

ACHS Program for Corporate Health Services



ACHS Corporate Health Services

in line with the

NSQHS STANDARDS 2nd edition

Following the implementation of the Australian Commission on Safety and Quality in Health Care's (ACSQHC's) National Safety and Quality Health Service (NSQHS) Standards second edition, ACHS has revised the program for corporate services with direct oversight of healthcare facilities, in line with the NSQHS Standards second edition.

ACHS Corporate Health Services comprises the eight NSQHS Standards, with actions deemed as not applicable to corporate services shaded out. In addition, corporate service members will have the opportunity to apply for further 'Not Applicable' actions, in line with their responsibilities and ACHS policy.

The ACHS Corporate Health Services program is a comprehensive accreditation and quality improvement program that facilitates alignment between the corporate service and its health facilities that are accredited against the NSQHS Standards second edition.

Guidance to meet ACHS requirements for corporate services

As with the first version of this program, the wording of the actions in the NSQHS 2nd edition standards has not been changed from the original versions, so as to maintain the integrity of the NSQHS Standards 2nd edition and to provide continuity with the standards to which the health facilities are assessed. Guidance is therefore provided to highlight the responsibility for the corporate service compared to a health facility.

In this document, all NSQHS 2nd edition actions are shown, together with the original intent of each action. This is followed by the key tasks for health facilities, as listed in the Commission's Guide for hospitals, and the final column, titled 'Responsibility of corporate service' specifies what the corporate service responsibility is.

Please note:

The National safety and Quality Health Service (NSQHS) Standards second edition, are the property of the Australian Commission on Safety and Quality in Health Care.

The complete version of the NSQHS Standards second edition is provided in this document, with no amendments to the Standards, criteria, items or actions.

NSQHS Standards 2nd Edition

NSQHS 2nd Edition Standards comprises eight Standards:



Clinical Governance for Health Service Organisations, 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 consumer-centred health system by including patients in shared decision making, to ensure that patients are partners in their 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.

1. Clinical Governance Standard

CRITERION: GOVERNANCE, LEADERSHIP AND CULTURE

Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Governance, leadership and culture	<p>1.1 The governing body:</p> <p>a. provides leadership to promote a culture of safety and quality improvement and satisfies itself that this culture exists within the organisation</p> <p>b. provides leadership to promote partnering with patients and consumers</p> <p>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</p> <p>d. endorses the organisation’s clinical governance framework</p> <p>e. ensures that roles and responsibilities are clearly defined for the governing body, executive management, clinicians and the workforce</p> <p>f. monitors the action taken that result from the analysis of clinical incidents</p> <p>g. reviews reports, and monitors the organisation’s progress on safety and quality performance</p>	<p>1.2.1</p> <p>13.1.1</p> <p>15.1.1</p> <p>15.1.2</p> <p>15.1.3</p> <p>15.2.1</p> <p>15.2.2</p> <p>15.3.1</p> <p>15.4.1</p> <p>15.5.1</p> <p>15.8.1</p>	<p><i>The governing body must assure itself that a culture of safety and quality operates in the organisation.</i></p>	<ul style="list-style-type: none"> Identify the governing body – this is the group of people or individuals with ultimate responsibility and accountability for decision-making about safety and quality Ensure that the roles, responsibilities and accountabilities for safety, quality and clinical governance within the organisation are clearly articulated Review the organisational structure, and the position descriptions and contracts for managers, and ensure that roles, responsibilities and accountabilities for safety (including clinical safety) and quality are clearly defined and articulated at all levels in the organisation Endorse the organisation’s clinical governance framework and strategic plans, such as the safety and quality improvement plan, and the plan for partnering with consumers Review the template or calendar for reporting to the governing body on safety and quality indicators and data, and ensure that it covers all services, locations, major risks, dimensions of quality and key elements of the quality improvement system Regularly review quality indicators to ensure that they are relevant and comprehensive Review relevant data from clinical incidents, and reports of complaints and other incidents Review the processes for providing feedback to the workforce, patients, consumers and the community about the organisation’s safety and quality performance 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> identify the organisation’s long-term direction, where resources are to be allocated, what services are available, and what is needed define the roles, responsibilities and accountabilities for safety, quality and clinical governance develop a corporate level strategic plan that establishes the overall strategic objectives of the organisation make the corporate strategic plan available to relevant staff set the direction of the organisational culture. There should be development and dissemination of the vision, mission and values and leadership by example develop an operational plan for the corporate facility that complies with organisational by-laws, articles of association and/or policies and procedures ensure an operational plan is developed at the health facility level that complies with organisational by-laws, articles of association and/or policies and procedures regularly review its own operational plans, and receive reports from its health facilities about progress against objectives and targets set the schedule to receive reports regarding safety and quality indicators and related data collected at the health facility level monitor and review issues of safety and quality and ensure action is taken at the health facility level to improve the safety and quality of care

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
				<ul style="list-style-type: none"> Review the organisation's audit program to ensure that it has enough safety and quality content Ensure that mitigation strategies are in place to manage all major risks Ensure that systems are in place to regularly survey and report on organisational culture. 	<ul style="list-style-type: none"> ensure reporting templates comprise key elements of the quality management system including scope for specified performance measures ensure quality plans address issues identified in the reports
	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	New 12.1.2	<i>The health needs of Aboriginal and Torres Strait Islander people are identified in partnership with local communities, and improvement actions are supported by the governing body.</i>	<ul style="list-style-type: none"> Establish partnerships with local Aboriginal and Torres Strait Islander communities to identify priority health needs and any barriers to accessing health services Endorse priorities and identified targets, and have mechanisms in place to review strategies to improve the safety and quality of health care Routinely review progress against Aboriginal and Torres Strait Islander safety and quality improvement strategies Collect relevant data to inform planning and future decision-making relating to service development. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> direct policy to ensure health facilities establish partnerships with local Aboriginal and Torres Strait Islander communities review reports on the delivery of priority health needs receive data on utilisation of the services by Aboriginal and Torres Strait Islanders to inform planning and future decision-making relating to service development
Management and executive leadership	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	1.1	<i>The clinical governance framework is comprehensive and effective in improving safety and quality.</i>	<ul style="list-style-type: none"> Develop a clinical governance framework Educate the workforce about the key aspects of the clinical governance framework, and their responsibilities for improving safety and quality Review policies, procedures and protocols to ensure that they align with the clinical governance framework Review results of clinical audits and system evaluation reports for compliance with the clinical governance framework. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> delineate the roles and responsibilities of those involved in its operation, such as governing body members, managers and shareholders ensure the workforce understands the key aspects of the clinical governance framework, and their responsibilities for improving safety and quality review governance and assurance arrangements to ensure that all the threads of quality, performance and governance are fully aligned and integrated
	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	New 12.1.2	<i>Strategies to improve the safety and quality of care provided to Aboriginal and Torres Strait Islander people are implemented and monitored for effectiveness.</i>	<ul style="list-style-type: none"> Review data for Aboriginal and Torres Strait Islander patients relating to safety and quality outcomes, patient experience and engagement, and complaints Engage with Aboriginal and Torres Strait Islander patients and communities to review safety and quality information to set 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> review reports on strategies to improve health outcomes for Aboriginal and Torres Strait Islander patients

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				<p>priorities for safety and quality improvement</p> <ul style="list-style-type: none"> Implement, monitor and report on strategies to improve health outcomes for Aboriginal and Torres Strait Islander patients. 	
	<p>1.5 The health service organisation considers the safety and quality of health care for patients in its business decision making</p>	<p>1.1.2 13.2.1 15.7.1 15.15.1 15.15.2</p>	<p><i>Decisions relating to equipment, plant, building works, consumables, staffing and other resources consider the safety and quality implications for patients.</i></p>	<ul style="list-style-type: none"> Review the organisation's strategic planning and business planning processes to ensure that they explicitly capture safety and quality improvement strategies and initiatives, including those articulated in the organisation's clinical safety and quality plan Review templates for submitting business proposals to the governing body and management, and ensure that they take account of impacts on safety and quality. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ monitor strategic / business plans at the corporate level ➤ ensure strategic plans address safety and quality strategies and initiatives ➤ ensure templates for submission of health facility business plans include appropriate consideration of the impact of any proposals on safety and quality
Clinical leadership	<p>1.6 Clinical leaders support clinicians to:</p> <ol style="list-style-type: none"> understand and perform their delegated safety and quality roles and responsibilities operate within the clinical governance framework to improve the safety and quality of health care for patients 	<p>1.3.2 14.3.1</p>	<p><i>Clinical leaders and leaders of clinical services work with other clinicians to optimise the safety and quality of care.</i></p>	<ul style="list-style-type: none"> Define and allocate the delegated safety and quality roles and responsibilities of the clinical workforce Conduct clinical audits to ensure that clinicians operate within the clinical governance framework Report audit findings to the governing body. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ ensure that orientation and education programs include safety and quality roles and responsibilities, and that resources are available to support relevant staff education and training ➤ identify mandatory training according to jurisdictional requirements and organisational need, and to provide necessary resources. (Jurisdictional requirements may include training in areas such as fire and emergency management, CPR, first aid, work health safety, etc.) ➤ define the organisation-wide processes for monitoring and review of clinician performance. (The outcomes of performance review should inform the re-credentialing of clinicians) ➤ review results of audit findings provided by health facilities

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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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Policies and procedures	<p>1.7 The health service organisation uses a risk management approach to:</p> <ol style="list-style-type: none"> set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols monitor and take action to improve adherence to policies, procedures and protocols review compliance with legislation, regulation and jurisdictional requirements 	<p>1.1.1 13.1.2 14.5.1</p>	<p><i>The health service organisation has current, comprehensive and effective policies, procedures and protocols that address safety and quality risks.</i></p>	<ul style="list-style-type: none"> Set up a comprehensive suite of policies, procedures and protocols that emphasise safety and quality Set up mechanisms to maintain currency of policies, procedures and protocols, and to communicate changes in them to the workforce Review the use and effectiveness of organisational policies, procedures and protocols through clinical audits or performance reviews Periodically review policies, procedures and protocols to align them to state or territory requirements, and ensure that they reflect best practice and current evidence Develop or adapt a legislative compliance system that incorporates a compliance register to ensure that policies, procedures and protocols are regularly and reliably updated, and respond to relevant regulatory changes, compliance issues and case law. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> define the organisation-wide system for the development, implementation, review and rescinding of policies, procedures and/or protocols verify that policies are implemented receive reports on compliance with policies confirm that evaluation has occurred and improvements made if required
Quality improvement	<p>1.8 The health service organisation uses organisation-wide quality improvement systems that:</p> <ol style="list-style-type: none"> identify safety and quality measures, and monitor and report performance and outcomes identify areas for improvement in safety and quality implement and monitor safety and quality improvement strategies involve consumers and the workforce in the review of safety and quality performance and systems 	<p>1.6.1 1.6.2 2.8.1 2.8.2</p>	<p><i>An effective quality improvement system is operating across the organisation.</i></p>	<ul style="list-style-type: none"> Define quality for clinical services (for example, effectiveness, safety, consumer experience) and share this information with the workforce Review the quality improvement system, including the vision, mission, values and objectives, to ensure that they reflect the organisation's clinical safety and quality priorities, and strategic direction Decide how feedback will be collected from the workforce, patients and consumers Consider whether there is a coherent, planned and systematic schedule of audits of clinical and organisational systems, and reliable processes to capture findings and implement necessary improvements 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> develop and implement an organisation-wide quality management system in consultation with appropriate health facility personnel ensure appropriate committees at the health facility level monitor the quality system and report to the corporate level review current policies and/or processes and structures (such as committees and working groups) which have been established to oversee organisational safety and quality performance information ensure the corporate quality improvement plan is available for surveyors to review during onsite surveys

