to ensure that members of the workforce understand their delegated roles and responsibilities when working as a multidisciplinary team
- Relevant documentation from multidisciplinary meetings or case conferences about patients with complex needs

- Schedule of regular multidisciplinary team meetings, such as 'safety huddles', bedside rounding or patient journey board meetings
- Training documents about multidisciplinary collaboration, teamwork and communication
- Employment documents that describe the roles, responsibilities and accountabilities of the workforce
- Organisational chart and delegations policy that show clinical governance reporting lines and relationships
- Documented processes for reporting and investigating concerns about clinicians who fail to collaborate or work as effective team members
- Committee and meeting records that show interdisciplinary membership and collaboration.

Action 5.6

Clinicians work collaboratively to plan and deliver comprehensive care

Reflective question

How are clinicians supported to collaborate with each other, patients, carers and families in planning and delivering comprehensive care?

Examples of evidence

Select only examples currently in use:

- Resources and tools, including decision aids or pathways, that outline accountabilities of clinicians and promote collaborative practice (for example, whiteboards, electronic journey boards)
- Examples of activities that have been implemented and evaluated to improve organisation of care delivery routines and workflow
- Observation of collaborative work to plan and deliver care
- Feedback from consumers about how clinicians worked together to deliver care
- Data from patient and carer experience surveys about collaboration and teamwork among clinicians.

CRITERION: Developing the comprehensive care plan

Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop a goal-directed comprehensive care plan.

Planning for comprehensive care

Action 5.7

The health service organisation has processes relevant to the patients using the service and the services provided:

a. For integrated and timely screening and assessment

b. That identify the risks of harm in the 'Minimising patient harm' criterion

Reflective question

How does the health service organisation ensure that screening and assessment processes used to identify the risks of harm are integrated and timely?

Examples of evidence

Select only examples currently in use:

- Organisational assessment of the risks relevant to the population serviced by the health service organisation
- Policy documents that outline processes for conducting screening for, and assessment of, identified clinical conditions and risks, including those outlined in the 'Minimising patient harm' criterion, if relevant

- Resources and tools developed for screening and assessment of clinical conditions and risks that are relevant to the health service organisation and risks outlined in the 'Minimising patient harm' criterion
- Employment documents that describe the roles, responsibilities and accountabilities for the workforce in relation to screening and assessment
- Training documents about the identification and assessment of at-risk patients
- Audit of screening and, if necessary, assessment processes on admission and at appropriate intervals during an episode of care.

Action 5.8

The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

Reflective questions

What processes are in place for patients to identify as being of Aboriginal or Torres Strait Islander origin?

How is this information recorded in administrative information systems and transferred to clinical information systems?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes for identifying Aboriginal and Torres Strait Islander patients, and recording this information in administrative and clinical information systems

- Admission registration form on which patients can identify as being of Aboriginal or Torres Strait Islander origin
- Comparison of patient healthcare and admission records that shows that Aboriginal and Torres Strait Islander patients are identified consistently
- Communication material displayed in admission areas that provides patients with information about why they will be asked if they identify as being of Aboriginal or Torres Strait Islander origin
- Training documents about obtaining information about Aboriginal and Torres Strait Islander patients
- Communication with the workforce about the importance of identifying Aboriginal and Torres Strait Islander patients.

Action 5.9

Patients are supported to document clear advance care plans

Reflective question

What processes are in place to support patients to document an advance care plan?

Examples of evidence

Select only examples currently in use:

- Policy documents about end-of-life care and advance care planning that are consistent with state or territory guidelines and directives
- Audit results of healthcare records that note the information provided to patients about advance care planning
- Audit results of healthcare records that contain advance care plans

- Patient information packages or resources about advance care planning
- Forms that provide instructions to help prepare advance care plans
- Forms that the workforce can distribute to patients or carers to help prepare advance care plans
- Consumer and carer information packages or resources about advance care planning.

Screening of risk

Action 5.10

Clinicians use relevant screening processes:

a. On presentation, during clinical examination and history taking, and when required during care

b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm

c. To identify social and other circumstances that may compound these risks

Reflective questions

What processes are used for screening patients at presentation, during clinical examination, at history taking and at other appropriate times?

Are the tools that are used validated, and do these screening processes have the capacity to identify cognitive, behavioural, mental and physical conditions, issues or risks of harm?

Do these screening processes have the capacity to identify social and other circumstances that may compound the risks?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes for conducting screening and identify
  - when routine screening will occur in an episode of patient care
  - the roles and responsibilities of members of the workforce who screen patients
  - the process for taking action when risks are identified
  - indications for repeating the screening process
- Observation of clinicians' practice that shows use of relevant screening processes
- Records of interviews with clinicians that show that they understand the health service organisation's screening processes
- Training documents about organisational screening processes, and processes at ward, unit or service level, if required
- Communication with clinicians about updates to screening processes
- Tools for screening that include prompts to clinicians to screen for social and other circumstances that may compound risks
- Risk assessment tool that is in use throughout the health service organisation
- Audit results of healthcare records for screening at presentation, during clinical examination and history taking, and when required during care; the audit should be done in collaboration with patients, carers and families
- Audit results of healthcare records for completion of history taking for patients that demonstrate that social or other circumstances that may increase a patient's risk are recorded
- Observation of clinicians screening patients according to the health service organisation's policies, procedures or protocols
- Feedback from patients and carers about screening.

Clinical assessment

Action 5.11

Clinicians comprehensively assess the conditions and risks identified through the screening process

Reflective questions

What processes are in place for clinicians to ensure comprehensive assessment of patients' conditions and risks that were identified through the screening process?

How does the health service organisation ensure that clinicians use these processes?

Examples of evidence

Select only examples currently in use:
- Policy documents that address
  - processes for assessing patients' health status
  - identification of risks and actions required
- Audit results of healthcare records for assessment of conditions and risks, for patients for whom screening was indicated
- Assessment tools and resources for clinicians
- Training documents about clinical assessment and assessment tools
- Results of a workforce survey, and actions taken to address feedback on assessment processes, tools and resources
- Standardised templates or forms for communicating critical information identified during assessment, such as email alerts or discharge summaries
- Observation of the use of standardised assessment processes, tools and resources
- Feedback from patients and carers about assessment.

Developing the comprehensive care plan

Action 5.12

Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record

Reflective questions

What systems and processes are in place for documenting the findings of screening and assessment processes in the healthcare record?

What processes are used to ensure that, if appropriate, information about the identified risks is shared with all members of the workforce who have contact with the patient?

Examples of evidence

Select only examples currently in use:
- Policy documents for recording
  - findings of screening and clinical assessment processes, risks and alerts
  - medical reviews or reassessments and their outcomes
  - changes to the care plan

- Audit results of healthcare records for the use of a screening and clinical assessment form, and relevant alerts
- Templates and forms for medical review assessment, risk assessment or care variation
- Training documents about patient healthcare record documentation, including electronic and paper-based documentation
- Observation of workforce computer access to healthcare records in clinical areas.

Action 5.13

Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:

a. Addresses the significance and complexity of the patient's health issues and risks of harm

b. Identifies agreed goals and actions for the patient's treatment and care

c. Identifies the support people a patient wants involved in communications and decision-making about their care

d. Commences discharge planning at the beginning of the episode of care

e. Includes a plan for referral to follow-up services, if appropriate and available

f. Is consistent with best practice and evidence

Reflective questions

What processes are used for shared decision making between clinicians and the patient, carer and support people?

How do clinicians elicit patient preferences and goals of care, including social and wellbeing goals?

What processes are in place for developing a comprehensive and individualised plan that addresses the significance and complexity of the patient's health issues and risk of harm, and identifies the agreed goals of care?

Examples of evidence

Select only examples currently in use:

- Training documents about
  - shared decision making
  - documenting a comprehensive care plan
- Audit results of comprehensive care plans for documenting
  - goals for the patient's treatment and care
  - details of the patient's nominated substitute decision-maker, carers and other support people to be involved in care decisions

  - actions to achieve goals
  - review date for goals
  - discharge plan
- Observation of clinicians' practice that shows use of the health service organisation's processes for shared decision making
- Records of interviews with clinicians that show that they understand the health service organisation's processes for shared decision making
- Results of patient and carer experience surveys regarding participation in treatment planning, and understanding and agreement with their comprehensive care plan
- Observation of patients and carers participating in making decisions about their care
- Observation of accessibility of communication resources for clinicians to provide contact details for support services, such as local consumer health advocates, interpreters, or cultural support or liaison services
- Feedback from patients on the extent to which decisions were shared, goals were developed, support people were involved in discussions, and discharge planning was undertaken.

CRITERION: Delivering comprehensive care

Safe care is delivered based on the comprehensive care plan, and in partnership with patients, carers and families. Comprehensive care is delivered to patients at the end of life.

Using the comprehensive care plan

Action 5.14

The workforce, patients, carers and families work in partnership to:

a. Use the comprehensive care plan to deliver care

b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care

c. Review and update the comprehensive care plan if it is not effective

d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur

Reflective questions

What processes are in place to ensure that the care delivered is consistent with the patient's comprehensive care plan?

What processes are in place to ensure that the workforce monitors the effectiveness of a patient's care plan, including reviewing and updating the plan when necessary, in collaboration with the patient, carer and family?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the requirements for routinely reviewing the effectiveness of the comprehensive care plan
- Audit results of
  - the effectiveness of the comprehensive care plan in meeting goals of care
  - whether comprehensive care plans are being reviewed when necessary, including after significant changes in the patient's diagnosis, behaviour, cognition, mental state or condition
  - whether case conferences with patients, carers and families are held when necessary

- Training documents about using the comprehensive care plan, including roles and responsibilities, and how to partner with patients, carers and families to deliver care
- Results of patient and carer experience surveys
- Interviews with patients and carers about participation in ongoing review and reassessment of the patient's comprehensive care plan
- Patient and carer information packages that provide information to enable them to participate in their care
- Forms that patients review, sign and receive as a copy that relate to their clinical management
- Feedback from patients, carers and families about their inclusion in delivering care
- Observation of clinicians, carers and patients working together to deliver a comprehensive care plan, including monitoring and reviewing the plan as needed.

Comprehensive care at the end of life

Action 5.15

The health service organisation has processes to identify patients who are at the end of life that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*

Reflective questions

How does the health service organisation identify patients who are at the end of their life?

How does the health service organisation ensure that these processes are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care?*[7]

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes for identifying patients who are at the end of life that are consistent with the Consensus Statement

- Resources and tools to help clinicians identify patients who are at the end of life
- Training documents about identifying patients who are at the end of life
- Committee and meeting records where identification of patients at the end of life was discussed
- Evaluation of the use and effectiveness of tools and processes used to identify patients at the end of life, and associated plans for quality improvement
- Relevant documentation from morbidity and mortality meetings, and death reviews where end-of-life processes were discussed.

Action 5.16

The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice

Reflective question

How do clinicians gain access to specialist palliative care advice?

Examples of evidence

Select only examples currently in use:

- Policy documents that detail the
  - processes to access specialist palliative care advice within the health service organisation or externally
  - criteria for accessing specialist palliative care

- Training documents about accessing specialist palliative care advice
- Audit results of healthcare records for appropriate access to specialist palliative care advice
- Communication with clinicians that outlines processes for accessing specialist palliative care advice
- Observation that information about how to access specialist palliative care advice is readily accessible for clinicians when providing care.

Action 5.17

The health service organisation has processes to ensure that current advance care plans:

a. Can be received from patients

b. Are documented in the patient's healthcare record

Reflective questions

How does the health service organisation receive advance care plans from patients?

How does the health service organisation ensure that advance care plans are documented in the patient's healthcare record and that care is provided in accordance with these plans?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the requirements for documenting advance care plans in the patient's healthcare record
- Reviews of the use of advance care plans
- Audit results of healthcare records for documentation of advance care plans
- Reports of incidents of noncompliance with the use of advance care plans (for example, when advance care plans were unavailable, illegible or not used to guide care when they should have been) and actions taken to deal with these incidents.