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				<ul style="list-style-type: none"> • Develop a schedule for reporting to the governing body and managing the design and performance of key clinical systems • Monitor and review progress on actions taken to improve safety and quality, and provide feedback to the workforce, patients and consumers • Provide information and training, where necessary, to the workforce, patients and consumers to encourage their involvement in the analysis of performance data. 	<ul style="list-style-type: none"> ➤ review reports of action taken at the health facility level to maximise patient quality of care, which may include: <ul style="list-style-type: none"> ➤ reduction and prevention of healthcare associated infections ➤ the performance of the medication management system ➤ clinical handover processes ➤ reduction of risk of patient harm from transfusion practices and the clinical use of blood and blood products ➤ prevention of pressure injuries and/or improvement of the management of pressure injuries ➤ prevention of falls and minimisation of patient harm ➤ identify the level of consumer and/or carer involvement in the analysis of performance, and the planning and implementation of quality improvements
	<p>1.9 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:</p> <ol style="list-style-type: none"> a. the governing body b. the workforce c. consumers and the local community d. other relevant health service organisations 	<p>1.2.1 2.7.1 8.2.3 10.2.3 11.9.1 14.6.1</p>	<p><i>Health service organisations provide accurate and timely information on safety and quality performance to key stakeholders.</i></p>	<ul style="list-style-type: none"> • Endorse a schedule of reporting that outlines the topic areas, format and frequency of reporting on safety and quality performance, and the effectiveness of the safety and quality systems • Collaborate with the workforce, consumers, local communities and other health service organisations to identify the topic areas, format and frequency of reporting to these groups on safety and quality performance, and the effectiveness of the safety and quality systems. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ set the direction for providing safety and quality performance information to the community, consumers and carers ➤ regularly review reports received at the corporate level regarding safety and quality indicators and related data collected at the health facility level ➤ develop a mechanism at the corporate level for monitoring and reviewing issues of safety and quality ➤ ensure reporting templates comprise key elements of the quality management system including scope for specified performance measures
Risk management	<p>1.10 The health service organisation:</p> <ol style="list-style-type: none"> a. identifies and documents organisational risks 	<p>1.5.1 1.5.2 15.18.1 15.19.1</p>	<p><i>The health service organisation identifies and manages risk effectively.</i></p>	<ul style="list-style-type: none"> • Review the organisation's risk management system, and ensure that it is appropriately designed, resourced, maintained and monitored 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ develop and implement an organisation-wide risk management system in consultation with appropriate health facility personnel

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	<ul style="list-style-type: none"> b. uses clinical and other data collections to support risk assessments c. takes action to reduce risks d. regularly reviews and takes action to improve the effectiveness of the risk management system e. reports on clinical risks to the workforce and consumers f. plans for and manages internal and external emergencies and disasters 			<ul style="list-style-type: none"> • Consider existing sources of information about patient safety, and whether more information is needed to reliably assess risk • Consider whether risk management orientation, education and training are adequately covered in the organisation's education and training program • Ensure clear allocation of roles, responsibilities and accountabilities for maintaining the risk management systems and for performing the actions required • Regularly review risks and report on risk to the governing body, the workforce and consumers • Periodically review the effectiveness of the risk management system • Use a risk management approach to plan for emergencies and disasters that may affect the organisation's operation or patient safety • Implement and monitor a risk register and review it regularly to ensure that: <ul style="list-style-type: none"> ▪ it is kept up to date ▪ it includes all relevant information ▪ members of the workforce with roles and responsibilities in risk management use and maintain the register, and are accountable for actions required ▪ risks are regularly reviewed, and reports are provided to the governing body, the workforce and consumers ▪ plans exist to manage emergencies and disasters that may affect the operation of the organisation or patient safety. 	<ul style="list-style-type: none"> ➤ ensure appropriate committees at the health facility level monitor the risk management system and report to the corporate level ➤ review current policies and/or processes and structures (such as committees and working groups) which have been established to oversee organisational risk management ➤ provide a register of organisational risks to surveyors at the onsite survey ➤ receive reports at the corporate level that advise of action taken at the health facility level to reduce the risk to patient safety and quality of care ➤ identify the level of consumer and/or carer involvement in the identification and analysis of risks ➤ develop and implement an organisation-wide emergency and disaster management system in consultation with appropriate health facility personnel and, where relevant external authorities that includes: <ul style="list-style-type: none"> ➤ a disaster management plan ➤ business continuity and disaster recovery ➤ resources to ensure that all health facilities have an effective communications system ➤ evaluate the system at the corporate level in consultation with appropriate health facility personnel. This evaluation will be informed by the outcomes of mandatory training and evacuation / relocation drills)

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Incident management systems and open disclosure	<p>1.11 The health service organisation has organisation-wide incident management and investigation systems and:</p> <p>a. supports the workforce to recognise and report incidents</p> <p>b. supports patients, carers and families to communicate concerns or incidents</p> <p>c. involves the workforce and consumers in the review of incidents</p> <p>d. provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers</p> <p>e. uses the information from the analysis of incidents to improve safety and quality</p> <p>f. incorporates risks identified in the analysis of incidents into the risk management system</p> <p>g. regularly reviews and takes action to improve the effectiveness of the incident management and investigation systems</p>	<p>5.2.2</p> <p>6.4.1</p> <p>6.4.2</p> <p>7.3.1</p> <p>7.3.2</p> <p>8.2.1</p> <p>8.2.2</p> <p>8.2.3</p> <p>8.2.4</p> <p>10.2.1</p> <p>10.2.2</p> <p>10.2.3</p>	<p><i>Clinical incidents are identified and managed appropriately, and action is taken to improve safety and quality.</i></p>	<ul style="list-style-type: none"> Implement a comprehensive incident management and investigation system for the organisation that: <ul style="list-style-type: none"> complies with state or territory requirements is appropriately designed, resourced, maintained and monitored clearly designates responsibility for maintaining the system Train the workforce about the risk management system Inform patients about how they can report risks or concerns Implement a reporting and management framework to ensure that incident data are used to inform the governing body, the workforce and consumers, to drive improvements in safety and quality Periodically audit the incident management and investigation system to improve its design and performance, and to see whether it is adequately resourced. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure that there is a comprehensive, organisation-wide incident reporting and investigation system that meets jurisdictional requirements, and that: <ul style="list-style-type: none"> the system is appropriately designed, resourced, maintained and monitored responsibility for leading and maintaining the system is clearly designated define how incidents should be analysed and reported receive reports of the outcomes of health facility evaluation of the incident reporting system receive advice of action taken at the health facility level to reduce risk to patients, as a result of incident management receive reports on all category 1 and 2 incidents and summary performance information about all other incidents, including: <ul style="list-style-type: none"> actions taken at the health facility level as a result of specific incidents or a category of incidents indicators such as time to complete actions stemming from incident reports analysis of reported incidents and dissemination of related feedback to the workforce
	<p>1.12 The health service organisation:</p> <p>a. uses an open disclosure program that is consistent with the Australian Open Disclosure Framework</p> <p>b. monitors and takes action to improve the effectiveness of open disclosure processes</p>	<p>10.2.4</p> <p>1.16.1</p>	<p><i>An open disclosure process is used when an incident that causes patient harm or a near miss occurs.</i></p>	<ul style="list-style-type: none"> Adopt and implement the Australian Open Disclosure Framework in a way that reflects the context of service provision Ensure that members of the workforce who will be involved in open disclosure are trained Periodically conduct audits that focus on the management of clinical incidents and consistency with the Australian Open Disclosure Framework. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> direct policy around open disclosure, in line with the national open disclosure Framework ensure that there is an organisation-wide education and training program addressing open disclosure

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Feedback and complaints management	<p>1.13 The health service organisation:</p> <p>a. has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care</p> <p>b. uses this information to improve safety and quality systems</p>	<p>1.13.1</p> <p>1.20.1</p>	<p><i>Feedback from the workforce, patients and carers is used to improve safety and quality.</i></p>	<ul style="list-style-type: none"> Implement a comprehensive feedback system that is appropriately designed, resourced and maintained to: <ul style="list-style-type: none"> collect patient experience data collect data on the workforce's understanding of safety and quality Describe the framework for reviewing feedback data from patients and the workforce, and incorporate issues identified into the organisation's quality improvement system Review reports on the analysis of patient experience data and the actions to deal with issues identified Periodically review the effectiveness of the organisation's feedback system. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> gain feedback from the workforce including: <ul style="list-style-type: none"> informal feedback via standard collegiate and management communication processes formal feedback via structured analysis of de-identified information gained from performance reviews, audits and surveys targeting specific elements of the safety and quality system and organisational climate and cultural surveys receive reports on the analysis of patient experience data and the actions to deal with issues identified ensure feedback is communicated and used to improve the quality of care provided by the healthcare facilities
	<p>1.14 The health service organisation has an organisation-wide complaints management system and:</p> <p>a. encourages and supports patients, carers and families, and the workforce to report complaints</p> <p>b. involves the workforce and consumers in the review of complaints</p> <p>c. resolves complaints in a timely way</p> <p>d. provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken</p> <p>e. uses information from the analysis of complaints to inform improvements in safety and quality systems</p>	<p>1.15.1</p> <p>1.15.2</p> <p>1.15.3</p> <p>1.15.4</p> <p>2.8.1</p> <p>2.9.1</p> <p>13.9.1</p> <p>13.9.2</p>	<p><i>An effective complaints management system is in place and used to improve safety and quality.</i></p>	<ul style="list-style-type: none"> Implement and maintain a framework for reporting complaints and incorporating issues into the organisation's quality improvement system Implement a comprehensive complaints management and investigation system Review reports on the analysis of complaints data and the actions to deal with issues identified Implement processes to involve the workforce, patients and carers in the review of organisational safety and quality performance information Periodically review the effectiveness of the organisation's complaints management system. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure that there is a comprehensive, organisation-wide complaints management and investigation system, and that: <ul style="list-style-type: none"> the system is appropriately designed, resourced, maintained and monitored responsibility for leading and maintaining the system is clearly designated periodically review the design and performance of the complaints management system ensure that the system complies with best-practice design principles and that adequate resources have been allocated to support effective clinical governance and risk management receive reports about all serious complaints and summary performance information about all other complaints. (This should include information such as the actions taken as a result of a specific complaint or category of complaints, and indicators such

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	<p>f. records the risks identified from the analysis of complaints in the risk management system</p> <p>g. regularly reviews and takes action to improve the effectiveness of the complaints management system</p>				<p>as time to complete actions stemming from complaints)</p> <p>➤ monitor feedback to the workforce on the analysis of reported complaints</p>
Diversity and high-risk groups	<p>1.15 The health service organisation:</p> <p>a. identifies the diversity of the consumers using its services</p> <p>b. identifies groups of patients using its services who are at higher risk of harm</p> <p>c. incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care</p>	<p>1.8.1</p> <p>1.8.2</p> <p>11.6.1</p>	<p><i>The diversity of consumers and high-risk groups are considered in the planning and delivery of care and services.</i></p>	<ul style="list-style-type: none"> Periodically audit the clinical and administrative data systems to identify the diversity of the patients using the organisation's health services Develop strategies to identify high-risk patients, and mechanisms to provide extra safety and quality protections for these patients. 	<p>Corporate responsibility is to:</p> <p>➤ direct policy to address the implementation of a standardised organisation-wide process for identification of patient diversity, including groups that may be at risk. (Planning and delivery of care should consider demographic data relevant to each health facility)</p>
Healthcare records	<p>1.16 The health service organisation has healthcare records systems that:</p> <p>a. make the healthcare record available to clinicians at the point of care</p> <p>b. support the workforce to maintain accurate and complete healthcare records</p> <p>c. comply with security and privacy regulations</p> <p>d. support systematic audit of clinical information</p> <p>e. integrate multiple information systems, where they are used</p>	<p>1.9.1</p> <p>1.9.2</p> <p>1.19.1</p> <p>1.19.2</p> <p>14.1.1</p> <p>14.3.1</p>	<p><i>Comprehensive, accurate, integrated and accessible healthcare records are available to clinicians at the point of care.</i></p>	<ul style="list-style-type: none"> Review the availability of healthcare records at the point of care Review the processes for maintaining confidentiality and privacy of patient information, including infrastructure, policies and workforce training for paper-based and digital healthcare records, and ensure that they are consistent with the law and good practice Review the design of the healthcare record to ensure that it facilitates documentation of the relevant clinical elements and clinical audit Ensure that systems are in place for data entry to clinical registries, if required Periodically audit the performance of the healthcare records systems, and improve them as necessary If multiple information systems are used to capture patient clinical information, periodically review the data systems to ensure that the processes for information 	<p>Corporate responsibility is to:</p> <p>➤ provide necessary resources to ensure that patient clinical records are available at the point of care</p> <p>➤ ensure systems supporting patient clinical records are assessed</p> <p>➤ direct policy that addresses the requirements for design of the clinical record. (An organisation-wide standardised clinical record design will aid the audit process.)</p> <p>➤ ensure systems are in place to protect the privacy and confidentiality of patient clinical information, in accordance with legislation and good practice</p> <p>➤ monitor patient feedback data</p> <p>➤ communicate feedback so that it can be used to improve the quality of care provided by the healthcare facilities</p>

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
				<p>capture are well designed, well resourced and working effectively</p> <ul style="list-style-type: none"> Identify the individuals or committees responsible for the development, review and document control of forms, documents and files that make up the paper or digital healthcare record. 	
1.17	<p>The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:</p> <ol style="list-style-type: none"> are designed to optimise the safety and quality of health care for patients use national patient and provider identifiers use standard national terminologies 	New	<p><i>Health service organisations securely share a patient's clinical information with authorised clinicians in other settings, including the My Health Record system.</i></p>	<ul style="list-style-type: none"> Use unique national identifiers for patients, clinicians and health service organisations in local information systems and in clinical documents loaded into the My Health Record system Implement standard national terms such as the Australian Medicines Terminology (AMT) in healthcare records and clinical documents loaded into the My Health Record system. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> provide direction to health facilities to support the provision of clinical information into the My Health Record system
1.18	<p>The health service organisation providing clinical information into the My Health Record system has processes that:</p> <ol style="list-style-type: none"> describe access to the system by the workforce, to comply with legislative requirements maintain the accuracy and completeness of the clinical information the organisation loads to the system 	New	<p><i>Clinical information held in the My Health Record system is accurate, complete and accessible by authorised clinicians.</i></p>	<ul style="list-style-type: none"> Develop, maintain and regularly review organisational policies for using the My Health Record system, to ensure that access follows the requirements of the <i>My Health Records Act 2012</i> Take reasonable steps to ensure that clinical documents provided to the My Health Record system are accurate at the time of loading, and that any amendments made to these clinical documents are also loaded into the system. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> review reports on accessing the My Health record system and the quality of information provided

Clinical Governance for Health Service Organisations Standard

CRITERION: CLINICAL PERFORMANCE AND EFFECTIVENESS

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Safety and quality training	1.19 The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: <ol style="list-style-type: none"> members of the governing body clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation 	1.4.1 1.4.3 13.6.1 15.3.1	<i>Members of the governing body and the workforce understand the approach to, and the roles and responsibilities for, safe and high-quality performance in the organisation.</i>	<ul style="list-style-type: none"> Review the organisation's orientation policies and programs, and consider whether they provide appropriate and effective orientation in safety, quality and clinical governance. 	Corporate responsibility is to: <ul style="list-style-type: none"> implement policy that defines the content of workforce orientation and education and ongoing training programs ensure that there are allocated resources to support relevant staff education and training define the content of orientation and education and training programs for locum and agency staff ensure that there are allocated resources to support relevant orientation, education and training
	1.20 The health service organisation uses its training systems to: <ol style="list-style-type: none"> assess the competency and training needs of its workforce implement a mandatory training program to meet its requirements arising from these Standards provide access to training to meet its safety and quality training needs monitor participation in training by the workforce 	1.4.1 1.4.2 1.4.3 1.4.4 1.12.1 1.16.2 2.6.1 9.6.1 13.6.2 15.18.1 15.19.1	<i>The workforce is appropriately trained to meet the need of the organisation to provide safe and high-quality care.</i>	<ul style="list-style-type: none"> Review the organisation's education and training policies and programs, and consider whether they provide appropriate and effective education and training in safety, quality and clinical governance. 	Corporate responsibility is to: <ul style="list-style-type: none"> define all training identified as mandatory for the organisation ensure that resources are provided to support annual mandatory training ensure resources are available for effective systems for education and training in safety and quality that incorporate: <ul style="list-style-type: none"> adequate investment evidence-based content reflecting the organisation's approach and commitment to safety and quality participation by relevant members of the workforce monitoring of knowledge gaps and program effectiveness leading to continuous program improvements
	1.21 The health service organisation has strategies to improve the cultural competency and cultural awareness of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	New 11.7.2	<i>Health service organisations provide a supportive environment and clear processes for the workforce to explore the cultural needs of</i>	<ul style="list-style-type: none"> Ensure that actions to improve cultural competency are implemented and monitored for effectiveness Review the organisation's education and training policies and programs to ensure that they adequately cover cultural 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure cultural competence is included in the training of health facility clinicians and other staff

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
			<i>Aboriginal and Torres Strait Islander patients.</i>	<p>competency and monitor workforce participation in training</p> <ul style="list-style-type: none"> Review and maintain the organisation's targets regarding the participation of Aboriginal and Torres Strait Islander people in the health workforce across clinical, managerial, support and advocacy roles. 	
Performance management	<p>1.22 The health service organisation has valid and reliable performance review processes that:</p> <ol style="list-style-type: none"> requires the workforce to regularly participate in a review of their performance identifies needs for training and development in safety and quality incorporates information on training requirements into the organisation's training system 	<p>1.11.1 1.11.2 13.8.1 13.8.3</p>	<i>The health service organisation routinely reviews and discusses individuals' performance and systematically collect information on individuals' safety and quality training needs.</i>	<ul style="list-style-type: none"> Implement performance review processes for clinicians and other members of the workforce 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> define the performance review process to be implemented in health facilities for the assessment of the clinical workforce ensure that effective systems for performance review are in place and are monitored to assess whether they are producing the desired outcomes
Credentialing and scope of clinical practice	<p>1.23 The health service organisation has processes to:</p> <ol style="list-style-type: none"> defines the scope of clinical practice for clinicians, taking into account the clinical service capacity of the organisation and clinical services plan monitors clinicians' practice to ensure that they are operating within their designated scope of practice reviews the scope of practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or significantly altered 	<p>1.10.1 1.10.2 1.10.3 1.10.4</p>	<i>Clinicians are appropriately skilled and experienced to perform their roles safely, and to provide services within agreed scope of clinical practice.</i>	<ul style="list-style-type: none"> Verify that the organisation has adopted and implemented an evidence-based process for defining scope of clinical practice for all clinicians, including those with independent decision-making authority or working under supervision Consider whether the process for defining scope of clinical practice is appropriately designed, resourced, maintained and monitored Incorporate periodic review of the organisation's process for defining scope of clinical practice into audit programs, with a focus on consistency with adopted standards, performance measures and outcomes. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> implement an organisation-wide system for defining and reviewing scope of practice for the clinical workforce specify all relevant accountabilities and the composition of committees to define the scope of practice receive regular reports on health facility monitoring of the clinical workforce with respect to scope of practice consider organisational need and capability in corporate planning and resourcing, which will depend upon such factors as: <ul style="list-style-type: none"> the type of facility its geographical location the needs of the community the nature of the facility's role within the broader healthcare system

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
					<ul style="list-style-type: none"> ↗ the availability of services, equipment and support staff ↗ guide policy for the introduction of new interventions and treatments that references relevant jurisdictional legislation and is linked to the credentialing and scope of practice policies
	<p>1.24 The health service organisation:</p> <ol style="list-style-type: none"> a. conducts processes to ensure that clinicians are credentialed, where relevant b. monitors and improves the effectiveness of the credentialing process 	<p>New 13.5.1 13.5.2</p>	<p><i>A formal process is used to ensure that clinicians have the appropriate qualifications, experience and skills to fulfil their delegated roles and responsibilities.</i></p>	<ul style="list-style-type: none"> • Ensure that the processes for credentialing clinicians are documented in the organisation’s policies, procedures or protocols • Review results of audits and system evaluation reports for compliance with the credentialing policies, procedures or protocols. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ↗ define all accountabilities for the verification of qualifications and the composition of committees to conduct credentialing and related processes ↗ provide oversight of the credentialing system in which: <ul style="list-style-type: none"> ↗ verification of qualifications occurs prior to employment ↗ verification of qualifications and professional competencies occurs prior to determining scope of practice ↗ re-credentialing is linked to performance review. ↗ involve both corporate and health facility personnel in the evaluation and improvement of the credentialing system
Safety and quality roles and responsibilities	<p>1.25 The health service organisation has processes to:</p> <ol style="list-style-type: none"> 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 	<p>1.3.1 1.3.2 1.3.3 13.8.1</p>	<p><i>Every member of the workforce understands and enacts their safety and quality roles and responsibilities.</i></p>	<ul style="list-style-type: none"> • Ensure that the governing body appropriately delegates responsibility for governance • Review the organisation’s performance development policy, and ensure that it incorporates leadership in safety and quality management and governance for all managers and clinicians • Review the organisational structure, position descriptions and contract templates of management, clinicians and other members of the workforce to ensure that responsibility for safety and quality is clearly defined at all levels. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ↗ direct policy that defines organisation-wide responsibilities and accountabilities for the safety and quality of care. (Delegated safety and quality roles and responsibilities should be fully documented and communicated to the workforce at the health facility level) ↗ ensure that orientation and education programs include safety and quality roles and responsibilities, and that resources are available to support relevant staff education and training ↗ ensure policy addresses orientation requirements for agency and locum staff ↗ ensure contract templates for locum and agency clinicians define roles and responsibilities, including for safety and quality. (Responsibility for template

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	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	1.10.5	<i>The clinical workforce is appropriately supervised as and when required to ensure the provision of safe, high-quality care.</i>	<ul style="list-style-type: none"> Identify clinicians who require supervision, including junior clinicians, clinicians in training, clinicians who are expanding their scope of clinical practice and clinicians who require oversight of their performance. 	development may lie at either the corporate or the health facility level)
Evidence-based care	1.27 The health service organisation has processes that: <ol style="list-style-type: none"> provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice 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 	1.7.1 1.7.2 8.8.2 10.7.1 12.1 11.5.1 14.8.1	<i>The clinical workforce is supported to use the best available evidence.</i>	<ul style="list-style-type: none"> Evaluate the extent to which documented clinical guidelines or pathways have been formally adopted by the clinical workforce, and whether opportunities exist to adopt clinical guidelines or pathways as a quality improvement activity Review how compliance with, and variations of practice from, evidence-based clinical guidelines or pathways are monitored, especially for high-volume or high-risk conditions. 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ ensure that the workforce has access to agreed and documented clinical guidelines. (Selection criteria will be defined in policy) ➤ receive advice of any variance in compliance with clinical guidelines and the timeframe for reporting should be clear, i.e. annual to quarterly basis
Variation in clinical practice and health outcomes	1.28 The health service organisation has systems to: <ol style="list-style-type: none"> monitor variation in practice against expected health outcomes provide feedback to clinicians on variation in practice and health outcomes review performance against external measures support clinicians to participate in clinical review of their practice use information on unwarranted clinical variation to inform improvements in safety and quality systems and practices 	New 11.5.1 13.8.2 14.3.1 14.7.1	<i>Clinical practice levels of activity, processes of care and outcomes are reviewed regularly and compared with data on performance from external sources and other similar health service organisations.</i>	<ul style="list-style-type: none"> Identify key external data collections, registries, audits or reports that cover the specific areas of clinical practice relevant to patients, or procedures or services offered by the organisation Support and encourage clinicians to participate in national and state or territory clinical quality registries In collaboration with clinicians, review clinical practice data from the organisation, and compare them with data from similar geographic areas or health service organisations Identify any areas of practice that vary from best practice, that show widely differing practice within the organisation or that vary from practice in similar services 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ encourage collection of relevant clinical indicators ➤ provide a system of benchmarking health facilities within its purview, against clinical indicators ➤ receive reports on clinical variation ➤ confirm that evaluation has occurred and improvements made if required

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	f. record the risks identified from unwarranted clinical variation in the risk management system			<ul style="list-style-type: none"> Investigate the reasons for any variation, and identify whether it is unwarranted variation in the safety and quality of care Identify actions to ensure that practice changes align with best practice Consider issues of inappropriate resource allocation (including workforce) to ensure that practice changes align with best practice Identify any areas of risk and act to mitigate them Review the schedule of data and reports provided to the governing body and clinicians to ensure that they are comprehensive and relevant, and cover actions taken to align practice with desired care. 	