Action 5.18

The health service organisation provides access to supervision and support for the workforce providing end-of-life care

Reflective question

How does the health service organisation ensure that members of the workforce receive supervision and support when delivering end-of-life care?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline criteria and processes for accessing
  - supervision and support in providing end-of-life care
  - external services for counselling or debriefing, if required
- Tools and resources to support clinicians to develop skills in self-care, reflective practice and peer support
- Training documents about self-care for the workforce involved in providing end-of-life care
- Results of workforce surveys about access to services that provide support to members of the workforce who provide end-of-life care
- Observation that information about support services is readily available for the workforce that provides end-of-life care.

Action 5.19

The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care

Reflective questions

What data are collected about the safety and quality of end-of-life care in the health service organisation?

How are these data reviewed to ensure that they align with planned goals of care for the patient?

Examples of evidence

Select only examples currently in use:

- Schedule of reviews of safety and quality of end-of-life care
- Report on completed reviews of safety and quality of end-of-life care

- Schedule of mortality and morbidity meetings, and death reviews where the safety and quality of end-of-life care provided to patients was compared with the planned goals of care and best practice
- Register that records deaths and documents their review against the goals of care
- Audit results that evaluate the end-of-life care provided, the planned goals of care from patients' clinical records and best practice
- Examples of improvement activities that have been implemented and evaluated to align end-of-life care with patients' planned goals of care and best practice.

Action 5.20

Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*

Reflective questions

How are clinicians supported to share decisions about end-of-life care with patients, carers and families?

How are clinicians supported to deliver care that aligns with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care?*[7]

Examples of evidence

Select only examples currently in use:

- Tools and resources for shared decision making with patients, carers and families about end-of-life care

- Audit results of healthcare records for documenting outcomes of discussion about shared decision making about end-of-life care between clinicians, patients, carers and families
- Examples of actions taken to improve shared decision-making process
- Training documents about shared decision making relating to end-of-life care
- Patient and carer information packages or resources about end-of-life care options
- Results of patient and carer experience surveys and actions taken to deal with issues identified regarding patient, carer and family participation in end-of-life care planning.

CRITERION: Minimising patient harm

Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm.

Preventing and managing pressure injuries

Action 5.21

The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines

Reflective questions

How are decision-making and management processes described for preventing pressure injuries and for wound management?

What processes are in place to ensure that evidence-based documents and tools for preventing pressure injuries and wound management are current and consistent with best-practice guidelines?

How does the health service organisation ensure that the workforce is following best-practice guidelines and tools for the prevention of pressure injuries?

Examples of evidence

Select only examples currently in use:
- Policy documents about preventing and managing pressure injuries that are consistent with best-practice guidelines

- Training documents about managing pressure injuries
- Committee and meeting records regarding responsibilities for overseeing the wound management system
- Reports from clinical data systems that capture progress or outcomes relating to pressure injury wounds
- Audit results of healthcare records for compliance with policies, procedures or protocols on management of pressure injuries and wounds
- Feedback provided to the workforce about the results of audits, and actions to deal with issues identified
- Observation of best-practice guidelines that are used by the clinical workforce.

Action 5.22

Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency

Reflective questions

What assessment tools or processes are used by the workforce to complete a comprehensive skin inspection for at-risk patients?

What processes are in place to ensure that prevention plans (including skin inspections) for patients at risk of a pressure injury are consistent with best-practice guidelines?

Examples of evidence

Select only examples currently in use:

- Protocols for time frames and frequency of skin inspections
- Audit results of healthcare records for patients at risk of pressure injuries who are assessed in line with time frames and frequency in protocols
- Templates for pressure injury prevention plans
- Examples of patients with completed pressure injury prevention plans.

Action 5.23

The health service organisation providing services to patients at risk of pressure injuries ensures that:

a. Patients, carers and families are provided with information about preventing pressure injuries

b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries

Reflective questions

What processes are in place to ensure that equipment, devices and products are being used in line with best-practice guidelines to prevent and effectively manage pressure injuries?

What information and support are provided to patients about the prevention and management of pressure injuries?

Examples of evidence

Select only examples currently in use:

- Register of equipment and devices
- Guidelines for use of, and access to, equipment to prevent pressure injuries
- Register of workforce training in the use and allocation of equipment and devices to manage pressure injuries
- Reports of equipment use

- Clinical audit of equipment use
- Register of equipment maintenance and safety checks
- Inventories of equipment, or guidelines on how to obtain required equipment (for example, rental options)
- Committee and meeting records about the use of equipment and devices, and evaluation of the efficacy of products, equipment and devices
- Patient and carer information packages or resources about preventing pressure injuries
- Results of patient and carer experience surveys, and organisational responses, in relation to information provided about preventing and managing pressure injuries.

Preventing falls and harm from falls

Action 5.24

The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for:

a. Falls prevention

b. Minimising harm from falls

c. Post-fall management

Reflective question

How does the health service organisation ensure that falls prevention, harm minimisation and post-fall management plans are consistent with best-practice guidelines?

Examples of evidence

Select only examples currently in use:
- Policy documents that
  - are consistent with best-practice guidelines
  - include processes for post-fall management

- Tools and resources to prevent falls and minimise harm from falls
- Audit results of healthcare records to determine whether patients at risk of falls are assessed and managed in line with best-practice guidelines
- Templates for falls prevention, harm minimisation and post-fall management plans
- Observation of the use of falls prevention plans
- Feedback from patients to evaluate falls prevention plans against care provided.

Action 5.25

The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls

Reflective question

What equipment and devices are available for patients to prevent harm from falls or to manage patients who are at risk of falling?

Examples of evidence

Select only examples currently in use:
- Inventories of equipment and audit of clinical use
- Maintenance logs of equipment and devices
- Policy documents about equipment procurement and provision

- Documented systems for reviewing and procuring equipment and devices
- Committee and meeting records that note responsibilities for evaluating the effectiveness of products, equipment and devices.

Action 5.26

Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies

Reflective question

What information and support are provided to patients and carers about falls risk and prevention?

Examples of evidence

Select only examples currently in use:

- Consumer and carer information packages or resources about falls risks

- Audit results of healthcare records to determine whether information about falls risks and prevention strategies was provided to the patient
- Results of patient and carer experience surveys, and organisational responses, in relation to information provided about falls risks and falls prevention strategies.

Nutrition and hydration

Action 5.27

The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice

Reflective question

How does the health service organisation ensure that the planning, preparation and distribution of food, fluids and nutritional supplements are safe and acceptable, and meet a patient's needs?

Examples of evidence

Select only examples currently in use:

- Policy documents about preparing and distributing food and fluids that
  - are developed with multidisciplinary collaboration
  - are based on current evidence and best practice
  - comply with relevant legislation
- Committee and meeting records in which food preparation and distribution were discussed

- Employment documents that describe the roles and responsibilities of the workforce in the food and nutrition system
- Meal charts showing planned preparation and distribution of food and fluids based on the needs and requirements of the patient
- Audit results of healthcare records for nutrition care plans, if required
- Documented use of screening tools to identify malnutrition or dehydration on admission
- Resources and tools to help the workforce monitor patients for food and fluid intake
- Observation that best-practice guidelines about nutrition and hydration are accessible for the workforce that prepares nutrition plans.

Action 5.28

The workforce uses the systems for preparation and distribution of food and fluids to:

a. Meet patients' nutritional needs and requirements

b. Monitor the nutritional care of patients at risk

c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone

d. Support patients who require assistance with eating and drinking

Reflective questions

How does the health service organisation collect and report data on nutrition risk screening and assessment?

What information is reported to the executive about the nutritional care of at-risk patients?

What support is given to patients who require nutritional support or assistance with eating and drinking?

Examples of evidence

Select only examples currently in use:

- Audit results of healthcare records that show the use of resources and tools for nutrition screening and assessment for relevant patients
- Protocols for providing support to patients who require assistance with eating and drinking
- Results of patient and carer experience surveys about receiving assistance with eating and drinking, and actions taken to deal with issues identified

- Training documents about providing support for patients at risk of malnutrition or dehydration
- Reports on nutrition risk screening and assessment procedures using validated tools that are provided to relevant committees and to the executive
- Observation of manual or electronic communication methods used by the workforce in the food and nutrition system to ensure that the right meal is delivered to the right patient
- Observation of use of resources and tools in nutrition screening and assessment for relevant patients
- Observation of communication materials used at the point of care to identify any patient nutrition requirements
- Observation of monitoring of patients' nutrition and hydration
- Observation of identification and alerts for patients who require nutritional support, or assistance with eating and drinking
- Observation of the workforce assisting patients with eating and drinking, if required.

Preventing delirium and managing cognitive impairment

Action 5.29

The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to:

a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant

b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

Reflective questions

What processes are in place to manage safety and quality issues for patients with, or at risk of, developing cognitive impairment?

How is the use of antipsychotics and other psychoactive medicines monitored, and how is feedback provided to clinicians?

What supports are available for clinicians to use non-pharmacological approaches in response to behavioural and psychological symptoms of dementia?

Examples of evidence

Select only examples currently in use:

* Policy documents that outline processes for
    – recognising, preventing, treating and managing patients with cognitive impairment that are aligned with *A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*[9] and the Delirium Clinical Care Standard[10]
    – obtaining early primary care input about a patient's cognitive difficulties to aid diagnosis, treatment and ongoing management decisions
* Validated tools and resources used to screen for, and assess, cognitive impairment
* Training documents about communicating with, and providing support to, patients with cognitive impairment, and assessing and responding to distress

* Employment documents that describe the roles and responsibilities of the workforce in the system for caring for cognitive impairment
* Reports of monitoring of antipsychotics and other psychoactive medicines
* Examples of quality improvement activities that have been implemented and evaluated to reduce prescribing of antipsychotics and other psychoactive medicines to patients with cognitive impairment
* Examples of activities that have been implemented and evaluated to improve the environment for people with cognitive impairment
* Examples of non-pharmacological approaches that have been implemented to respond to behavioural symptoms of dementia
* Patient, carer and family information packages that provide information to enable them to participate in the system for caring for patients with cognitive impairment
* Committee and meeting records that show the health service organisation's involvement in dementia pathway initiatives to integrate primary, community and acute care.

Action 5.30

Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to:

a. Recognise, prevent, treat and manage cognitive impairment

b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care

Reflective questions

How is the workforce supported to recognise, prevent, treat and manage cognitive impairment?

How is feedback from patients with cognitive impairment, and their carers and families collected and used to inform improvement strategies?

Examples of evidence

Select only examples currently in use:

- Audit results of healthcare records of older patients (65 and over) for cognitive screening within 24 hours of admission to the health service organisation using a validated tool
- Communication of screening outcomes to the workforce
- Audit results of healthcare records that show whether patients who screen positive for cognitive impairment on admission are assessed for delirium using a validated diagnostic tool
- Policy documents that describe interventions to prevent delirium for at-risk patients
- Audit results of patient discharge documents that show referral and follow-up for patients who are suspected to have dementia, but who do not have a formal diagnosis, or patients who experienced delirium during the episode of care
- Tools to communicate information about the person with cognitive impairment and how to reduce their anxiety and distress, in collaboration with the patient, and their carers and families.

Predicting, preventing and managing self-harm and suicide

Action 5.31

The health service organisation has systems to support collaboration with patients, carers and families to:

a. Identify when a patient is at risk of self-harm

b. Identify when a patient is at risk of suicide

c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed

Reflective questions

What processes are in place to ensure that the workforce can work collaboratively to identify patients at risk of self-harm or suicide?

How does the health service organisation ensure that clinicians know how to respond safely and effectively to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed?

How do members of the workforce gain access to specialist mental health expertise to provide care to patients who have thoughts of self-harm or suicide, or have self-harmed?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline collaborative processes for identifying and treating patients at risk of self-harm or suicide, or who have self-harmed
- Risk assessment tools for patients at risk of self-harm or suicide

- Training documents about identifying and treating patients at risk of self-harm or suicide, or who have self-harmed
- Consumer and carer information packages or resources about strategies for managing self-harm, or risks of self-harm or suicide, and escalation protocols
- Clinical incident monitoring system that includes information on self-harm and suicide
- Resources for the workforce to help identify patients who require close monitoring
- Audit results of healthcare records for identifying carers and engaging them in shared decision making when a person is identified as at risk of self-harm
- Patient and carer experience surveys, a complaints management system and a consumer participation policy for patients at risk of self-harm or suicide
- Observation that information about referring patients to specialist mental health services is accessible to clinicians.

Action 5.32

The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts

Reflective questions

What procedures and processes are in place to ensure rigorous follow-up for people who have harmed themselves or reported suicidal ideation?

What partnerships have been developed with key agencies when responsibility for follow-up is transferred between agencies?

How does the health service organisation identify gaps in referral processes?

Examples of evidence

Select only examples currently in use:

- Policy documents, including
  - follow-up arrangements for people who have self-harmed or reported suicidal ideation
  - clarification of workforce roles and responsibilities relating to follow-up
- Audit results of healthcare records for documentation of follow-up arrangements for patients who have self-harmed or reported suicidal ideation
- Partnership agreements or memorandums of understanding with organisations that may be involved in follow-up care
- Consumer and carer information packages about resources to assist them with issues related to self-harm and suicidal ideation.

Predicting, preventing and managing aggression and violence

Action 5.33

The health service organisation has processes to identify and mitigate situations that may precipitate aggression

Reflective questions

What processes are in place to ensure that the workforce can identify situations that may precipitate aggression?

What processes are used to mitigate these situations?

What features of the environment are used to minimise sources of potential conflict?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline the processes for identifying and mitigating situations that may precipitate aggression
- Training documents about identifying and mitigating situations that may precipitate aggression
- Audit results of healthcare records for documented use of resources and tools to prevent violence and aggression if necessary

- Observation of design and use of the environment to minimise sources of potential conflict
- Observation of ward routines that minimise additional stresses for patients
- Observation of a systematic approach to improving safety in inpatient units (for example, safewards, productive wards).

Action 5.34

The health service organisation has processes to support collaboration with patients, carers and families to:

a. Identify patients at risk of becoming aggressive or violent

b. Implement de-escalation strategies

c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce

Reflective questions

What processes are in place to ensure that the workforce can work collaboratively to identify patients at risk of becoming aggressive or violent?

What strategies are used to support patients at risk of becoming aggressive or violent to control their behaviour?

How does the health service organisation minimise harm to patients, carers, families and the workforce from patients who are aggressive or violent?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes for identifying patients at risk of becoming aggressive or violent, and implementing de-escalation strategies

- Training documents about de-escalation strategies and safe management of aggression in patients and other consumers
- Consumer, carer and family information packages about the rights and responsibilities of people using health services
- Documentation from incident management and review processes showing review of incidents involving aggression or violence, and quality improvement activities
- Evidence of the use of personal duress alarms for the workforce
- Reports on analyses of patient, carer and family feedback regarding their participation in treatment planning for aggression and violence
- Observation of on-call members of the security workforce.

Minimising restrictive practices: restraint

Action 5.35

Where restraint is clinically necessary to prevent harm, the health service organisation has systems that:

a. Minimise and, where possible, eliminate the use of restraint

b. Govern the use of restraint in accordance with legislation

c. Report use of restraint to the governing body

Reflective questions

What strategies does the health service organisation have in place to minimise the use of restraint?

Are members of the workforce competent to implement restraint safely?

How does the health service organisation ensure that the workforce is aware of safety implications of different forms of physical and mechanical restraint with different patient populations?

What processes (for example, benchmarking, routine review) are used to review the use of restraints in the health service organisation?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline processes to treat patients without using restraint, processes regarding the use of restraint in line with legislation, and reporting of use of restraint to the governing body
- Training documents about the use of restraint and strategies for minimising and, if possible, eliminating the use of restraint

- Evidence of design and use of the environment to minimise the use of restrictive practices
- Evidence of implementation of a systematic approach to minimising coercive practices (for example, safewards, productive wards)
- Communication with the workforce about new or revised policies, procedures and protocols about the use of restraint
- Committee and meeting records where the minimisation and elimination of restraint were discussed
- Reports provided to the governing body that document the use of restraint
- Audit results of healthcare records that show use of individualised plans to reduce and eliminate the use of restraint
- Communication with patients, carers and families about the use of restraint
- Data about the use of restraint
- Examples of actions taken to reduce the use of restraint.

Minimising restrictive practices: seclusion

Action 5.36

Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that:

a. Minimise and, where possible, eliminate the use of seclusion

b. Govern the use of seclusion in accordance with legislation

c. Report use of seclusion to the governing body

Reflective questions

What strategies does the health service organisation have in place to minimise the use of seclusion?

How does the health service organisation ensure that the workforce is competent in implementing de-escalation strategies?

What processes (for example, benchmarking, routine review) are used to review the use of seclusion in the health service organisation?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline
  - criteria for use of seclusion
  - use of seclusion in line with legislation
  - reporting requirements when seclusion is used
- Training documents about strategies to minimise the use of seclusion
- Evidence of design and use of the environment to minimise the use of seclusion

- Evidence of implementation of a systematic approach to minimising coercive practices (for example, safewards, productive wards)
- Communication with the workforce about new or revised policies, procedures and protocols about the use of seclusion
- Communication with patients, carers and families about the use of seclusion
- Audit results of healthcare records that show the use of individualised plans to reduce and eliminate the use of seclusion
- Register that shows all instances where seclusion was used and demonstrates a reduction in the use of seclusion over time
- Committee and meeting records where the minimisation and elimination of seclusion were discussed
- Reports provided to the governing body that document the use of seclusion.

Communicating for Safety Standard

Communicating for Safety Standard

Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.

Intention of this standard

To ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

Criteria

Clinical governance and quality improvement to support effective communication

Correct identification and procedure matching

Communication at clinical handover

Communication of critical information

Documentation of information

Key resources

A range of resources are available on the Commission's Clinical Communications web page.

CRITERION: Clinical governance and quality improvement to support effective communication

Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.

Integrating clinical governance

Action 6.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures to support effective clinical communication

b. Managing risks associated with clinical communication

c. Identifying training requirements for effective and coordinated clinical communication

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for effective clinical communication
- Identify and manage risks associated with clinical communication
- Identify training requirements for the delivery of effective clinical communication?

Examples of evidence

Select only examples currently in use:

- Organisation-wide strategy that outlines clinical communication processes
- Policy documents for clinical communication that deal with identified risks relevant to the health service organisation, including
  - points of care when communication is required
  - appropriate communication methods
  - roles and responsibilities of the workforce
  - engagement of patients, carers and families
- Observation of clinicians' practice that shows use of the health service organisation's clinical communication processes

- Records of interviews with clinicians that show that they understand the health service organisation's clinical communication processes
- Training documents about clinical communication systems and processes
- Terms of reference and membership of committees responsible for developing and implementing the organisation-wide clinical communication strategy and associated processes, and monitoring their effectiveness
- Committee and meeting records in which clinical communication issues and actions were discussed
- Organisation-wide risk register that identifies clinical communication risks, and describes mitigation strategies and risk monitoring
- Reports, investigations and feedback from the organisation-wide incident management and investigation system that identifies adverse events, incidents and near misses relating to clinical communication and associated processes
- Schedule of routine review of the organisation-wide clinical communication strategy and relevant policy documents, and updates in line with changes in best practice, emerging evidence, and reports of audits and investigations.

Applying quality improvement systems

Action 6.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the effectiveness of clinical communication and associated processes

b. Implementing strategies to improve clinical communication and associated processes

c. Reporting on the effectiveness and outcomes of clinical communication processes

Reflective questions

How is the effectiveness of clinical communication and associated processes continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce, consumers and other organisations?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe the processes for monitoring the organisation-wide clinical communication strategy and adverse events relating to clinical communication, such as
  - schedule of regular audits
  - risk-based schedule of reports provided to managers, relevant committees or the governing body
- Risk register that identifies clinical communication risks, and describes mitigation strategies and risk monitoring
- Key performance indicators relating to clinical communication that have been developed in consultation with the workforce
- Audit results of workforce compliance with policies for clinical communication and associated processes

- Formalised structured processes that are used when developing quality initiatives to improve clinical communication (for example, Plan–Do–Study–Act cycle)
- Audit results of healthcare records for documentation that critical information has been recorded and acted on
- Quality improvement plan that includes activities to manage risks identified in clinical communication and associated processes
- Terms of reference and membership of committees responsible for developing and implementing the communication strategy and associated processes, and monitoring their effectiveness
- Committee and meeting records in which clinical communication issues were discussed
- Structured communication tools, forms and guidelines that are implemented and updated in line with identified risks, consumer feedback and committee recommendations
- Communication with the workforce, patients, carers and their families about strategies to improve clinical communication
- Schedule of routine reviews of clinical communication policy documents, and updates in line with changes in best practice, emerging evidence, and results of audits and investigations.

Partnering with consumers

Action 6.3

Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to effectively communicate with patients, carers and families during high-risk situations, to involve patients in planning and making decisions about their own care?

How does the health service organisation collect feedback from patients about information provided about clinical communication?

Examples of evidence

Select only examples currently in use:

- Training documents about person-centred care, patient partnerships and communication strategies
- Observation of clinicians' practice that shows use of the health service organisation's processes for partnering with consumers
- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- Policy documents about clinical communication that are based on principles of consumer engagement, health literacy and shared decision making

- Policy documents that describe mechanisms for consumer involvement in organisation-wide clinical communication strategies and associated processes, including
    - membership on relevant committees
    - complaints, compliments and feedback systems
    - administration of regular patient feedback or experience surveys
    - processes to review internally developed patient information
- Terms of reference and membership of the consumer advisory committees responsible for providing input and feedback on the organisation-wide communication strategy and associated processes, including internally developed patient information
- Committee and meeting records in which consumer input or advice on the health service organisation's clinical communication processes was discussed, including any actions taken as a result of this advice
- Structured communication processes that include an opportunity for patient, carer and family engagement
- Records of the use of interpreters and other support services for consumers who need help to communicate
- Information for patients and carers about their roles in clinical communication processes.

Organisational systems to support effective communication

Action 6.4

The health service organisation has clinical communications processes to support effective communication when:

a. Identification and procedure matching should occur

b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge

c. Critical information about a patient's care, including information on risks, emerges or changes

Reflective questions

What processes are in place for patient identification, procedure matching, clinical handover and communication of critical information or risks?

How is the workforce supported to use these processes?

What are the high-risk situations in which patient identification, procedure matching, and the communication or sharing of information are critical to ensuring safe, continuous patient care?

Examples of evidence

Select only examples currently in use:

- Review of organisational process mapping that identifies the situations in which patient identification, procedure matching, clinical handover and communication of emerging or changing critical information are required
- Policy documents that describe the processes for the internal transfer of patients, including temporary or time-limited transfers
- Policy documents that describe the processes for the external transfer or discharge of patients, including prioritisation and eligibility criteria, referral processes and required documentation
- Audit results of healthcare records for completed patient journey risk assessments

- Risk register that includes identified risks for
  - patient identification
  - procedure matching
  - transfer and handover of patient care
  - receipt and distribution of critical information to responsible clinicians and the multidisciplinary care team
- Activities to manage identified risks with patient identification, transfer and handover of patient care, and receipt and distribution of critical information
- Reports, investigations and feedback from the incident management and investigation system that identifies adverse events, incidents and near misses relating to patient identification, transfer and handover of patient care, or receipt and distribution of critical information
- Documentation about structured processes for communicating critical information to the responsible clinicians when all or part of care is transferred (for example, between hospitals, allied health and general practitioners)
- Documented processes for communicating critical information when there is an unexpected change in a patient's status or when new critical information becomes available
- Standardised and structured templates to support clinical communication, such as referral forms, 'timeout' procedures, procedure matching checklists and discharge summaries, that are updated in line with identified risks, consumer feedback and committee recommendations

- Evidence of a paging system or other communication method for alerting clinicians who can make decisions about care when there is a change in a patient's condition or new critical information is received
- Audit results of healthcare records for completed standardised discharge or referral forms.