CRITERION: SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Safe environment	1.29 The health service organisation maximises safety and quality of care: <ol style="list-style-type: none"> through the design of the environment by maintaining buildings, plant, equipment, utilities, devices and other infrastructure that is fit for purpose 	New 15.15.1 15.15.2 15.16.1 15.16.2.	<i>The physical environment supports safe and high-quality care and reflects the patient's clinical needs.</i>	<ul style="list-style-type: none"> Regularly conduct environmental audits to see whether the environment is safe and promotes best practice Implement a schedule of review to ensure that all buildings, plant and equipment are fit for purpose, safe and in good working order at all times. 	Corporate responsibility is to: <ul style="list-style-type: none"> receive reports on investigation of any serious incidents involving buildings, plant or equipment ensure any incidents are reported and investigated following the same procedures as clinical incidents evaluate its own premises to ensure the safety and quality of the environment
	1.30 The health service organisation: <ol style="list-style-type: none"> identifies service areas where there is a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, 	New 15.16.1 15.16.2.	<i>Aspects of the environment that can exacerbate risks of harm are identified and managed.</i>	<ul style="list-style-type: none"> Review the design of the clinical environment to identify safety risks for patients, carers, family and the workforce Conduct a risk assessment to identify service areas where there is a high risk of unpredictable behaviours, and develop strategies to manage identified risks 	Corporate responsibility is to: <ul style="list-style-type: none"> receive reports on the outcomes of health facility evaluation of the environment ensure resources are available to facilitate necessary improvements identified during evaluation

Clinical Governance for Health Service Organisations Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	carers, families, consumers and the workforce b. provides access to a calm and quiet environment when it is clinically required			<ul style="list-style-type: none"> Identify areas where patients could be treated that offer a calm and quiet environment. 	
1.31	The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	New 15.17.1	<i>Patients, carers and visitors can locate relevant facilities and services.</i>	<ul style="list-style-type: none"> Review the signage and directions provided throughout the facility. 	Corporate responsibility is to: ➤ direct policy addressing the organisations' health facilities design, access and signage
1.32	The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet the patients' needs, when it is safe to do so	New	<i>Flexible visitation contributes to improved safety and quality of care for patients.</i>	<ul style="list-style-type: none"> Review policies, procedures or protocols about visiting arrangements Ensure that infrastructure and supports are available to provide flexible visiting arrangements Monitor the effectiveness of flexible visiting arrangements. 	Corporate responsibility is to: ➤ review reports on the safety of health facilities
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	New	<i>Aboriginal and Torres Strait Islander people feel welcome and respected when receiving care.</i>	<ul style="list-style-type: none"> Establish relationships with local Aboriginal and Torres Strait Islander communities, and seek feedback on current practices in the organisation and areas for improvement Review the factors that create a welcoming environment for Aboriginal and Torres Strait Islander people. 	Corporate responsibility is to: ➤ ensure health facilities identify their demographic and customers' needs, ➤ ensure use of language / symbols is informed by demographic data on the patient cohort and the community

2. Partnering with Consumers Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ol style="list-style-type: none"> implementing policies and procedures for partnering with consumers managing risks associated with partnering with consumers identifying training requirements for partnering with consumers 	New	<i>Safety and quality systems support clinicians in partnering with consumers in the delivery of care.</i>	<ul style="list-style-type: none"> Set up and implement governance structures for partnering with consumers Develop and implement policies and procedures for partnering with consumers Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with partnering with consumers Deliver or provide access to training on partnering with consumers based on the specific needs of the clinical workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> verify that policy is implemented receive reports on compliance with policy ensure that monitoring of the use of policies is occurring at health facility level and that action is taken to increase compliance ensure a standardised risk assessment / reporting tool supports benchmarking across the organisation have access to the results of the risk assessment that are undertaken
Applying quality improvement systems	<p>2.2 The health service organisation applies the quality improvement system in the Clinical Governance for Health Service Organisations Standard when:</p> <ol style="list-style-type: none"> monitoring processes for partnering with consumers implementing strategies to improve processes for partnering with consumers reporting on partnering with consumers 	<p>New</p> <p>2.5.1</p>	<i>Quality-improvement systems are used to support processes for partnering with consumers at the level of the organisation.</i>	<ul style="list-style-type: none"> Review, measure and assess the effectiveness and performance of organisational and clinical strategies for partnering with consumers Implement quality improvement strategies for partnering with consumers based on the outcomes of monitoring activities Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> develop / adapt and implement a process to partner with consumers review information on the outcomes of partnership in quality improvement activities

Partnering with Consumers Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Healthcare rights and informed consent	2.3 The health service organisation has a charter of rights that is: a. consistent with the Australian Charter of Healthcare Rights b. easily accessible for patients, carers, families and consumers	1.17.1 1.17.2 11.4.1 14.4.1	<i>Consumers are provided with information about their healthcare rights.</i>	<ul style="list-style-type: none"> Adopt the Australian Charter of Healthcare Rights (with or without amendments) Provide ready access to copies of the charter, in appropriate languages or formats, to all patients, and their carers and families. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure there is an organisation-wide charter of patient rights that is consistent with the <i>Australian Charter of Healthcare Rights</i> receive regular reports on monitoring of the effectiveness of its Charter at the facility level
	2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice	1.18.2 11.4.2 15.6.1	<i>Patients participate in appropriate informed consent processes.</i>	<ul style="list-style-type: none"> Adopt a comprehensive policy and associated procedures on informed consent by patients in clinical decision-making Schedule periodic reviews of the effectiveness and outcomes of the policy. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure that the design and performance of the consent system is periodically reviewed to evaluate whether it complies with best-practice design principles ensure adequate resources have been allocated
	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	New 11.4.1	<i>Patients who do not have capacity to make decisions about their care are identified, and systems are put in place so that they, or agreed substitute decision makers, are involved in decision making, including informed consent.</i>	<ul style="list-style-type: none"> Adopt a comprehensive policy and associated procedures to identify patients who do not have the capacity to make decisions about their own care Schedule periodic reviews of the effectiveness and outcomes of the policy. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure policy direction at the corporate level reflects all jurisdictional and legislative requirements, and clearly defines all aspects of the consent process, including: <ul style="list-style-type: none"> how consent is obtained situations where implied consent is acceptable situations where consent is unable to be given where consent is not required the limits of consent receive regular reports on monitoring of the effectiveness of its consent process

Partnering with Consumers Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Sharing decisions and planning care	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	1.18.1 6.5.1 7.9.2 8.10.1 10.10.1 12.2.1 12.3.1 12.10.3	<i>Patients receive safe and high-quality care by being involved in decisions and planning about current and future care.</i>	<ul style="list-style-type: none"> Develop policies and processes (or review existing policies and processes) to involve patients or their substitute decision-maker in planning, communication, goal-setting and decision-making for their current and future care, and review workforce compliance with these policies and processes Set up mechanisms to support communication between clinicians and patients or their substitute decision-maker Periodically review the systems for partnering with patients or their substitute decision-maker in their own care. 	
	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	2.6.1	<i>Clinicians work with patients to enable them to be partners in their own care.</i>	<ul style="list-style-type: none"> Implement an education and training program to develop the skills of the health workforce to partner with patients in their care. 	

CRITERION: HEALTH LITERACY

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Communication that supports effective partnerships	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 local communities	New 11.7.2 15.17.1	<i>Consumers receive the information they need in a way that is appropriate for them.</i>	<ul style="list-style-type: none"> Develop a framework for meeting the communication needs of a diverse consumer and community population Ensure that accredited interpreter services are available to consumers who require them Use a variety of mechanisms to meet the communication needs of a diverse consumer and community population. 	Corporate responsibility is to: <ul style="list-style-type: none"> provide policy direction for meeting the communication needs of a diverse consumer and community population monitor the results of evaluations conducted at the health facility level with respect to consumer, patient and community satisfaction with communication mechanisms
	2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the	2.4.1 2.4.2 11.1.1	<i>Consumers are involved in the development of information about health and health services, so it</i>	<ul style="list-style-type: none"> Develop and implement a process for engaging consumers during the development of consumer information about health and health care 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure policy guides how consumer and/or carer feedback is to be sought for new publications developed within the organisation

Partnering with Consumers Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	organisation involves consumers in its development and review		<i>easy to understand and act on.</i>	<ul style="list-style-type: none"> Develop and implement a process for sourcing consumer feedback on internally developed consumer information and incorporating this feedback to inform future improvements. 	<ul style="list-style-type: none"> implement policy addressing the selection of publications produced by another body, to ensure they have been developed with consumer participation provide a corporate-directed process or planning document for incorporating consumer input into patient information publications
	<p>2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p> <p>a. information is provided in a way that meets the needs of patients, carers, families and consumers</p> <p>b. information provided is easy to understand and use</p> <p>c. the clinical needs of patients are addressed while they are in the health service organisation</p> <p>d. information needs for ongoing care are provided at discharge</p>	<p>1.17.3</p> <p>1.18.3</p> <p>3.19.1</p> <p>3.19.2</p> <p>4.15.1</p> <p>7.10.1</p> <p>8.9.1</p> <p>9.7.1</p> <p>9.9.2</p> <p>10.9.1</p> <p>11.1.2</p>	<i>Consumers receive the information they need to get the best health outcomes, and this information is easy to understand and act on.</i>	<ul style="list-style-type: none"> Set up processes to support clinicians to communicate effectively with consumers about their health and healthcare needs. 	

CRITERION: PARTNERING WITH CONSUMERS IN ORGANISATIONAL DESIGN AND GOVERNANCE

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Partnerships in healthcare governance planning, design, measurement and evaluation	<p>2.11 The health service organisation:</p> <p>a. involves consumers in partnerships in the governance of, and to design, measure and evaluate health care</p> <p>b. has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the</p>	<p>2.1.1</p> <p>2.1.2</p> <p>2.2.1</p> <p>2.2.2</p> <p>2.5.1</p>	<i>Consumers help shape the way the health service organisation operates to achieve mutually beneficial outcomes, and these consumers are reflective of the diversity of the people– or, where relevant, the local</i>	<ul style="list-style-type: none"> Identify the diversity of consumers who use the services and who are part of the local community Implement a framework and systematic processes for partnering with consumers in the design, measurement and evaluation of healthcare services delivered by the organisation Implement a policy to ensure that the consumers involved in these partnerships 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> provide policy direction for the identification and engagement of diverse groups who access the organisation's health services, as part of the governance framework specify the expectations of how engagement with consumers would occur and the outcomes of engagement

Partnering with Consumers Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	service or, where relevant, the local communities		<i>community – who use its services.</i>	represent the diversity of consumers who use the organisation’s services.	<ul style="list-style-type: none"> ➤ define the role of consumers in strategic, operational and service planning, committee representation, and planning days or forums, and how participation should be documented ➤ support consumer engagement by health facilities and have evidence of consumer engagement
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	2.3.1	<i>Consumers partnering in organisational design and governance have the skills and knowledge they need to be able to contribute effectively.</i>	<ul style="list-style-type: none"> • Develop (or adapt), and provide access to, orientation training and resources for consumers who take part in governance processes, or contribute to design, measurement or evaluation activities. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ provide guidance to health facilities on the content of orientation and training for consumers and/or carers who participate in governance, quality and safety or other partnerships with the organisation ➤ ensure relevant programs are adequately resourced
2.13	The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	New 11.7.2	<i>Aboriginal and Torres Strait Islander people receive health care that meets their needs.</i>	<ul style="list-style-type: none"> • Implement (or adapt) a framework for partnering with local Aboriginal and Torres Strait Islander communities • Adapt existing consumer resources or programs to be culturally appropriate for local Aboriginal and Torres Strait Islander communities • Create a culturally safe environment for Aboriginal and Torres Strait Islander consumers who use the health service organisation. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ ensure there is an organisation-wide framework for partnering with Aboriginal and Torres Strait Islander communities ➤ provide policy direction on provision of, and/or access to relevant guidelines that specifically cover Aboriginal and Torres Strait Islander issues
2.14	The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	2.6.2	<i>The workforce has an understanding of health care from the consumer’s perspective, and the value that consumers can bring to organisational design and governance.</i>	<ul style="list-style-type: none"> • Implement a policy that involves consumers in the design and delivery of workforce training • Consult regularly with consumers to seek their views and input for the development and delivery of workforce training. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ support and direct consumer and/or carer involvement in the design and delivery of clinical workforce training