CRITERION: Correct identification and procedure matching

Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.

Correct identification and procedure matching

Action 6.5

The health service organisation:

a. Defines approved identifiers for patients according to best-practice guidelines

b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated

Reflective questions

What processes are used to ensure consistent and correct identification at any point in a patient's admission, care, treatment or transfer?

How are the requirements to use at least three approved patient identifiers described and monitored?

Examples of evidence

Select only examples currently in use:

- Policy documents for patient identification and procedure matching that
  - reference best-practice guidelines
  - specify points of care at which patient identification must occur
  - specify the three approved patient identifiers to be used on each occasion
  - require three approved patient identifiers to be recorded in the healthcare record, including the Individual Healthcare Identifier

- Policy documents that outline requirements for patient identification using at least three approved patient identifiers for
  - patient registration or admission
  - administration of care, therapy or medicines
  - clinical handover, transfer and discharge
- Committee and meeting records that show that information about the performance of patient identification processes is routinely reported and reviewed
- Audit results of medication management (including adverse events, incidents and near misses relating to medication errors) in relation to correct patient identification
- Communication with the workforce about new or revised policy documents or protocols for patient identification.

Action 6.6

The health service organisation specifies the:

a. Processes to correctly match patients to their care

b. Information that should be documented about the process of correctly matching patients to their intended care

Reflective questions

How are the processes for matching a patient to their intended care described?

How does the health service organisation ensure that the workforce is using these processes?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline
  - the points of care when procedure matching is required
  - processes for matching patients to their care, including the use of three approved identifiers
  - the documentation to be included in the patient's healthcare record that demonstrates correct procedure matching

- Standardised templates for documenting procedure-matching processes, such as surgical safety checklists, consent forms, medication management plans and handover checklists, that are updated in line with identified risks, consumer feedback and committee recommendations

- Training documents about processes to correctly match patients to their intended care, therapy or treatment

- Communication with the workforce about new or revised policy documents for procedure matching.

CRITERION: Communication at clinical handover

Processes for structured clinical handover are used to effectively communicate about the health care of patients.

Clinical handover

Action 6.7

The health service organisation, in collaboration with clinicians, defines the:

a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines

b. Risks relevant to the service context and the particular needs of patients, carers and families

c. Clinicians who are involved in the clinical handover

Reflective questions

How does the health service organisation describe the minimum information content to be communicated at each clinical handover?

What processes are used to ensure that the health service organisation collaborates with the clinicians who are involved in clinical handover when determining the minimum information content for different handovers?

Examples of evidence

Select only examples currently in use:

- Policy documents for clinical handover that specify the minimum information content to be communicated at each clinical handover relevant to the organisation

- Structured communication tools that are used to effectively communicate the agreed minimum information content (for example, iSoBAR, ISBAR, SBAR)

- Evidence that clinicians were involved in developing the minimum information content to be communicated at each clinical handover

- Feedback from the workforce on the use of clinical handover policies, procedures or protocols.

Action 6.8

Clinicians use structured clinical handover processes that include:

a. Preparing and scheduling clinical handover

b. Having the relevant information at clinical handover

c. Organising relevant clinicians and others to participate in clinical handover

d. Being aware of the patient's goals and preferences

e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient

f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care

Reflective questions

How does the health service organisation 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?

How are the patient's goals and preferences communicated to those involved in clinical handover?

How does the health service organisation ensure that discharge summaries are provided to the relevant people involved in a patient's ongoing care?

Examples of evidence

Select only examples currently in use:

- Policy documents that describe a structured clinical handover process, taking into account the setting, the minimum information content to be transferred, the relevant workforce to be involved, patient needs and care goals, and accountability for care
- Observation of clinicians' practice that shows use of structured clinical handover processes and tools
- Records of interviews with clinicians that show that they understand the health service organisation's structured clinical handover processes
- Records of workforce attendance at regularly scheduled meetings in which structured clinical handover takes place

- Audit results of completed documentation that demonstrates effective handover of responsibility for care, such as
  - standardised transfer (intra- and inter-organisation) transfer forms
  - completed transfer forms
  - standardised referral letters or discharge summaries
  - checklists for ward rounds
  - changes to patient care plans and pathways
- Audit results of workforce compliance with clinical handover policies, procedures or protocols
- Training documents about responsibilities and processes for clinical handover
- Communication with the workforce regarding clinical handover processes
- Information provided to consumers, carers and families that outlines their role in clinical handover processes, such as a patient charter of rights or patient admission information sheet
- Results of a patient experience survey, and patient feedback about their participation in clinical handover
- Results from workforce satisfaction surveys and feedback about referral and use of clinical handover processes
- Evidence of bedside clinical handover, if applicable, and the inclusion of patients, carers and families in the process.

CRITERION: Communication of critical information

Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.

Communicating critical information

Action 6.9

Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to:

a. Clinicians who can make decisions about care

b. Patients, carers and families, in accordance with the wishes of the patient

Reflective questions

What processes are used to identify the clinician(s) who can make decisions about care and take action if needed?

How do clinicians communicate critical information to other clinicians who can make decisions about care, and patients and carers, in a timely way?

Examples of evidence

Select only examples currently in use:
- Policy documents that outline the
  - types of critical information that are likely to be received and actions to be taken in response
  - method for communicating critical information to the responsible clinician and the multidisciplinary team
  - method for communicating critical information to the patient, carer and family
  - time frames for communicating critical information

- Policy documents for identifying the clinicians responsible for a patient's care and for notifying the workforce, the patient, carers and family
- Schedule of regular multidisciplinary team meetings in which new critical information alerts and risks are discussed and actions are agreed, such as 'safety huddles', bed rounding or patient journey board meetings
- Standardised templates to support communication of critical information, such as doctor communication books, shared crisis management plans, email alerts or discharge summaries that are updated in line with identified risks, consumer feedback and committee recommendations
- Evidence of communication methods or systems for alerting clinicians who can make decisions about care when there is a change in a patient's condition or new critical information is received
- Audit results of workforce compliance with policies relating to communicating critical information.

Action 6.10

The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians

Reflective questions

What processes are in place to support patients and carers to communicate critical information about their care to clinicians?

What feedback processes are in place to let patients and carers know that they have been heard and action has been taken, if necessary?

Examples of evidence

Select only examples currently in use:

- Policy documents that outline how patients, carers and families are informed about the processes for communicating concerns to clinicians
- Examples of information provided to patients, carers and families about processes for communicating concerns to the clinicians responsible for care
- Resources or tools for patients, carers or families to use to communicate with clinicians, such as bedside whiteboards or dedicated free telephone services in waiting areas
- Patient notes that identify critical information provided by the patient or family and how this information was acted on
- Records of patient focus groups or minutes of patient-initiated team meetings
- Results of a patient experience survey or patient, carer and family feedback about their communication with clinicians and, where necessary, how these results have informed improvement strategies.

CRITERION: Documentation of information

| Essential information is documented in the healthcare record to ensure patient safety.

Documentation of information

Action 6.11

The health service organisation has processes to contemporaneously document information in the healthcare record, including:

a. Critical information, alerts and risks

b. Reassessment processes and outcomes

c. Changes to the care plan

Reflective questions

How does the health service organisation describe the roles, responsibilities and expectations of the workforce regarding documenting information?

What processes are in place to ensure that complete, accurate and up-to-date information is recorded in the healthcare record and is accessible to clinicians?

Examples of evidence

Select only examples currently in use:

- Integrated patient healthcare record, either electronic or paper based, with capacity to incorporate information from multiple sources
- Information management system that
  – includes care pathways and risk alerts as key components
  – provides reports for monitoring patient care

- Policy documents about the information management system that specify the time frames and formats for documenting
  – critical information, alerts and risks
  – any medical reviews or reassessments and their outcomes
  – changes to the care plan
- Standardised templates, such as medical review assessment forms, comprehensive risk assessment forms and care variation forms, for documenting in the healthcare record critical information and the actions taken
- Observation that the workforce has computer access to healthcare records in clinical areas
- Audit results of healthcare records for evidence of updated care plans, reassessments and alerts
- Training documents about the information management system.

7

Blood Management Standard
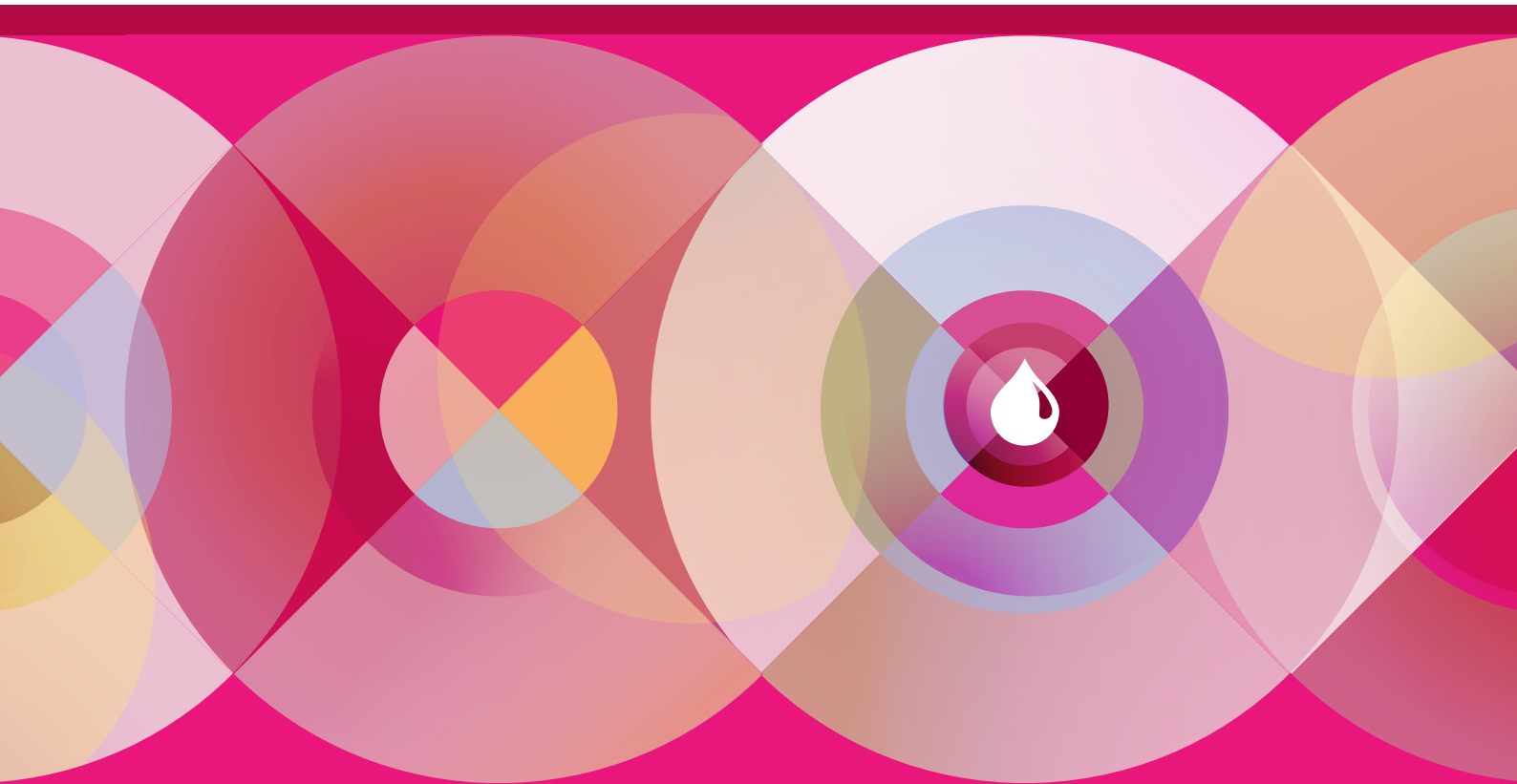
Blood Management Standard

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

Intention of this standard

To identify risks, and put in place strategies, to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

Criteria

Clinical governance and quality improvement to support blood management

Prescribing and clinical use of blood and blood products

Managing the availability and safety of blood and blood products

Key resources

- National Blood Authority
- Patient blood management

CRITERION: Clinical governance and quality improvement to support blood management

Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.

Integrating clinical governance

Action 7.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for blood management

b. Managing risks associated with blood management

c. Identifying training requirements for blood management

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for blood management
- Identify and manage risks associated with blood management
- Identify training requirements for blood management?

Examples of evidence

Select only examples currently in use:

- Policy documents that reference national evidence-based guidelines across the variety of blood management and transfusion practice, and evidence that these policies are reviewed
- Observation of clinicians' practice that shows use of the health service organisation's processes for blood management
- Records of interviews with clinicians that show that they understand the health service organisation's processes for blood management
- Documentation from a patient blood management program

- Documentation of assessment and management of haemoglobin and iron status before surgery
- Communication with the workforce about how they can gain access to national evidence-based guidelines
- Tools to support blood management and transfusion decisions
- Training documents about blood management roles, responsibilities and accountabilities that are based on national evidence-based guidelines
- Prescription forms that align with clinical practice guidelines
- Documentation about consultation processes in the development and review of policies, procedures or protocols
- Policy documents about risk assessment that include assessment of blood-related risks
- Audit results of healthcare records that show adherence to blood management policies, procedures or protocols
- Audit results that show compliance with policies, procedures or protocols for monitoring the blood management system and patient blood management
- Risk register that includes actions to deal with identified risks associated with blood management

- Incident management system reports of blood-related incidents and associated root cause analyses, if required
- Horizon scanning reports relating to risks associated with blood and blood products
- Committee and meeting records confirming that risks are regularly reviewed and action is taken, if necessary

- Examples of data capture and analysis to identify risks associated with prescribing, handling or administration of blood and blood products
- Key performance indicators relating to blood-related risks
- Data collected before and after interventions that are analysed and tabled for review at governance meetings, or submitted through quality improvement activities.

Applying quality improvement systems

Action 7.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the performance of the blood management system

b. Implementing strategies to improve blood management and associated processes

c. Reporting on the outcomes of blood management

Reflective questions

How is the effectiveness of the blood management system continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce and consumers?

Examples of evidence

Select only examples currently in use:
- Documentation about the quality improvement system that applies across the full spectrum of activities identified under this standard, including
  – compliance with the use of policies, procedures and protocols across the variety of transfusion practices, including pre-transfusion practice; prescribing practice and clinical use of blood and blood products; administration of blood and blood products; and management of blood and blood products, including receipt, storage, collection and transport

  – mitigation of system-related risks through quality activities, action plans and incident reviews
  – activities to reduce wastage of blood and blood products
  – records that show compliance with appropriate policies, procedures and protocols to minimise wastage of blood or blood products
  – wastage targets, and communication to the workforce about wastage targets
  – appropriate inventory levels
  – comparative performance data
  – audit results of healthcare records for the proportion of transfused patients with a completed patient healthcare record
  – identification of risk arising from the receipt, storage, collection and transport of blood and blood products, and actions taken to reduce these risks
- Terms of reference for a blood management governance group responsible for overseeing the quality improvement system

- Employment documents that identify the roles, responsibilities and accountabilities for managing the quality improvement system
- Audit results of compliance with policies, procedures or protocols for monitoring the blood management system
- Data and reports on the performance of the blood management system
- Committee and meeting records in which issues about the performance of the blood management system and the actions to deal with these issues were monitored and reported

- Training documents on the performance of the blood management system
- Quality improvement plan that includes actions to deal with identified blood management risks
- Examples of modifications to policy documents to deal with issues of noncompliance, if required
- Communication with the workforce about the performance of the organisation's blood management system
- Examples of improvement activities that have been implemented and evaluated to improve blood management.

Partnering with consumers

Action 7.3

Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients in planning and making decisions about safe blood management?

How does the health service organisation collect feedback from patients about information provided on safe blood management?

How does the health service organisation involve patients in decisions about their care and confirm their consent to treatment?

Examples of evidence

Select only examples currently in use:
- Policy documents about informed consent and communicating with patients
- Policy documents to support patients who refuse blood and blood products

- Observation of clinicians' practice that shows use of the health service organisation's processes for partnering with consumers
- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- Pre-transfusion protocol that requires review of patient transfusion history and anaemia status
- Training documents about the need to review patient transfusion history before transfusion
- Administration protocols that include a checklist for blood products at the patient bedside to reduce the risk of incorrect administration of blood or blood products
- Patient and carer information packages or resources that are developed with feedback from consumers, and are available in a variety of formats and languages for distribution by the workforce
- Documentation that shows how clinicians can gain access to patient information

- Materials used in patient and carer education such as brochures, fact sheets and posters
- Patient feedback or reports from consumer focus groups about the format and content of patient information
- Audit results of healthcare records that show a care plan that includes patient blood management strategies
- Documentation confirming that the patient was consulted when developing their plan for care
- Audit results of healthcare records that show compliance with the inclusion of blood or blood products in the care plan, and patient consultation in the development of the plan
- Documentation relating to the provision of information about blood and blood products to patients and carers
- Reports from patient surveys about the effectiveness of information about blood and blood products
- Audit results of healthcare records that show that patient-specific information about the risks, benefits of, and alternatives to, blood and blood products and associated blood management was given to patients
- Standardised consent form in use
- Audit results of healthcare records that show compliance with documentation of consent (including documentation of follow-up when the informed consent process was not achieved according to the protocol, and actions to improve compliance with the protocol).

CRITERION: Prescribing and clinical use of blood and blood products

The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.

Optimising and conserving patients' own blood

Action 7.4

Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by:

a. Optimising patients' own red cell mass, haemoglobin and iron stores

b. Identifying and managing patients with, or at risk of, bleeding

c. Determining the clinical need for blood and blood products, and related risks

Reflective questions

How are patients who are at risk of substantial blood loss identified and managed?

What patient blood management strategies are used for optimising patients' own red cell mass, haemoglobin and iron stores?

Who is responsible for planning and overseeing patient blood management plans?

Examples of evidence

Select only examples currently in use:

- Policy documents about the management of blood and blood products that adhere to national standards for optimising and conserving patients' own blood and the *Patient Blood Management Guidelines*
- Observation of clinicians' practice that shows use of blood and blood products processes
- Records of interviews with clinicians that show that they understand the health service organisation's blood and blood products processes

- Reports on patient-level data collected to support patient blood management plans for benchmarking pre-, intra- and post-implementation
- Clinical practice guidelines for blood and blood product management that include pre-admission guidelines, patient risk assessment and patient risk management
- Pre-admission assessment and risk assessment forms or tools relating to blood management
- Training documents about optimising and conserving patients' own blood
- Audit results of compliance with policies, procedures and clinical practice guidelines for blood and blood management
- Risk register that includes actions to deal with identified blood management system issues
- Committee and meeting records in which issues about optimising and conserving patients' own blood were discussed.

Documenting

Action 7.5

Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record

Reflective questions

How does the health service organisation ensure that a comprehensive history of blood product use, transfusion history, optimising a patient's own blood and assessing the patient's bleeding risk are documented in the patient's healthcare record?

What processes are used to document adverse reactions to blood or blood products in the patient's healthcare record?

Examples of evidence

Select only examples currently in use:

- Policy documents that adhere to national standards for documentation of blood management and transfusion-related decisions
- Audit results that show the use of a form or IT solution in the patient healthcare record that prompts for all required information for documenting blood management and transfusion details
- Audit results of healthcare records that show the use of tools, forms and specified processes

- Audit results that show compliance with protocols for documenting decisions about blood management and transfusion in the patient's healthcare record
- Audit results of healthcare records that show information about adverse reactions
- Report on the review of incidents relating to blood management and transfusion practices, and action taken to deal with these incidents
- Training documents for the clinical workforce who administer or prescribe blood products, including blood management and transfusion documentation, and recognition and reporting of transfusion reactions.

Prescribing and administering blood and blood products

Action 7.6

The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria

Reflective question

How does the health service organisation ensure that protocols for prescribing and administering blood and blood products are consistent with national guidelines and national criteria?

Examples of evidence

Select only examples currently in use:

- Policy documents that are in line with clinical practice guidelines from the National Health and Medical Research Council (NHMRC) and the Australian and New Zealand Society of Blood Transfusion (ANZSBT) for prescription and administration of blood and blood products, and other national guidelines
- Training documents about the prescribing and administration of blood and blood products
- Tools to support transfusion decisions
- Prescription forms that align with clinical practice guidelines

- Electronic medical records that include prescription and administration functionality
- Audit results that show compliance with NHMRC and ANZSBT clinical practice guidelines and other national guidelines
- Audit results that show compliance with policies, procedures and protocols
- Review of prescription and administration events by the health service organisation's blood management governance group to verify and align practice with state and national reporting requirements
- Communication with the workforce about national evidence-based guidelines
- Documentation of the consultation processes used to develop and review policies, procedures or protocols
- Examples of data capture and analysis to identify risks associated with the prescription, handling or administration of blood and blood products.

Reporting adverse events

Action 7.7

The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria

Reflective questions

How are blood management incidents reported and managed?

To whom does the health service organisation report adverse reactions to blood and blood products?

Examples of evidence

Select only examples currently in use:

- Policy documents for reporting and managing incidents, including adverse reactions and near misses, relating to use of blood and blood products
- Policy documents identifying the health service organisation's haemovigilance reporting obligations
- Tools and forms to help with recording and reporting adverse events to all relevant parties, including pathology, manufacturers and committees

- Audit results of healthcare records that show compliance with requirements for reporting adverse events
- Reports from the incident management system identifying incidents relating to blood and blood products that are reviewed and verified by the health service organisation blood management governance group, and reported in line with state and national reporting requirements
- Committee and meeting records that review incident reports relating to blood and blood products, including actions as appropriate
- Schedule of reporting requirements for local, state or territory and national reporting
- Summary and analysis report relating to blood and blood product-related incidents that is provided to the governing body
- Reports that have been provided to the pathology service provider, blood service or product manufacturer.

Action 7.8

The health service organisation participates in haemovigilance activities, in accordance with the national framework

Reflective questions

To whom does the health service organisation report internally and externally on haemovigilance activities?

How does the health service organisation ensure that this reporting is consistent with the national framework?

Examples of evidence

Select only examples currently in use:

- Policy documents that identify the organisation's haemovigilance reporting obligations
- Transfusion-related adverse events reports that are reviewed and verified, including actions as appropriate, by the blood management governance group or other group, and reported according to state or territory and national reporting requirements of the national framework
- Training documents about haemovigilance for the relevant workforce
- Reports provided to state, territory or national haemovigilance reporting systems.

CRITERION: Managing the availability and safety of blood and blood products

| *Strategies are used to effectively manage the availability and safety of blood and blood products.*

Storing, distributing and tracing blood and blood products

Action 7.9

The health service organisation has processes:

a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely

b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer

Reflective questions

How does the health service organisation ensure that processes for the receipt, storage, collection and transport of blood and blood products are consistent with best practice and national guidelines?

How are blood or blood products tracked within the health service organisation?

Examples of evidence

Select only examples currently in use:

- Policy documents about the storage, distribution and handling of blood and blood products
- Audit results that show compliance with policies, procedures and protocols for storage, distribution and handling of blood and blood products
- Register of blood and blood products that is regularly maintained and reviewed
- Records provided to state or territory and national bodies relating to blood and blood products
- Audit results of documentation accompanying blood and blood products, delegation records, and maintenance records and performance testing of platelet agitators, refrigerators and freezers used for storing blood and blood products
- Observational audit of the use of checking processes for labels and dates when blood or blood products are handled
- Results of other accreditation processes that assess these strategies.