3. Preventing and Controlling Healthcare-Associated Infection Standard

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 support antimicrobial stewardship.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>3.1 The workforce uses the safety and quality systems from the Clinical Governance Standard when:</p> <p>a. implementing policies and procedures for healthcare-associated infections, and antimicrobial stewardship</p> <p>b. managing risks associated with healthcare-associated infections, and antimicrobial stewardship</p> <p>c. identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship</p>	<p>3.1.1</p> <p>3.1.2</p> <p>3.3.1</p> <p>3.7.1</p> <p>3.9.1</p> <p>3.15.2</p> <p>3.18.1</p> <p>11.9.2</p>	<p><i>Safety and quality systems support clinicians in preventing and controlling healthcare-associated infections, and antimicrobial stewardship.</i></p>	<ul style="list-style-type: none"> • Set up and implement governance structures for healthcare-associated infections and antimicrobial stewardship • Develop and implement policies and procedures for healthcare-associated infections and antimicrobial stewardship • Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with healthcare-associated infections and antimicrobial stewardship • Deliver or provide access to training on healthcare-associated infections and antimicrobial stewardship based on the specific needs of the clinical workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ verify that policy is implemented ➤ receive reports on compliance with policy ➤ ensure that monitoring of the use of policies is occurring at health facility level and that action is taken to increase compliance ➤ ensure that mechanisms to assess healthcare associated infection have been developed and are in use at health facilities ➤ have access to the results of the risk assessment that are undertaken ➤ ensure a standardised risk assessment / reporting tool supports benchmarking across the organisation
Applying quality improvement systems	<p>3.2 The health service organisation applies the quality improvement system in the Clinical Governance Standard when:</p> <p>a. monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program</p> <p>b. implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship</p> <p>c. reporting on the outcomes of prevention and control of healthcare-associated infections</p>	<p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.3.2</p> <p>3.4.1</p> <p>3.4.2</p> <p>3.4.3</p> <p>3.5.2</p> <p>3.10.3</p> <p>3.11.2</p> <p>3.11.3</p> <p>3.11.4</p> <p>3.11.5</p> <p>3.14.4</p>	<p><i>Quality-improvement systems are used to support the prevention and control of healthcare-associated infections, and improvements in the antimicrobial stewardship program.</i></p>	<ul style="list-style-type: none"> • Review, measure, and assess the effectiveness and performance of, organisational and clinical strategies for the prevention and control of healthcare-associated infections, and antimicrobial stewardship • Implement quality improvement strategies for healthcare-associated infections and antimicrobial stewardship based on the outcomes of monitoring activities • Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ receive and review reports from facilities on the outcomes of quality improvement activities as a result of monitoring the performance of the infection prevention and control system, and the effectiveness of antimicrobial stewardship.

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	and the antimicrobial stewardship program				
Partnering with consumers	<p>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:</p> <ol style="list-style-type: none"> actively involve patients in their own care meet the patient's information needs share decision making 	<p>3.19.1 3.19.2</p>	<p><i>Clinicians partner with patients to prevent and manage healthcare-associated infections and implement an antimicrobial stewardship program.</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Preventing and Controlling Healthcare-Associated Infection Standard Provide information to patients about healthcare-associated infections and antimicrobial stewardship tailored to their specific needs and level of health literacy. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure standardisation of communication about infection control and prevention across the organisation implement corporate policy directing how the community is advised about infection risks and any initiatives healthcare facilities have implemented to address these risks. (ACHS encourages the public reporting of infection rates, as well as initiatives the organisation has implemented to minimise the risk to patient safety)
Surveillance	<p>3.4 The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:</p> <ol style="list-style-type: none"> collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups 	<p>3.2.1 3.2.2</p>	<p><i>Surveillance activities provide data to support patient safety and governance decisions in preventing healthcare-associated infections, and antimicrobial stewardship.</i></p>	<ul style="list-style-type: none"> Use information from the organisational risk management system to decide appropriate surveillance activities for the size and scope of the organisation Review existing surveillance processes to identify any gaps, changes or variation in data Ensure that existing processes and supporting policies include reporting of infection and resistance data to the relevant workforce, the governing body, consumers and other relevant groups Ensure that surveillance activities use nationally agreed definitions (if available) and meet state or territory requirements Ensure that the workforce performing surveillance activities is adequately trained Develop new surveillance activities if there is a change in the services provided. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure surveillance systems are adequately resourced The type and scope of surveillance of healthcare associated infections will be determined by the complexity of services provided by the health facilities and jurisdictional requirements ensure that there is regular monitoring of the surveillance systems at the health facility level and that reports are regularly received receive and monitor reports against specified indicators

Preventing and Controlling Healthcare Associated Infection Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Standard and transmission-based precautions	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	3.7.1 3.11.1	<i>The risk of infection to patients, the workforce and visitors is minimised by the routine application of basic infection prevention and control strategies.</i>	<ul style="list-style-type: none"> Use information from risk management systems to identify strategies to reduce the risks of healthcare-associated infections Review current policies, procedures and protocols to ensure that they align and comply with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and state or territory requirements Provide access to the equipment, supplies and products required to comply with standard and transmission-based precautions Use the results of risk assessment processes to set priorities for assessment of workforce compliance with standard and transmission-based precautions Include the expectations of the workforce regarding infection prevention and control activities, including application of standard and transmission-based precautions, in the organisation's workforce orientation program. 	Corporate responsibility is to: <ul style="list-style-type: none"> verify that policy is implemented ensure monitoring of compliance with standard precautions occurs confirm that evaluation has occurred and improvements made if required receive results of the review of current precautions undertaken as part of the standardised risk assessment / reporting tool
	3.6 Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, including consideration of: <ol style="list-style-type: none"> patients' risks, which are evaluated at referral, admission or presentation for care, and re-evaluated when clinically required during care whether a patient has a communicable disease, existing 	3.12.1 3.13.1	<i>Exposure of other patients or the workforce to infectious agents that cannot be contained by standard precautions alone is minimised. Risk is assessed at all access opportunities to the health service organisation, and necessary precautions are implemented and</i>	<ul style="list-style-type: none"> Use the results of the organisational risk assessment and gap analysis to identify priority areas for review, action or monitoring Review and use surveillance data to identify which communicable diseases, emerging risks, or infectious agents of local, national or international significance affect the health service organisation, patients and the workforce If available, use national systems and definitions to collect surveillance data on infectious agents 	

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>or pre-existing colonisation or infection with organisms of local or national significance</p> <p>c. accommodation needs to manage infection risks</p> <p>d. the need for environmental controls</p> <p>e. precautions required when the patient is moved within the facility or to external services</p> <p>f. the need for additional environmental cleaning or disinfection</p> <p>g. equipment requirements</p>		<p><i>maintained for as long as necessary.</i></p>	<ul style="list-style-type: none"> Identify the systems that are already in place to manage the risk of transmission of these infectious agents Set up or review the processes for communicating risks and risk management strategies to clinical areas or units, services or facilities (internal and external) that may be involved in the care of the patient. 	
3.7	<p>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</p>	3.13.2	<p><i>A patient's known or suspected colonisation or infection risks are communicated to an admitting, transferring or referring facility to minimise exposure of patients, the workforce and visitors to infectious agents.</i></p>	<ul style="list-style-type: none"> Develop, review or implement a process to identify relevant pre-existing colonisation, infection or communicable diseases that will affect: <ul style="list-style-type: none"> patient placement while in the health service organisation the risk to the workforce, other patients and consumers transfer of care Review systems and processes used by managers and the workforce on admission, at entry points or when care is transitioning, including: <ul style="list-style-type: none"> pre-admission information alerts, flags or risk identification processes protocols for clinics, day surgery, emergency departments, community services and clinicians' rooms on how to assess patients for colonisation, infections or communicable diseases processes for transporting patients within or outside the health service organisation. 	

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Hand hygiene	<p>3.8 The health service organisation has a hand hygiene program that:</p> <p>a. is consistent with the current National Hand Hygiene Initiative and jurisdictional requirements</p> <p>b. addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative</p>	<p>3.5.1</p> <p>3.5.3</p>	<p><i>Implement and support a hand hygiene program that is consistent with the current National Hand Hygiene Initiative.</i></p>	<ul style="list-style-type: none"> Implement systems and processes to meet the National Hand Hygiene Initiative and state or territory requirements Measure and report program outcomes, including hand hygiene compliance, if appropriate, according to the National Hand Hygiene Initiative and state or territory requirements Identify how the organisation has responded to inconsistency or noncompliance with the current National Hand Hygiene Initiative. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> receive regular reports on workforce compliance with hand hygiene guidelines at the health facility level address incidents of non-compliance and the inability to comply receive reports advising of action taken to address non-compliance with the guidelines The corporate service is not responsible for taking action but is directly responsible for ensuring action is taken at the health facility level to comply with the hand hygiene guidelines
Aseptic technique	<p>3.9 The health service organisation has processes for aseptic technique that:</p> <p>a. identify the procedures where aseptic technique applies</p> <p>b. assess the competence of the workforce in performing aseptic technique</p> <p>c. provide training to address gaps in competency</p> <p>d. monitor compliance with the organisation's policies on aseptic technique</p>	<p>3.10.1</p> <p>3.10.2</p>	<p><i>A risk-based process is implemented that will prevent or minimise the risk of introducing infectious agents during clinical procedures and activities.</i></p>	<ul style="list-style-type: none"> Use risk management tools to identify the procedures for which aseptic technique is required Identify gaps where aseptic technique is not applied appropriately Provide training to reduce gaps in competence Give priority to compliance assessment and auditing for aseptic technique in the areas of highest risk and most frequent use. 	
Invasive medical devices	<p>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</p>	<p>3.8.1</p>	<p><i>Infections are minimised by the appropriate selection, safe insertion and maintenance, and timely removal of invasive medical devices.</i></p>	<ul style="list-style-type: none"> Review the organisation's compliance with relevant regulations, guidelines and state or territory requirements covering invasive medical devices Review, develop or implement processes to cover introduction, use, management and removal of invasive medical devices used in the organisation. 	
Clean environment	<p>3.11 The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition</p>	<p>3.15.1</p>	<p><i>Health service organisations identify and respond to environmental and</i></p>	<ul style="list-style-type: none"> Identify the environmental cleaning hazards in the organisation and include these in the organisation's risk management strategies 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> confirm that evaluation of processes to maintain a clean and hygienic environment

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>of the Australian guidelines for the prevention and control of infection in healthcare, and jurisdictional requirements – that:</p> <ol style="list-style-type: none"> respond to environmental risks require cleaning and disinfection in line with recommended cleaning frequencies include training in the appropriate use of specialised personal protective equipment for the workforce 		<p><i>infection risks by providing a clean environment for patients and the workforce.</i></p>	<ul style="list-style-type: none"> Review or develop policies, procedures and protocols to include effective strategies to provide a clean environment in the organisation Use the implementation and evaluation strategies for environmental cleaning to ensure that cleaning and disinfection processes are in line with recommended cleaning frequencies appropriate to the health service organisation Provide training to the workforce undertaking environmental cleaning activities and include the use of specialised personal protective equipment, if required Evaluate environmental cleaning practices for compliance with policies, procedures and protocols, and measure outcomes of cleaning processes Review duty lists, position descriptions or contract specifications as part of the appraisal or contract review process, and provide feedback to the relevant person or group on achievements or areas for improvement. 	<p>has occurred and improvements made if required</p> <p>➤ receive reports on compliance with requirements, and any reported incidents</p>
	<p>3.12 The health service organisation has processes to evaluate and respond to infection risks for:</p> <ol style="list-style-type: none"> new and existing equipment, devices and products used in the organisation maintaining, repairing and upgrading buildings, equipment, furnishings and fittings handling, transporting and storing linen 	<p>3.15.3</p>	<p><i>The health service organisation minimises infection risks to patients and the workforce from equipment, device, product and environmental hazards.</i></p>	<ul style="list-style-type: none"> Develop or review the organisation’s processes for introducing new technologies, devices, products or equipment Develop or review the organisation’s risk management processes to include the need to identify and respond to infection risks that may be associated with repairs, refurbishment or upgrade of infrastructure, including during the planning stage Set up or review the processes for handling, transporting and storing linen used in the organisation. 	