Availability of blood

Action 7.10

The health service organisation has processes to:

a. Manage the availability of blood and blood products to meet clinical need

b. Eliminate avoidable wastage

c. Respond in times of shortage

Reflective questions

How is the availability of blood products monitored?

What processes are in place to minimise blood wastage?

What contingency arrangements are in place for blood products?

Examples of evidence

Select only examples currently in use:

- Policy documents about blood management that include guidelines on use and disposal

- Audit results that show compliance with policies, procedures or protocols for use and disposal of blood and blood products

- Reports on the use and wastage of blood and blood products provided to the blood management governance group to monitor performance and make necessary changes to procedures

- Committee and meeting records in which disposal or discard rates of blood products were reviewed and actions taken to reduce wastage

- Policy documents about minimising wastage of blood or blood products

- Contingency plans, test results and action plans for contingency planning simulations

- Documentation of actions taken in times of shortage and reported to the blood management governance group to review, and any actions taken to improve contingency plans and responses

- Reports from pathology laboratories that are regularly reviewed and reconciled

- Reports from an electronic wastage monitoring system

- Comparative data that are used to monitor performance regarding state and national data.

Recognising and Responding to Acute Deterioration Standard

8
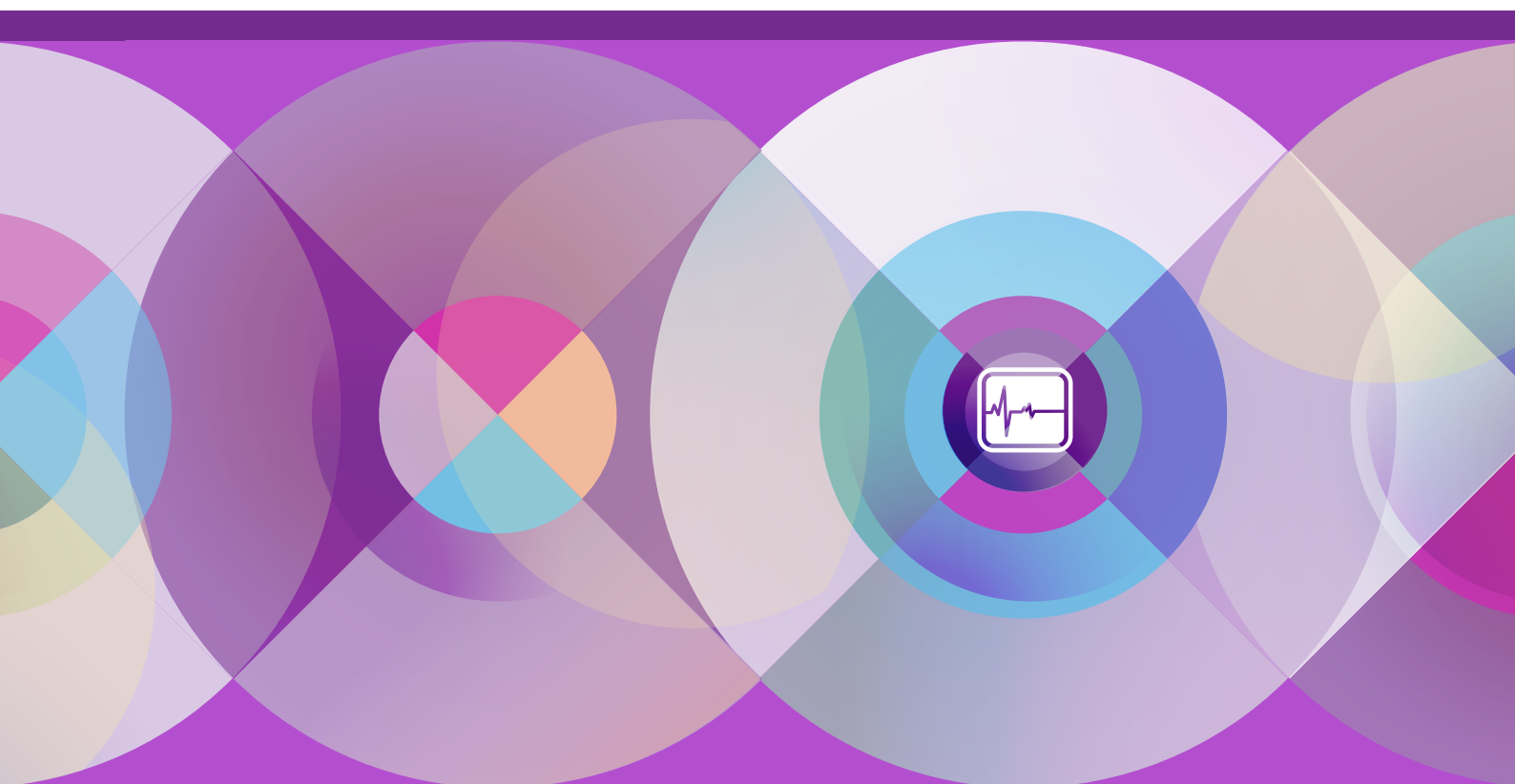
Recognising and Responding to Acute Deterioration Standard

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

Intention of this standard

To ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state.

Criteria

Clinical governance and quality improvement to support recognition and response systems

Detecting and recognising acute deterioration, and escalating care

Responding to acute deterioration

Key resources

- *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*[11]
- *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*[12]
- *National Consensus Statement: Essential elements for safe and high quality end-of-life care* [7]
- Delirium Clinical Care Standard[7]

CRITERION: Clinical governance and quality improvement to support recognition and response systems

Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates. These systems are consistent with the National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*, the* National Consensus Statement: Essential elements for safe and high-quality end-of-life care*, the* National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*, and the Delirium Clinical Care Standard.*

Integrating clinical governance

Action 8.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for recognising and responding to acute deterioration

b. Managing risks associated with recognising and responding to acute deterioration

c. Identifying training requirements for recognising and responding to acute deterioration

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for recognising and responding to acute deterioration
- Identify and manage risks associated with recognising and responding to acute deterioration
- Identify training requirements for recognising and responding to acute deterioration?

Examples of evidence

Select only examples currently in use:

- Policy documents about recognising and responding to acute deterioration
- Observation of clinicians' practice that shows use of the health service organisation's processes for recognising and responding to acute deterioration

- Records of interviews with clinicians that show that they understand the health service organisation's processes for recognising and responding to acute deterioration
- Risk management system that includes actions to manage risks identified in recognising and responding to acute deterioration
- Documentation of requirements for reporting failures to recognise, escalate or respond to acute deterioration
- Reports from the incident management and investigation system about incidents relating to recognising and responding to acute deterioration
- Education plan for recognising and responding to acute deterioration.

Applying quality improvement systems

Action 8.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring recognition and response systems

b. Implementing strategies to improve recognition and response systems

c. Reporting on effectiveness and outcomes of recognition and response systems

Reflective questions

How are the health service organisation's recognition and response systems continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce, consumers and other organisations?

Examples of evidence

Select only examples currently in use:

- Documented data collection processes for the recognition and response systems
- Workforce survey results and patient experience data relating to recognising and responding to acute deterioration

- Quality measures and tools for evaluating the recognition and response systems
- Reports to the highest level of governance and the workforce on evaluation findings
- Improvements made to the recognition and response systems
- Evidence of local quality improvement projects based on the investigation of reported incidents and evaluation data, and from the recognition and response systems
- Evidence of risk assessment and evaluation processes undertaken when implementing new tools and processes as part of the recognition and response systems (for example, electronic systems for monitoring vital signs and escalating care).

Partnering with consumers

Action 8.3

Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to:

a. Actively involve patients in their own care

b. Meet the patient's information needs

c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients in planning and making decisions about recognising and responding to acute deterioration?

How does the health service organisation collect feedback from patients about information provided on recognising and responding to acute deterioration?

Examples of evidence

Select only examples currently in use:

- Policy documents about gaining patient consent or consulting with substitute decision-makers for treatment in response to acute deterioration

- Observation of clinicians' practice that shows use of the health service organisation's processes for partnering with consumers

- Records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers

- Information resources for patients, carers and families about recognition and response systems

- Examples of clinical documentation of shared decision making in relation to recognising and responding to acute deterioration (such as advance care plans; documented goals of care; comprehensive care plans; and documented discussions with patients, carers and families).

CRITERION: Detecting and recognising acute deterioration, and escalating care

| Acute deterioration is detected and recognised, and action is taken to escalate care.

Recognising acute deterioration

Action 8.4

The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:

a. Document individualised vital sign monitoring plans

b. Monitor patients as required by their individualised monitoring plan

c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient

Reflective questions

What systems are in place for documenting vital sign monitoring plans?

What processes are used to ensure that there is enough equipment for patient monitoring?

How does the health service organisation ensure that clinicians have the skills to monitor patients according to their monitoring plan?

What processes are in place for documenting vital sign observations graphically and over time?

Examples of evidence

Select only examples currently in use:

- Policy documents that align with the *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*[11] and describe the minimum requirements for
  - development and documentation of individualised monitoring plans
  - frequency of monitoring for key vital signs
  - vital sign documentation

- Training documents about using monitoring equipment, monitoring and documenting vital signs, and developing and documenting monitoring plans

- Documented protocols that outline the requirements of monitoring plans for different patient groups (for example, patients on an inpatient surgical ward are likely to have different monitoring requirements from patients in an outpatient chemotherapy unit)

- Audit results of compliance with monitoring policies, procedures or protocols

- Maintenance logs and checklists for equipment used for monitoring vital signs

- Results of skills and competency evaluation for detecting acute physiological deterioration

- Examples of completed monitoring plans, track-and-trigger observation charts, and clinical pathways that are appropriate for the setting

- Local guidelines for vital sign monitoring in specialist areas.

Action 8.5

The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:

a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium

b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan

c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported

d. Determine the required level of observation

e. Document and communicate observed or reported changes in mental state

Reflective questions

How does the health service organisation ensure that clinicians are trained to be alert for the signs of acute deterioration in a person's mental state?

How does this apply to people who have not been identified as being at high risk of deterioration in mental state?

Examples of evidence

Select only examples currently in use:

- Policy documents about recognising, documenting and observing acute deterioration in mental state

- Screening and assessment policies and procedures for mental health in line with the Comprehensive Care Standard
- Training documents about recognising acute deterioration in mental state and how to deal with reports of deterioration from the patient, carer or family
- Documentation of patient involvement in developing individualised monitoring plans
- Audit results of compliance with the monitoring plan systems for mental state.

Escalating care

Action 8.6

The health service organisation has protocols that specify criteria for escalating care, including:

a. Agreed vital sign parameters and other indicators of physiological deterioration

b. Agreed indicators of deterioration in mental state

c. Agreed parameters and other indicators for calling emergency assistance

d. Patient pain or distress that is not able to be managed using available treatment

e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration

Reflective question

What protocols are used to specify the criteria for escalating care?

Examples of evidence

Select only examples currently in use:

- Policy documents that identify agreed criteria that indicate acute deterioration in physical, mental or cognitive condition that trigger escalation of care, and the expected responses
- Policy documents that include consideration of the organisation's size, role, location and services provided; localised escalation strategies; and tailored escalation for specialist patient groups
- Documented protocols that are available to the workforce for escalating care when acute deterioration in a patient's condition is detected
- Documented localised escalation protocols
- Escalation flow diagrams
- Audit results of compliance with the escalation protocols
- Committee and meeting records in which clinicians agreed on the parameters that indicate acute deterioration for escalation
- Resources or tools that help clinicians to use the escalation protocols.

Action 8.7

The health service organisation has processes for patients, carers or families to directly escalate care

Reflective question

What processes are in place for patients, carers or families to directly escalate care?

Examples of evidence

Select only examples currently in use:

- Observation of an escalation system that supports patients, carers and families to directly escalate care
- Consumer and carer resources that outline how they can directly escalate care

- Relevant documentation from committees with consumer advisors and clinicians in which the criteria for, mechanism of, and response to, direct patient, carer and family escalation of care were decided
- Evaluation of the effectiveness and usability of the patient, carer and family escalation protocol and associated quality improvement projects
- Training documents about the system for patients, carers and families to directly escalate care, including how the non-clinical workforce should forward calls for assistance.

Action 8.8

The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance

Reflective question

What mechanisms are in place for the workforce to escalate care and call for emergency assistance?

Examples of evidence

Select only examples currently in use:

- Policy documents about escalating care and calling for emergency assistance
- Audit results of equipment functionality and maintenance, including paging systems, electronic alerting systems, alarms and dedicated mobile phones

- Training documents about mechanisms for escalating care and calling for emergency assistance
- Audit results of compliance with the mechanisms for escalating care and calling for emergency assistance
- Evidence of investigations into failures of the mechanisms for escalation and emergency assistance calls, and associated quality improvement projects.

Action 8.9

The workforce uses the recognition and response systems to escalate care

Reflective question

How does the health service organisation ensure that the workforce knows how and when to use the recognition and response systems?

Examples of evidence

Select only examples currently in use:

- Training documents about the roles, responsibilities and accountabilities of the workforce for using the recognition and response systems
- Examples of communication prompts and tools used for escalating care
- Audit results of the use of communication prompts and tools when escalating care
- Quality improvement system that includes analysis of feedback on the workforce's experiences of escalating care, to improve escalation protocols
- Feedback provided on the recognition and response systems
- Audit results of compliance with the use of recognition and response systems
- Reports on investigations into incidents associated with failure to use recognition and response systems, and associated quality improvement projects.

CRITERION: Responding to acute deterioration

| *Appropriate and timely care is provided to patients whose condition is acutely deteriorating.*

Responding to deterioration

Action 8.10

The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration

Reflective question

How does the health service organisation ensure that clinicians are competent in the skills required to respond to patients whose condition is acutely deteriorating?

Examples of evidence

Select only examples currently in use:

- Employment documents that describe roles and responsibilities in the event of episodes of acute deterioration

- Training documents about emergency interventions in the event of acute deterioration, including specialist training for responders, such as members of medical emergency teams
- Evidence of clinician competency assessment (for example, through simulation exercises, peer review or formal assessments)
- Records indicating that clinicians have met the ongoing professional development requirements of a specialist college in relation to responding to acute deterioration (for example, through the College of Intensive Care Medicine).

Action 8.11

The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support

Reflective question

What processes are in place to ensure that clinicians who are competent in providing advanced life support are available to respond to patients who acutely deteriorate?

Examples of evidence

Select only examples currently in use:

- Rosters of clinicians who can provide advanced life support
- Audit results of episodes requiring advanced life support, to determine whether members of the workforce who can provide advanced life support were available
- Employment documents that describe advanced life support roles, responsibilities and accountabilities
- Evidence of qualifications or up-to-date certification for the provision of advanced life support
- Policy documents for rapidly gaining access to a clinician who can provide advanced life support
- Records of ongoing competency assessments for advanced life support
- Training documents about non-technical skills relating to advanced life support, such as teamwork, team leadership and communication.

Action 8.12

The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated

Reflective questions

How does the health service organisation ensure that the workforce knows the local processes for escalating care to mental health specialists?

What partnerships are in place to help patients gain access to mental health services if they are not provided within the health service organisation?

How are patients, carers and families informed about rapid referral to mental health services?

Examples of evidence

Select only examples currently in use:

- Policy documents about rapid referral to mental health services
- Audit results of episodes when patients' mental states have acutely deteriorated, to determine whether rapid referrals were made to mental health services
- Document that identifies areas of the health service organisation where the risk of acute deterioration in mental state is highest.

Action 8.13

The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration

Reflective questions

What services may be required by patients who acutely deteriorate but cannot be safely provided?

What referral mechanisms are in place to ensure that patients whose acute deterioration cannot be definitively managed within the health service organisation are rapidly referred to other organisations?

Examples of evidence

Select only examples currently in use:

- Audit results of the common causes of deterioration from the recognition and response systems mapped to organisational capacity
- Policy documents about referral to other services for definitive management
- Memorandums of understanding with external services that enable rapid referral for definitive management
- Documented processes for safe transport to other services for definitive management
- Evaluation of referral processes and patient outcomes, and evidence of associated quality improvement projects.

Glossary

If appropriate, glossary definitions from external sources have been adapted to fit the context of the NSQHS Standards.

acute deterioration: physiological, psychological or cognitive changes that may indicate a worsening of the patient's health status; this may occur across hours or days.

advance care plan: a plan that states preferences about health and personal care, and preferred health outcomes. An advance care planning discussion will often result in an advance care plan. Plans should be made on the person's behalf and prepared from the person's perspective to guide decisions about care.[13]

advanced life support: the preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.[11]

adverse drug reaction: a response to a medicine that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.[14] An allergy is a type of adverse drug reaction.

adverse event: an incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. *See also* near miss

alert: warning of a potential risk to a patient.

allergy: occurs when a person's immune system reacts to allergens in the environment that are harmless for most people. Typical allergens include some medicines, foods and latex.[15] An allergen may be encountered through inhalation, ingestion, injection or skin contact. A medicine allergy is one type of adverse drug reaction.

antimicrobial: a chemical substance that inhibits or destroys bacteria, viruses or fungi, and can be safely administered to humans and animals.[16]

antimicrobial resistance: failure of an antimicrobial to inhibit a microorganism at the antimicrobial concentrations usually achieved over time with standard dosing regimens.[16]

antimicrobial stewardship: an ongoing effort by a health service organisation to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It may incorporate several strategies, including monitoring and review of antimicrobial use.[16]

approved identifiers: items of information accepted for use in identification, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier. Health service organisations and clinicians are responsible for specifying the approved items for identification and procedure matching. Identifiers such as room or bed number should not be used.

aseptic technique: a technique that aims to prevent microorganisms on hands, surfaces and equipment from being introduced to susceptible sites. Unlike sterile techniques, aseptic techniques can be achieved in typical ward and home settings.[17]

assessment: a clinician's evaluation of a disease or condition based on the patient's subjective report of the symptoms and course of the illness or condition, and the clinician's objective findings. These findings include data obtained through laboratory tests, physical examination and medical history; and information reported by carers, family members and other members of the healthcare team. The assessment is an essential element of a comprehensive care plan.[9]

audit (clinical): a systematic review of clinical care against a predetermined set of criteria.[18]

Australian Charter of Healthcare Rights: specifies the key rights of patients when seeking or receiving healthcare services. It was endorsed by health ministers in 2008.[3]

Australian Open Disclosure Framework: endorsed by health ministers in 2013, it provides a framework for health service organisations and clinicians to communicate openly with patients when health care does not go to plan.[2]

best possible medication history: a list of all the medicines a patient is using at presentation. The list includes the name, dose, route and frequency of the medicine, and is documented on a specific form or in a specific place. All prescribed, over-the-counter and complementary medicines should be included. This history is obtained by a trained clinician interviewing the patient (and/or their carer) and is confirmed, where appropriate, by using other sources of medicines information.[19]

best practice: when the diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients.

best-practice guidelines: a set of recommended actions that are developed using the best available evidence. They provide clinicians with evidence-informed recommendations that support clinical practice, and guide clinician and patient decisions about appropriate health care in specific clinical practice settings and circumstances.[20]

blood management: a process that improves outcomes for patients by improving their medical and surgical management in ways that boost and conserve their own blood, and ensure that any blood and blood products they receive are appropriate and safe.

blood products: include fresh blood products such as red blood cells and platelets, fresh frozen plasma, cryoprecipitate and cryodepleted plasma, plasma-derived blood products, and recombinant blood products.

business decision-making: decision-making regarding service planning and management for a health service organisation. It covers the purchase of building finishes, equipment and plant; program maintenance; workforce training for safe handling of equipment and plant; and all issues for which business decisions are taken that might affect the safety and wellbeing of patients, visitors and the workforce.

care pathway: a complex intervention that supports mutual decision-making and organisation of care processes for a well-defined group of patients during a well-defined period.[21]

carer: a person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program.[22]

clinical care standards: nationally relevant standards developed by the Australian Commission on Safety and Quality in Health Care, and agreed by health ministers, that identify and define the care people should expect to be offered or receive for specific conditions.

clinical communication: the exchange of information about a person's care that occurs between treating clinicians, patients, families and carers, and other members of a multidisciplinary team. Communication can be through several different channels, including face-to-face meetings, telephone, written notes or other documentation, and electronic means. *See also* effective clinical communication, clinical communication process.

clinical communication process: the method of exchanging information about a person's care. It involves several components, and includes the sender (the person who is communicating the information), the receiver (the person receiving the information), the message (the information that is communicated) and the channel of communication. Various channels of communication can be used, including verbal (face to face, over the phone, through Skype), written and electronic.[23] Sending and receipt of the information can occur at the same time, such as verbal communication between two clinicians, or at different times, such as non-verbal communication during which a clinician documents a patient's goals, assessments and comprehensive care plan in the healthcare record, which is later read by another clinician.

clinical governance: an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.

clinical handover: the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.[24]

clinical information system: a computerised healthcare record and management system that is used by clinicians in healthcare settings. Clinical information systems are typically organisation-wide, have high levels of security and access, and have roles and rights (for example, prescribing medicines, reviewing laboratory results, administering intravenous fluids) specified for each clinical and administrative user. Clinical information systems enable computerised data entry and data retrieval by clinicians.[25]

clinical leaders: clinicians with management or leadership roles in a health service organisation who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

clinician: a healthcare provider, trained as a health professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.

cognitive impairment: deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients.[9] Cognitive impairment can also be a result of several of other conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines.

cold chain management: the system of transporting and storing temperature-sensitive medicines and other therapies, such as blood and blood products, within their defined temperature range at all times, from point of origin (manufacture) to point of

administration, to ensure that the integrity of the product is maintained.

communicable disease: an infection that can be transferred from one person or host to another.

comprehensive care: health care that is based on identified goals for the episode of care. These goals are aligned with the patient's expressed preferences and healthcare needs, consider the impact of the consumer's health issues on their life and wellbeing, and are clinically appropriate.

comprehensive care plan: a document describing agreed goals of care, and outlining planned medical, nursing and allied health activities for a patient. Comprehensive care plans reflect shared decisions made with patients, families and carers about the tests, interventions, treatments and other activities needed to achieve the goals of care. The content of comprehensive care plans will depend on the setting and the service that is being provided, and may be called different things in different health service organisations. For example, a care or clinical pathway for a specific intervention may be considered a comprehensive care plan.

consumer: a person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.[26]

contemporaneously (documenting information): recording of information in the healthcare record as soon as possible after the event that is being documented.[27]

credentialing: the formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.[28]

critical equipment: items that confer a high risk for infection if they are contaminated with any microorganism, and must be sterile at the time of use. They include any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.[4]

critical information: information that has a considerable impact on a patient's health, wellbeing or ongoing care (physical or psychological). The availability of critical information may require a clinician to reassess or change a patient's comprehensive care plan.

current medicines list: *See* medicines list

decision support tools: tools that can help clinicians and consumers to draw on available evidence when making clinical decisions. The tools have a number of formats. Some are explicitly designed to enable shared decision making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about health decisions (for example, communication frameworks, question prompt lists).[29] *See also* shared decision making

de-escalation strategies: psychosocial techniques that aim to reduce violent or disruptive behaviour. They are intended to reduce or eliminate the risk of violence during the escalation phase, using verbal and non-verbal communication skills. De-escalation is about establishing rapport to gain the patient's trust, minimising restriction to protect their self-esteem, appearing externally calm and self-aware in the face of aggressive behaviour, and intuitively identifying creative and flexible interventions that will reduce the need for aggression.[30]

definitive management: the treatment plan for a disease or disorder that has been chosen as the best one for the patient after all other choices have been considered.[31]

delirium: an acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day.[32] It is a serious condition that can be prevented in 30–40% of cases, and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has

heightened arousal; or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).[33]

deterioration in mental state: a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Changes can be gradual or acute; they can be observed by members of the workforce, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state can be related to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and responses to social context and environment.