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Workforce immunisation	<p>3.13 The health service organisation has a risk-based workforce immunisation program that:</p> <p>a. is consistent with the current edition of <i>The Australian Immunisation Handbook</i></p> <p>b. is consistent with jurisdictional requirements for vaccine-preventable diseases</p> <p>c. addresses specific risks to the workforce and patients</p>	<p>3.6.1 11.10.1</p>	<p><i>The health service organisation has a risk-based immunisation program to protect the workforce and patients.</i></p>	<ul style="list-style-type: none"> Review the organisation's immunisation program to ensure that it is consistent with the current edition of the <i>Australian Immunisation Handbook</i> and state or territory requirements for vaccination Ensure that policies, procedures and protocols are in place to cover employer and employee responsibilities for managing occupational risks for vaccine-preventable diseases. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ set the policy and ensure resources are available to support the workforce immunisation program, which should include a system that records staff immunisations

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Reprocessing of reusable devices	<p>3.14 Where reusable equipment, instruments and devices are used, the health service organisation has:</p> <p>a. processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines</p> <p>b. a traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying</p> <ul style="list-style-type: none"> the patient the procedure the reusable equipment, instruments and devices that were used for the procedure 	<p>3.16.1 3.17.1</p>	<p><i>Where reusable medical equipment, instruments and devices are used, the health service organisation minimises infection risks to patients and the workforce by ensuring adequate identification of, and procedures for reprocessing, reusable medical equipment.</i></p>	<ul style="list-style-type: none"> Identify the organisation's need for reusable critical and semi-critical equipment, instruments and devices Review the organisation's infrastructure for reprocessing services, and workforce capacity to reprocess reusable equipment, instruments and devices Review policies, procedures and protocols used in sterilising services for reprocessing reusable equipment, instruments and devices Review policies, procedures and protocols for decontamination of reusable devices at the point of use before reprocessing Review the methods used to reprocess reusable equipment, instruments and devices to ensure that these processes are consistent with relevant national and international standards Implement or review processes for traceability or tracking of critical and semi-critical equipment, instruments and devices, and assess the processes' ability to identify 	

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
				the patient, the procedure, and the equipment, instrument or device that was used for the procedure.	

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Antimicrobial stewardship	<p>3.15 The health service organisation has an antimicrobial stewardship program that:</p> <ol style="list-style-type: none"> includes an antimicrobial stewardship policy provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing has an antimicrobial formulary that includes restriction rules and approval processes incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard 	<p>3.14.1 3.14.2</p>	<p><i>Appropriate prescribing and use of antimicrobials are part of the broader systems to improve patient safety and quality of care, and prevent and manage infections associated with multidrug-resistant organisms.</i></p>	<ul style="list-style-type: none"> Review the current AMS program to identify what is working well; identify gaps, risks and areas for improvement; set priorities; and inform review of the AMS program plan – use the results of this review to set priorities for AMS Identify the key membership of the AMS committee and the AMS team Develop or review an AMS policy that specifies that clinicians should follow current, evidence-based Australian therapeutic guidelines on antimicrobial prescribing, or evidence-based guidelines that have been endorsed by a state or territory AMS committee, and incorporates the principles of the Antimicrobial Stewardship Clinical Care Standard Develop, review and maintain antimicrobial prescribing policies and a formulary for specific infections to reflect current resistance patterns Create or review an antimicrobial formulary and guidelines for treatment and prophylaxis that align with current, evidence-based Australian therapeutic guidelines Review policies, clinical pathways, point-of-care tools and education programs to ensure that they incorporate the principles of the Antimicrobial Stewardship Clinical Care Standard. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure that there is health facility access to current endorsed therapeutic guidelines ensure health facilities actively monitor the use of the guidelines ensure monitoring of the antimicrobial stewardship program occurs at the health facility level and action is taken to improve its effectiveness ensure that all necessary resources are provided

Preventing and Controlling Healthcare Associated Infection Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>3.16 The antimicrobial stewardship program will:</p> <ol style="list-style-type: none"> review antimicrobial prescribing and use use surveillance data on antimicrobial resistance and use to support appropriate prescribing evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use report to clinicians and the governing body in relation to <ul style="list-style-type: none"> 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 	<p>3.14.3 3.14.4</p>	<p><i>The AMS program promotes safe and appropriate antimicrobial prescribing and use through ongoing monitoring, evaluation and improvement activities.</i></p>	<ul style="list-style-type: none"> Collect and regularly review data on antimicrobial use (volume and appropriateness) and local resistance to identify areas for improvement and ascertain the effectiveness of AMS interventions Monitor quality indicators to assess prescribing practice and AMS program effectiveness Use the results of monitoring activities to decide on priorities and actions for improvement Set up a system that ensures that feedback is provided to prescribers on results of monitoring and assessment activity Report routinely to the organisational governing body and the chief executive on AMS processes and outcomes. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure that monitoring of antimicrobial usage and resistance is undertaken at the health facility level receive routine reports on AMS processes and outcomes from the health facilities

Medication Safety Standard

4. Medication Safety Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <p>a. implementing policies and procedures for medication management</p> <p>b. managing risks associated with medication management</p> <p>c. identifying training requirements for medication management</p>	<p>4.1.1</p> <p>4.1.2</p> <p>4.4.1</p> <p>4.4.2</p>	<p><i>Safety and quality systems support clinicians in the safe and effective use of medicines and reduce medicine-related risk.</i></p>	<ul style="list-style-type: none"> Set up and implement governance structures for medication management Develop and implement policies and procedures for medication management Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with medication management Provide access to training on medication management based on the specific needs of the workforce, including medicine-related information and decision support tools. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> verify that policy is implemented receive reports on compliance with policy confirm that evaluation has occurred and improvements made if required ensure that monitoring, reporting and investigation of medication incidents occurs at the health facilities
Applying quality improvement systems	<p>4.2 The health service organisation applies the quality improvement system in the Clinical Governance Standard when:</p> <p>a. monitoring the effectiveness and performance of medication management</p> <p>b. implementing strategies to improve medication management outcomes and associated processes</p> <p>c. reporting on outcomes for medication management</p>	<p>4.2.1</p> <p>4.2.2</p> <p>4.3.2</p> <p>4.3.3</p> <p>4.5.1</p> <p>4.5.2</p> <p>4.7.2</p> <p>4.9.2</p> <p>4.9.3</p> <p>4.10.2</p> <p>4.10.6</p> <p>4.12.4</p> <p>4.15.2</p>	<p><i>Quality improvement systems support effective medication management and reduce medicine-related risks.</i></p>	<ul style="list-style-type: none"> Review, measure, and assess the effectiveness and performance of, medication management strategies and practices Implement quality improvement strategies for medication management based on the outcomes of monitoring activities Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> Receive and review information on the outcomes of quality improvement activities that is the result of the healthcare facilities assessment of the performance of the medication management system.
Partnering with consumers	<p>4.3 Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to:</p> <p>a. actively involve patients in their own care</p>	<p>4.14.1</p> <p>4.15.1</p>	<p><i>Clinicians partner with patients to minimise medicine-related risks.</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Medication Safety Standard 	

Medication Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<ul style="list-style-type: none"> b. meet the patient's information needs c. share decision making 			<ul style="list-style-type: none"> • Provide information to patients about medication management tailored to their specific needs and level of health literacy. 	
Medicines scope of clinical practice	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	4.3.1	<i>Clinicians work within their scope of practice, and have the knowledge, skills, competence and delegated authority to safely manage, use and handle medicines.</i>	<ul style="list-style-type: none"> • Identify all areas where specific authorisation is required to prescribe, dispense or administer medicines • Use organisation-wide credentialing and scope of clinical practice processes to ensure that only authorised members of the workforce can prescribe, dispense or administer medicines • Regularly assess qualifications, credentials and competence of the clinical workforce to safely prescribe, dispense and administer medicines. 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ ensure that all clinicians and others with medication authorities function within their scope of practice. (Verification of appropriate medication authorities will occur at the health facility level)

CRITERION: DOCUMENTATION OF PATIENT INFORMATION

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Medication reconciliation	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	4.6.1 4.6.2 4.14.1	<i>Patients and carers are actively involved in taking a BPMH as the first step in the process of medication reconciliation.</i>	<ul style="list-style-type: none"> • Implement a systematic process for obtaining the patient's actual medicine use and recording a BPMH. 	
	4.6 Clinicians review a patient's current medicine orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	4.6.2 4.8.1	<i>A formal, structured, multidisciplinary and timely process is in place for reconciling medicines against the BPMH and treatment plan, which involves patients and carers.</i>	<ul style="list-style-type: none"> • Implement a formal, structured process to ensure that all patients admitted to the health service organisation receive accurate and timely medication reconciliation on admission, at transfer of care and on discharge. 	
Adverse drug reactions	4.7 The health service organisation has processes for documenting a patient's history of medicine	4.7.1	<i>Medicine-related risks for patients are minimised by</i>	<ul style="list-style-type: none"> • Document known patient medicine allergies and ADRs on presentation, and make this information available when clinicians 	

Medication Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	allergies and adverse drug reactions in the healthcare record on presentation		<i>documenting and referring to the patient's history of medicine allergies and ADRs.</i>	prescribe, dispense and administer medicines.	
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	4.7.1	<i>Medicine allergies and ADRs experienced by patients while in the health service organisation are documented in their medicine allergy/ADR history and the incident management system.</i>	<ul style="list-style-type: none"> Document and report medicine allergies and ADRs experienced by patients during their episode of care (see Actions 4.1 and 4.2). 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure that there is a comprehensive, organisation-wide incident reporting and investigation system that meets jurisdictional requirements, and that healthcare facilities record all adverse drug reactions in the system.:
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	4.7.3	<i>All new ADRs experienced by patients during their episode of care are reported to the TGA.</i>	<ul style="list-style-type: none"> Report all new suspected ADRs experienced by patients 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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Medication review	4.10 The health service organisation has processes: <ol style="list-style-type: none"> to undertake medication reviews for patients, in line with evidence and best practice to prioritise medication reviews based on a patient's clinical needs and minimising the risk of medicine-related problems that specify the requirements for documentation of medication 	New	<i>Medicines use is optimised and MRPs are minimised by conducting medication reviews and documenting the outcomes in partnership with patients.</i>	<ul style="list-style-type: none"> Conduct evidence-based medication reviews on existing and newly prescribed medicines to optimise therapy for patients Set up processes for <ul style="list-style-type: none"> determining who is responsible at each point in the medication management pathway prioritising medication reviews for, and in partnership with, patients who are most at risk of a medicine-related problem 	

Medication Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	reviews, including actions taken as a result			<ul style="list-style-type: none"> documenting any recommendations and action taken as a result of a medication review identifying and monitoring trends in medicine-related problems, including those that have been prevented. 	
Information for patients	4.11 The health service organisation has processes to support clinicians to provide patients with information on their individual medicines needs and risks	4.13.1 4.13.2 4.15.1	<i>Clinicians are supported to provide information to their patients about medicines options, benefits and risks.</i>	<ul style="list-style-type: none"> Provide patients and carers with enough information about treatment options for them to make informed choices about their medicines, and to adhere to medicine-related treatment plans Support clinicians to provide medicine-related information when treatment options are discussed and when treatment decisions have been made. 	
Provision of a medicines list	4.12 The health service organisation has processes to: <ol style="list-style-type: none"> generate a current medicines list and the reasons for any changes distribute the current medicines list to receiving clinicians at transitions of care provide patients at discharge with a current medicines list and the reasons for any changes 	4.12.1 4.12.2 4.12.3	<i>MRPs and risk of patient harm are minimised by maintaining a current medicines list with reasons for any changes, and providing it in a suitable format for clinicians at transfer of care and patients at discharge.</i>	<ul style="list-style-type: none"> Implement processes that support clinicians to generate and maintain current medicines lists throughout an episode of care Incorporate the use of medicines lists into clinical handover procedures Implement a process to provide current medicines lists and the reasons for any changes to patients on discharge. 	

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Medicines information and decision support tools	4.13 The health service organisation ensures that information and decision support tools for medicines are available to clinicians	4.9.1	<i>Medication management is supported by providing relevant, up-to-date and evidence-based medicine-related</i>	<ul style="list-style-type: none"> Maintain a variety of up-to-date and evidence-based medicine-related information and decision support tools that assist clinicians with their responsibilities to provide safe and effective medication management 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure there are adequate resources for the provision of information and decision support tools

Medication Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
			<i>information and decision-support tools to the clinical workforce.</i>	<ul style="list-style-type: none"> • Make up-to-date and evidence-based medicine-related information and decision support tools available to clinicians. 	
Safe and secure storage and distribution of medicines	<p>4.14 The health service organisation complies with manufacturers' directions, legislation and jurisdictional requirements:</p> <ol style="list-style-type: none"> for the safe and secure storage and distribution of medicines for storage of temperature-sensitive medicines and cold chain management for the disposal of unused, unwanted or expired medicines 	<p>4.10.1 4.10.2 4.10.3 4.10.4 4.10.5 15.25.1</p>	<i>Medicines are safely stored and distributed with minimal waste, and disposed of appropriately.</i>	<ul style="list-style-type: none"> • Identify risks associated with medicines handling, storage and distribution across the organisation, and develop and implement evidence-based strategies aimed at reducing these risks • Implement systems and equipment that continuously monitor, and maintain the integrity of, temperature-sensitive medicines • Implement policies, procedures and guidelines for the disposal of unused, unwanted or expired medicines. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ guide policy on the safe and secure storage and distribution of medicines ➤ ensure processes for disposal of unused, unwanted or expired medications is carried out according to legislative and jurisdictional requirements
High-risk medicines	<p>4.15 The health service organisation:</p> <ol style="list-style-type: none"> identifies high-risk medicines used within the organisation has a system to store, prescribe, dispense and administer high-risk medicines safely 	<p>4.11.1 4.11.2</p>	<i>Medicine-related risks are minimised by identifying and safely managing processes relating to high-risk medicines.</i>	<ul style="list-style-type: none"> • Regularly assess the use and misuse of high-risk medicines, relating to storage, prescribing, dispensing and administration • Develop and implement evidence-based risk reduction strategies for high-risk medicines. 	