diversity: the varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

effective clinical communication: two-way, coordinated and continuous communication that results in the timely, accurate and appropriate transfer of information. Effective communication is critical to, and supports, the delivery of safe patient care.

emergency assistance: clinical advice or assistance provided when a patient's condition has deteriorated severely. This assistance is provided as part of the rapid response system, and is additional to the care provided by the attending clinician or team.[11]

end of life: the period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of patients with chronic or malignant disease, or very brief in the case of patients who suffer acute and unexpected illnesses or events, such as sepsis, stroke or trauma.[34]

environment: the physical surroundings where health care is delivered, including the building, fixtures, fittings, and services such as air and water supply. Environment can also include other patients, consumers, visitors and the workforce.

episode of care: a phase of treatment. There may be more than one episode of care within the one hospital stay. An episode of care ends when the principal clinical intent changes or when the patient is formally separated from the facility.[35]

escalation protocol: the protocol that sets out the organisational response required for different levels of abnormal physiological measurements or other observed deterioration. The protocol applies to the care of all patients at all times.[11]

fall: an event that results in a person coming to rest inadvertently on the ground or floor, or another lower level.[36]

goals of care: clinical and other goals for a patient's episode of care that are determined in the context of a shared decision-making process.

governance: the set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including patients and consumers). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In the NSQHS Standards, governance includes both corporate and clinical governance.

governing body: a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a health service organisation.

guidelines: clinical practice guidelines are systematically developed statements to assist clinician and consumer decisions about appropriate health care for specific circumstances.[37]

haemovigilance: a set of surveillance procedures covering the entire blood transfusion chain, from the donation and processing of blood and its components, to their provision and transfusion to patients, to their follow-up. It includes monitoring, reporting, investigating and analysing adverse events related to the donation, processing and transfusion of blood, as well as development and implementation of recommendations to prevent the occurrence or recurrence of adverse events.[38]

hand hygiene: a general term referring to any action of hand cleansing.

health care: the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals.[2]

healthcare-associated infections: infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare-associated infections may manifest after people leave the healthcare facility.[4]

healthcare record: includes a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

health literacy: the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment.

Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.

The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services.[39]

health service organisation: a separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

higher risk (patients at higher risk of harm): a patient with multiple factors or a few specific factors that result in their being more vulnerable to harm from health care or the healthcare system. Risk factors may include having chronic clinical conditions; having language barriers; being of Aboriginal or Torres Strait Islander background; having low health literacy; being homeless; or being of diverse gender identities and experiences, bodies, relationships and sexualities (currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

high-risk medicines: medicines that have an increased risk of causing significant patient harm or death if they are misused or used in error. High-risk medicines may vary between hospitals and other healthcare settings, depending on the types of medicines used and patients treated. Errors with these medicines are not necessarily more common than with other medicines. Because they have a low margin of safety, the consequences of errors with high-risk medicines can be more devastating.[40,41] At a minimum, the following classes of high-risk medicines should be considered:

- Medicines with a narrow therapeutic index
- Medicines that present a high risk when other system errors occur, such as administration via the wrong route.

hygienic environment: an environment in which practical prevention and control measures are used to reduce the risk of infection from contamination by microbes.

incident (clinical): an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. *See also* near miss

infection: the invasion and reproduction of pathogenic (disease-causing) organisms inside the body. This may cause tissue injury and disease.[42]

informed consent: a process of communication between a patient and clinician about options for treatment, care processes or potential outcomes. This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care.[43] The communication should ensure that the patient has an understanding of the care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.[44]

injury: damage to tissues caused by an agent or circumstance.[45]

invasive medical devices: devices inserted through skin, mucosal barrier or internal cavity, including central lines, peripheral lines, urinary catheters, chest drains, peripherally inserted central catheters and endotracheal tubes.

involuntary treatment: when people are detained in hospital or compulsorily treated in the community under mental health legislation, for assessment or provision of appropriate treatment or care.[46]

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[37] Jurisdictional requirements encompass a number of types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people, and can negotiate for resources and other support to achieve goals.[47]

local community: the people living in a defined geographic region or from a specific group who receive services from a health service organisation.

mandatory: required by law or mandate in regulation, policy or other directive; compulsory.

medication management: practices used to manage the provision of medicines. Medication management has also been described as a cycle, pathway or system, which is complex and involves a number of different clinicians. The patient is the central focus. The system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. It also includes decision-making, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines.[48]

medication reconciliation: a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines, and matching the medicines the patient should be prescribed to those they are actually prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented and communicated when care is transferred. Medication review may form part of the medication reconciliation process.

medication review: a systematic assessment of medication management for an individual patient that aims to optimise the patient's medicines and outcomes of therapy by providing a recommendation or making a direct change.[49] Medication review may be part of medication reconciliation.

medicine: a chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered.[50]

medicine-related problem: any event involving treatment with a medicine that has a negative effect on a patient's health or prevents a positive outcome. Consideration should be given to disease-specific, laboratory test–specific and patient-specific information. Medicine-related problems include issues with medicines such as:

- Underuse
- Overuse
- Use of inappropriate medicines (including therapeutic duplication)

- Adverse drug reactions, including interactions (medicine–medicine, medicine–disease, medicine–nutrient, medicine–laboratory test)
- Noncompliance.[51,52]

medicines list: prepared by a clinician, a medicines list contains, at a minimum:

- All medicines a patient is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included[48]
- Any medicines that should not be taken by the patient, including those causing allergies and adverse drug reactions; for each allergy and adverse drug reaction, the medicine name, the reaction type and the date on which the reaction was experienced should be included.

Ideally, a medicines list also includes the intended use (indication) for each medicine.

It is expected that the medicines list is updated and correct at the time of transfer (including clinical handover) or when services cease, and that it is tailored to the audience for whom it is intended (that is, patient or clinician).[53]

minimum information content: the content of information that must be contained and transferred in a particular type of clinical handover. What is included as part of the minimum information content will depend on the context and reason for the handover or communication.[54]

multidisciplinary team: a team including clinicians from a multiple disciplines who work together to deliver comprehensive care that deals with as many of the patient's health and other needs as possible. The team may operate under one organisational umbrella or may be from several organisations brought together as a unique team. As a patient's condition changes, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient.[55] Multidisciplinary care includes interdisciplinary care. (A discipline is a branch of knowledge within the health system.)[56]

My Health Record (formerly known as a personally controlled electronic health record): the secure online summary of a consumer's health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency). Clinicians are able to share health clinical documents to a consumer's My Health Record, according to the consumer's access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies.[57]

national patient identifier: a unique 16-digit number that is used to identify individuals who receive, or may receive, health care in the Australian healthcare system. Also known as an Individual Healthcare Identifier (IHI).[57]

national provider identifier: a unique 16-digit number that is used to identify individual clinicians or organisations that deliver health care in the Australian healthcare setting. For individuals, it is also known as a Healthcare Provider Identifier – Individual (HPI-I); for organisations, it is also known as a Healthcare Provider Identifier – Organisation (HPI-O).[57]

near miss: an incident or potential incident that was averted and did not cause harm, but had the potential to do so.[58]

open disclosure: an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.[59]

organisation-wide: intended for use throughout the health service organisation.

orientation: a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation.

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.[45]

partnership: a situation that develops when patients and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in a health service organisation, including at the level of individual interactions; at the level of a service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the health service organisation is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the health service organisation.

patient: a person who is receiving care in a health service organisation.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients.[60] Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.[61] Also known as patient-centred care or consumer-centred care.

point of care: the time and location of an interaction between a patient and a clinician for the purpose of delivering care.

policy: a set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

pressure injuries: injuries of the skin and/or underlying tissue, usually over a bony prominence, caused by unrelieved pressure, friction or shearing. They occur most commonly on the sacrum and heel, but can develop anywhere on the body. Pressure injury is a synonymous term for pressure ulcer.

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.[62]

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete a task or a set of tasks.

purpose-driven communication: communication in which all the parties involved in the communication process have a shared understanding of why the communication is taking place (for example, to gather, share, receive or check information), what action needs to be taken and who is responsible for taking that action.

quality improvement: the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.[63] Quality improvement activities may be undertaken in sequence, intermittently or continually.

regularly: occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the NSQHS Standards (2nd ed.), the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

responsibility and accountability for care: accountability includes the obligation to report and be answerable for consequences. Responsibility is the acknowledgement that a person has to take action that is appropriate to a patient's care needs and the health service organisation.[64]

restraint: the restriction of an individual's freedom of movement by physical or mechanical means.[65]

reusable device: a medical device that is designated by its manufacturer as suitable for reprocessing and reuse.[66]

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences.[67]

risk management: the design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.

safety culture: a commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.[68]

scope of clinical practice: the extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.[28]

screening: a process of identifying patients who are at risk, or already have a disease or injury. Screening requires sufficient knowledge to make a clinical judgement.[69]

seclusion: the confinement of a patient, at any time of the day or night, alone in a room or area from which free exit is prevented.[65]

self-harm: includes self-poisoning, overdoses and minor injury, as well as potentially dangerous and life-threatening forms of injury. Self-harm is a behaviour and not an illness. People self-harm to cope with distress or to communicate that they are distressed.[70]

semi-critical equipment: items that come into contact with mucous membranes or non-intact skin, and should be single use or sterilised after each use. If this is not possible, high-level disinfection is the minimum level of reprocessing that is acceptable.[4]

service context: the particular context in which care is delivered. Health service delivery occurs in many different ways, and the service context will depend on the organisation's function, size and organisation of care regarding service delivery mode, location and workforce.[71]

shared decision making: a consultation process in which a clinician and a patient jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the patient's values, preferences and circumstances.[29]

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.[45]

standard national terminologies: a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Healthcare providers around the world use specialised vocabulary to describe diseases, operations, clinical procedures, findings, treatments and medicines. In Australia, terminologies include SNOMED CT-AU and Australian Medicines Terminology.[72] Standard national terminologies are also referred to as clinical terminologies.

standard precautions: work practices that provide a first-line approach to infection prevention and control, and are used for the care and treatment of all patients.[66]

structured clinical handover: a structured format used to deliver information (the minimum information content), enabling all participants to know the purpose of the handover, and the information that they are required to know and communicate.[18]

substitute decision-maker: a person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a patient whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the patient, appointed for (on behalf of) the patient, or identified as the default decision-maker by legislation, which varies by state and territory.[9]

surveillance: an epidemiological practice that involves monitoring the spread of disease to establish progression patterns. The main roles of surveillance are to predict and observe spread; to provide a measure for strategies that may minimise the harm caused by outbreak, epidemic and pandemic situations; and to increase knowledge of the factors that might contribute to such circumstances.[42]

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated objective. A system:

- Brings together risk management, governance and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.

timely (communication): communication of information within a reasonable time frame. Timeliness will depend on how important or time critical the information is to a patient's ongoing care or wellbeing, the context in which the service is provided and the clinical acuity of the patient.

traceability: the ability to trace the history, application or location of reusable medical devices. Some professional groups may refer to traceability as tracking.[66]

training: the development of knowledge and skills.

transfusion history: a list of transfusions a patient has had before presentation, including details of any adverse reactions to the transfusion and any special transfusion requirements. The completeness of the history will depend on the availability of information. It is expected that information will be obtained by reviewing any available referral information and interviewing the patient or their carer.

transitions of care: situations when all or part of a patient's care is transferred between healthcare locations, providers, or levels of care within the same location, as the patient's conditions and care needs change.[73]

transmission-based precautions: additional work practices used in situations when standard precautions alone may not be sufficient to prevent transmission of infection. Transmission-based precautions are used in conjunction with standard precautions.[4]

workforce: all people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation.

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