5. Comprehensive Care Standard

CRITERION: CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT TO SUPPORT COMPREHENSIVE CARE

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. implementing policies and procedures for comprehensive care b. managing risks associated with comprehensive care c. identifying training requirements to deliver comprehensive care 	<p>8.1.1 10.1.1</p>	<p><i>Safety and quality systems support clinicians in the delivery of comprehensive care and minimising patient harm.</i></p>	<ul style="list-style-type: none"> • Establish and implement governance structures for comprehensive care and minimising patient harm • Develop and implement policies and procedures for comprehensive care and minimising patient harm • Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with comprehensive care and minimising patient harm • Deliver or provide access to training on comprehensive care and minimising patient harm based on the patient population and the specific needs of the workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ verify that policy on comprehensive care and minimising patient harm is implemented ➤ receive reports on compliance with policy ➤ confirm that evaluation has occurred and improvements made if required
Applying quality improvement systems	<p>5.2 The health service organisation applies the quality improvement system in the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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 	<p>8.1.2 8.3.1 8.5.2 8.5.3 8.6.2 8.6.3 8.7.2 8.7.3 8.7.4 8.8.3 8.8.4 10.1.2 10.3.1 10.5.2 10.5.3 10.6.2 10.6.3 10.7.2</p>	<p><i>Quality improvement systems are used to support the delivery of comprehensive care and minimising patient harm.</i></p>	<ul style="list-style-type: none"> • Review, measure, and assess the effectiveness and performance of, organisational and clinical strategies to deliver comprehensive care and minimise patient harm • Implement quality improvement strategies for comprehensive care and minimising patient harm based on the outcomes of monitoring activities • Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ receive and review reports from healthcare facilities on the outcomes of quality improvement activities as a result of monitoring the delivery of clinical care, and the effectiveness of improvement strategies

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
		12.3.1			
Partnering with consumers	<p>5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to:</p> <ol style="list-style-type: none"> actively involve patients in their own care meet the patient's information needs share decision making 	<p>8.9.1 10.9.1 12.2.1</p>	<p><i>Clinicians partner with patients when providing comprehensive care and minimising patient harm.</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Comprehensive Care Standard Provide information to patients about comprehensive care and minimising patient harm tailored to their specific needs and level of health literacy. 	
Designing systems to deliver comprehensive care	<p>5.4 The health service organisation has systems for comprehensive care that:</p> <ol style="list-style-type: none"> support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment provide care to patients in the setting that best meets their clinical needs ensure timely referral of patients with specialist healthcare needs to relevant services identify at all times the clinician with overall accountability for a patient's care 	<p>New 11.5.2 12.2.2 12.3.1</p>	<p><i>The health service organisation provides systems to enable and support the delivery of comprehensive care to patients.</i></p>	<ul style="list-style-type: none"> Work with clinicians and consumers to design and implement systems for developing, documenting and communicating comprehensive care plans Implement systems to ensure that patients receive care in the setting that best meets their clinical needs Work with internal and external services to implement timely referral processes Develop processes for ensuring that the clinician with overall accountability for a patient's care is identifiable at all times. 	
Collaboration and teamwork	<p>5.5 The health service organisation has processes to:</p> <ol style="list-style-type: none"> support multidisciplinary collaboration and teamwork define the roles and responsibilities of each clinician working in a team 	<p>New 12.3.1</p>	<p><i>Clinicians are supported to work in collaborative multidisciplinary teams, and they understand their own roles and responsibilities, and those of other team members.</i></p>	<ul style="list-style-type: none"> Develop structured processes to support multidisciplinary teamwork and collaboration. 	

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	5.6 Clinicians work collaboratively to plan and deliver comprehensive care	New 12.3.1	<i>Clinicians work together to plan and deliver comprehensive care in partnership with patients, carers and families.</i>	<ul style="list-style-type: none"> Ensure that clinicians use organisational processes and collaborate with each other, and with patients, carers and families, to plan and deliver comprehensive care. 	

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Planning for comprehensive care	5.7 The health service organisation has processes relevant to the patients using the service and the services provided: <ol style="list-style-type: none"> for integrated and timely screening and assessment that identify the risks of harm in the 'Minimising patient harm' criterion 	1.8.1 8.5.1 10.5.1 12.2.1	<i>Processes are in place for integrated and timely screening, assessment and risk identification.</i>	<ul style="list-style-type: none"> Assess the risks and clinical requirements of the patients who use the health service organisation, and agree on relevant screening and assessment processes Ensure that the risks of harm identified in the 'Minimising patient harm' criterion of this standard are addressed in these processes. 	
	5.8 The health service organisation has processes to routinely ask patients if they identify as Aboriginal or Torres Strait Islander, and to record this information in administrative and clinical information systems	New 12.1.2	<i>People who identify as being of Aboriginal and/or Torres Strait Islander origin are provided with tailored and culturally appropriate comprehensive care.</i>	<ul style="list-style-type: none"> Develop policies, protocols and processes for confirming Aboriginal and Torres Strait Islander identification status Train the workforce to build competence in working with diverse population groups and specifically for collecting identification information Include Aboriginal and Torres Strait Islander identifiers in administrative and clinical datasets Monitor and report on the implementation of Aboriginal and Torres Strait Islander identification strategies. 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ provide policy direction on the self-identification of Aboriginal and Torres Strait Islanders ➤ provide policy direction on provision of, and/or access to relevant guidelines that specifically cover Aboriginal and Torres Strait Islander issues
	5.9 Patients are supported to document clear advance care plans	1.18.4	<i>Patients are supported to document clear advance care plans.</i>	<ul style="list-style-type: none"> Develop processes to support patients to document clear advance care plans. 	

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Screening of risk	<p>5.10 Clinicians use relevant screening processes:</p> <ol style="list-style-type: none"> at presentation, during clinical examination and history taking, and when required during care to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm to identify social and other circumstances that may compound these risks 	<p>8.5.1 10.5.1 11.7.1 12.10.2</p>	<p><i>Patients receive initial and, if necessary, repeated screening for cognitive, behavioural, mental and physical conditions, issues or risks of harm.</i></p>	<ul style="list-style-type: none"> Work with clinicians to integrate screening processes into their workflow Develop information about screening processes to include in orientation, education and training programs Develop strategies and processes for clinicians to provide feedback about the usability and effectiveness of screening processes. 	
Clinical assessment	<p>5.11 Clinicians comprehensively assess the conditions and risks identified through the screening process</p>	<p>8.6.1 10.6.1 12.10.3</p>	<p><i>Patients receive comprehensive assessment to determine their healthcare needs and appropriate treatment options.</i></p>	<ul style="list-style-type: none"> Ensure that clinicians talk to patients, carers and families about conditions and risks identified through screening processes, and work in partnership to comprehensively assess these conditions and risks Involve clinicians in evaluating and improving processes for comprehensive assessment. 	
Developing the comprehensive care plan	<p>5.12 Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record</p>	<p>8.6.1 10.6.1 12.3.1</p>	<p><i>Findings of screening and assessment processes are documented accurately and contemporaneously.</i></p>	<ul style="list-style-type: none"> Support clinicians to use organisational and local processes to document the findings of the screening and assessment processes Involve clinicians in evaluating and improving documentation processes. 	
	<p>5.13 Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:</p> <ol style="list-style-type: none"> addresses the significance and complexity of the patient's health issues and risks of harm identifies agreed goals and actions for the patient's treatment and care 	<p>1.18.4 4.14.1 7.9.2 8.10.1 10.8.1 10.10.1 12.4.1 12.9.1 12.10.1</p>	<p><i>Clinicians use shared decision-making processes to develop person-centred and goal-directed comprehensive care plans that address identified patient needs.</i></p>	<ul style="list-style-type: none"> Support clinicians to use shared decision-making processes in the context of planning and delivering comprehensive care Provide guidance about the requirements for comprehensive care plans in the health service organisation. 	

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<ul style="list-style-type: none"> c. identifies any 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. plan for referral to follow up services, if appropriate and where available f. is consistent with best practice and evidence 				

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Using the comprehensive care plan	<p>5.14 The workforce, patients, carers and families work in partnership to:</p> <ul style="list-style-type: none"> 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 	<p>8.7.2 10.7.2 12.3.1 12.10.3</p>	<p><i>The comprehensive care plan is used to direct the delivery of safe and effective care that aligns with the patient's needs and preferences.</i></p>	<ul style="list-style-type: none"> • Develop processes to ensure that clinicians and other members of the workforce are aware of their obligation to provide care in accordance with the comprehensive care plan, and in collaboration with patients, carers and family members • Develop processes to ensure that the effectiveness and currency of the comprehensive care plan are routinely reviewed • Develop guidance about indications to reassess the patient's care needs, preferences and goals, and revise the comprehensive care plan. 	

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service	
Comprehensive care at the end of life	5.15	The health service organisation has processes to identify patients who are at the end of life that are consistent with the <i>National Consensus Statement: Essential elements for safe and high-quality end-of-life care</i>	New 12.11.1	<i>Patients with end-of-life care needs are identified as soon as possible to maximise opportunities for appropriate decision making and care.</i>	<ul style="list-style-type: none"> Use the <i>National Consensus Statement: Essential elements for safe and high-quality end-of-life care</i> to develop a systematic process for identifying patients with end-of-life care needs. 	
	5.16	The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	New 12.11.1	<i>Clinicians can access advice from specialist palliative care clinicians when planning and delivering end-of-life care.</i>	<ul style="list-style-type: none"> Develop agreements with local palliative care providers to enable access to specialist palliative care advice Develop processes for clinicians to access specialist palliative care advice. 	
	5.17	The health service organisation has processes to ensure that current advance care plans: <ol style="list-style-type: none"> can be received from patients are documented in the patient's healthcare record 	New 12.11.1	<i>Patients with an advance care plan receive care in line with their plan if they lack capacity to participate in decision making.</i>	<ul style="list-style-type: none"> Develop processes to receive, document and provide access to advance care plans. 	
	5.18	The health service organisation provides access to supervision and support for the workforce providing end-of-life care	New 12.11.1	<i>The workforce have access to support and supervision to alleviate workplace stress associated with delivering end-of-life care.</i>	<ul style="list-style-type: none"> Develop processes to ensure that all members of the workforce providing end-of-life care know how to access supervision and support. 	
	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	New 12.12.1	<i>Patients receive safe and high-quality end-of-life care.</i>	<ul style="list-style-type: none"> Implement processes for evaluating the safety and quality of end-of-life care. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure that health facilities have comprehensive end-of-life policy and processes, which meet legal requirements verify that policy is implemented receive reports on compliance with policy confirm that evaluation has occurred and improvements made if required
	5.20	Clinicians support patients, carers and families to make shared decisions about end-of-	New 12.11.2	<i>Clinicians support consumers, families and carers to make shared</i>	<ul style="list-style-type: none"> Provide guidance for clinicians about using processes for shared decision making in the context of end-of-life care. 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	life care in accordance with the National consensus statement: essential elements for safe and high-quality end-of-life care	12.12.1	<i>decisions about end-of-life care.</i>		

CRITERION: MINIMISING PATIENT HARM

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Preventing and managing pressure injuries	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	8.7.1 8.8.1	<i>Evidence-based guidelines are used for prevention and care for patients at risk of or with a pressure injury.</i>	<ul style="list-style-type: none"> Use information from screening and assessment processes to prevent and manage pressure injuries Develop or adapt a wound management system that is based on best-practice guidelines Identify individuals or groups with responsibility for overseeing this system. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure that monitoring of the use of policies is occurring at the health facilities and that action is taken to increase compliance ensure that a system to report pressure injuries is applied consistently across the organisation and include: <ul style="list-style-type: none"> what data are used what action is taken to reduce risks and improve outcomes review regular reports on the investigation and monitoring of pressure injury incidence
	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	8.6.1 8.7.1	<i>The risk of harm from pressure injuries is minimised by routinely conducting skin inspections.</i>	<ul style="list-style-type: none"> Develop or adapt a process to prompt clinicians to perform and document comprehensive skin inspections as part of routine patient care. 	
	5.23 The health service organisation providing services to patients at risk of pressure injuries ensures that: <ol style="list-style-type: none"> patients, carers and families are provided with information about preventing pressure injuries equipment, devices and products are used in line with best 	8.4.1 5.23 8.9.1	<i>Patients with or at risk of pressure injuries are provided with information and are involved in their pressure injury care, and devices and equipment that minimise the risk of harm are used.</i>	<ul style="list-style-type: none"> Provide information for patients and carers about the prevention and management of pressure injuries Facilitate access to equipment and devices for the prevention and management of pressure injuries. 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	practice guidelines to prevent and effectively manage pressure injuries				
Preventing falls and harm from falls	5.24 The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for <ul style="list-style-type: none"> falls prevention minimising harm from falls post fall management 	10.7.1	<i>Clinical practice for preventing and managing falls is evidence based, and patient risks and harm are minimised.</i>	<ul style="list-style-type: none"> Identify all areas in the organisation that present falls risks and develop a risk management approach to implementing evidence-based improvement strategies. 	Corporate responsibility is to: <ul style="list-style-type: none"> ensure that monitoring of the use of policies is occurring at the health facilities and that action is taken to increase compliance ensure that a system to report falls is applied consistently across the organisation and include: <ul style="list-style-type: none"> what data are used what action is taken to reduce risks and improve outcomes review regular reports on the investigation and monitoring of falls incidence
	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	10.4.1	<i>Patients are provided with equipment and devices to promote safe mobility and reduce harm from falls.</i>	<ul style="list-style-type: none"> Identify, and facilitate access to, the equipment and devices required for the organisation's patient population Develop a log to register equipment and devices used in falls prevention and management, and record their maintenance. 	
	5.26 Clinicians providing care to patients at risk of falls provide patients, families and carers with information about reducing falls risks and falls prevention strategies	10.9.1	<i>Patients, families and carers are provided with information about falls risks and preventing falls.</i>	<ul style="list-style-type: none"> Provide information to, and have discussions with, patients, carers and families about falls risks Seek feedback on information provided to patients and carers, and amend it to improve the information Ensure that the discharge planning protocol prompts the workforce to consider referral to appropriate services. 	
Nutrition and hydration	5.27 The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that includes nutrition care plans based on current evidence and best practice	New 12.5.1 12.7.1 12.7.2	<i>Patients' nutrition and hydration needs are identified and documented.</i>	<ul style="list-style-type: none"> Put in place processes for addressing patients' nutrition and hydration needs. 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>5.28 The workforce uses the systems for preparation and distribution of food and fluids to:</p> <ol style="list-style-type: none"> meet patients' nutritional needs and requirements monitor the nutritional care of patients at risk identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone support patients who require assistance with eating and drinking 	<p>New 12.5.2 12.6.1 12.6.2 12.6.3</p>	<p><i>The workforce ensures that the nutrition and hydration needs of patients are met.</i></p>	<ul style="list-style-type: none"> Monitor the nutritional care of patients Provide assistance to patients to ensure that their nutrition needs are met. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> direct policy on nutrition and prevention of malnutrition ensure that monitoring of the nutritional care of patients at risk occurs review reports of health facility monitoring of compliance with policies review actions taken at health facility level to improve compliance with policies
Preventing delirium and managing cognitive impairment	<p>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:</p> <ol style="list-style-type: none"> 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 manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation 	<p>New</p>	<p><i>A system for caring for cognitive impairment is implemented that minimises the risk of harm for people with cognitive impairment or at risk of developing delirium. The use of antipsychotics and other psychoactive medicines is in line with best practice and legislation.</i></p>	<ul style="list-style-type: none"> Review, revise or develop a system for providing high-quality care for patients with cognitive impairment Allocate roles, responsibilities and accountabilities for establishing or maintaining the system Implement a system for caring for cognitive impairment Regularly monitor the use of best-practice evidence-based strategies in the care plan, provide feedback and implement improvement strategies. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure health facility compliance with the ACSQHC's <i>Delirium Clinical Care Standard</i> ensure health facilities refer to the ACSQHC's <i>A better way to care</i> resources for patients with cognitive impairment
	<p>5.30 Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the</p>	<p>New</p>	<p><i>Minimise risks by undertaking strategies to recognise, prevent, treat and manage cognitive impairment. Clinicians, patients,</i></p>	<ul style="list-style-type: none"> Review and, if necessary, revise the organisation's education and training program to support implementation Provide access to education and training about the system that supports caring for 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>system for caring for patients with cognitive impairment to:</p> <ol style="list-style-type: none"> recognise, prevent, treat and manage cognitive impairment 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 		<p><i>carers and families work together to minimise anxiety or distress experienced by the person with cognitive impairment.</i></p>	<p>patients with cognitive impairment, and agreed tools and responsibilities</p> <ul style="list-style-type: none"> Work with clinicians and consumers to design and implement systems for working together, and for implementing strategies to minimise anxiety and distress experienced by a person with cognitive impairment Use regular feedback from patients, carers and families to improve collaboration. 	
Predicting, preventing and managing self-harm and suicide	<p>5.31 The health service organisation has systems to support collaboration with patients, carers and families to:</p> <ol style="list-style-type: none"> identify when a patient is at risk of self-harm identify when a patient is at risk of suicide safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed 	New	<p><i>The workforce have the skills and knowledge to engage collaboratively to identify and respond to patients at risk of self-harm or suicide.</i></p>	<ul style="list-style-type: none"> Implement screening for thoughts of self-harm or suicide for people who present with self-harm, mental illness or acute emotional distress Set up a tiered system for response according to the level of risk Ensure that the environment is safe Maintain a recovery-oriented approach throughout engagement. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure a validated risk assessment tool is implemented in health facilities to identify patients at risk of self-harm
	<p>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</p>	New	<p><i>Ensure that adequate follow-up support is arranged and agreed by the nominated participants for people who have self harmed or reported suicidal thoughts, when they leave the health service organisation.</i></p>	<ul style="list-style-type: none"> Develop a collaborative post-discharge treatment plan involving the person, their carers and family, and key service providers before the person leaves the health service organisation Communicate this plan verbally and in writing to all people who have a role in implementing the plan Ensure that the plan is implemented. 	
Predicting, preventing and managing aggression and violence	<p>5.33 The health service organisation has processes to identify and mitigate situations that may precipitate aggression</p>	New 15.23.1	<p><i>Minimise the risk of aggression and violence by reducing environmental or procedural triggers for aggression.</i></p>	<ul style="list-style-type: none"> Identify factors in the environment that could trigger aggression or complicate management of aggression when it occurs Identify elements of the organisation's procedures that could contribute to stress, which may lead to aggression 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> include strategies for security management in service planning guide policy addressing the management of security and the prevention of violence and aggression

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
				<ul style="list-style-type: none"> Implement strategies to lessen stresses caused by environmental or procedural factors. 	<ul style="list-style-type: none"> provide reports on violence and aggression prevention plans and action taken in response to incidents involving violence and/or aggression
	<p>5.34 The health service organisation has processes to support collaboration with patients, carers and families to:</p> <ol style="list-style-type: none"> identify patients at risk of becoming aggressive or violent implement de-escalation strategies safely manage aggression, and minimise harm to patients, carers and families, and the workforce 	New 15.23.1	<i>Collaborative processes are used to minimise the risk of aggression and violence, and incidents are managed safely when they occur.</i>	<ul style="list-style-type: none"> Train the workforce to effectively screen for specific risks Implement processes that support members of the workforce to use strategies to reduce the risk of violence Implement processes to respond to aggression and violence when they occur, to minimise the risk of harm to people. 	
Minimising restrictive practices: restraint	<p>5.35 Where restraint is clinically necessary to prevent harm, the health service organisation has systems that:</p> <ol style="list-style-type: none"> minimise and, where possible, eliminate the use of restraint govern the use of restraint in accordance with legislation report use of restraint to the governing body 	New	<i>Minimise harm relating to the use of restraint.</i>	<ul style="list-style-type: none"> Understand where and when restraint is used in the health service organisation Benchmark the use of restraint Demonstrate implementation of strategies to reduce the use of restraint Ensure that members of the workforce who implement restraint are trained to do so safely Monitor and document appropriate observations during and subsequent to restraint When restraint has occurred, offer debriefing for the people involved, including patients, carers and members of the workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> receive reports about all instances of restraint, including evaluation of each episode of restraint
Minimising restrictive practices: seclusion	<p>5.36 Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that:</p> <ol style="list-style-type: none"> minimise and, where possible, eliminate the use of seclusion 	New	<i>Minimise harm relating to the use of seclusion.</i>	<ul style="list-style-type: none"> Implement strategies to minimise the use of seclusion Ensure that seclusion is only implemented by members of the workforce who have been trained to implement it safely Monitor and document appropriate observations during and subsequent to seclusion 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> receive reports about all instances of seclusion, including evaluation of each episode of seclusion

Comprehensive Care Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<ul style="list-style-type: none">b. govern the use of seclusion in accordance with legislationc. report use of seclusion to the governing body			<ul style="list-style-type: none">• Review the use of seclusion within the health service organisation.	

6. Communicating for Safety Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ol style="list-style-type: none"> implementing policies and procedures to support effective clinical communication managing risks associated with clinical communications identifying training requirements for effective and coordinated clinical communication 	<p>6.1.1 14.6.2 14.9.1</p>	<p><i>Safety and quality systems support effective clinical communication.</i></p>	<ul style="list-style-type: none"> Establish and implement governance structures for clinical communication Develop and implement policies and procedures for clinical communication Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with clinical communication Deliver or provide access to training on clinical communication based on the specific needs of the clinical workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> direct policy to address the implementation of a standardised organisation-wide process for clinical handover verify that policy is implemented receive reports on compliance with policy confirm that evaluation has occurred and improvements made if required
Applying quality improvement systems	<p>6.2 The health service organisation applies the quality improvement system in the Clinical Governance Standard when:</p> <ol style="list-style-type: none"> monitoring the effectiveness of clinical communications and associated processes implementing strategies to improve clinical communications and associated processes reporting on the effectiveness and outcomes of clinical communications processes 	<p>5.1.1 5.1.2 5.5.2 5.5.3 6.1.2 6.1.3 6.3.1 6.3.2 6.3.3 6.3.4 6.4.1 6.4.2</p>	<p><i>Quality improvement systems are used to support the effectiveness of clinical communications.</i></p>	<ul style="list-style-type: none"> Review, measure, and assess the effectiveness and performance of, organisational and clinical strategies for clinical communications Implement quality improvement strategies for clinical communications based on the outcomes of monitoring activities Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure there is a clear maintenance and evaluation plan for tools and guides, which is relevant for each local setting ensure that monitoring and evaluation of clinical handover processes occurs in collaboration with clinicians, patients and carers receive reports advising of action taken to maximise the effectiveness of clinical handover receive reports at the corporate level that advise of action taken to address clinical handover issues (Monitoring of the process and taking action occurs at the health facility level and outcomes should be reported to the corporate level)
Partnering with consumers	<p>6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with</p>	<p>6.5.1</p>	<p><i>Principles of person-centred care, shared decision making and health literacy inform the way clinicians communicate with patients, families and</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Communicating for Safety Standard Provide information to patients about clinical communications tailored to their specific needs and level of health literacy. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> review regular reports on the investigation and monitoring of clinical handover incidents ensure that mechanisms to involve the patient in clinical handover have been developed and are in use at health facilities

Communicating for Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>patients, families and carers during high-risk situations to:</p> <ol style="list-style-type: none"> actively involve patients in their own care meet the patient's information needs share decision making 		<p><i>carers during the key high-risk situations described in the Communicating for Safety Standard.</i></p>		
Organisational systems to support effective communication	<p>6.4 The health service organisation has clinical communications processes to support effective communication whenever:</p> <ol style="list-style-type: none"> identification and procedure matching should occur all or part of a patients' care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and at discharge critical information about a patient's care, including information on risks, emerges or changes 	<p>New 12.8.1 12.8.2 12.8.3</p>	<p><i>Processes to support effective clinical communication are in place for key high-risk situations, where effective communication with patients, families and carers, and between clinicians and multidisciplinary teams is critical to ensure safe patient care.</i></p>	<ul style="list-style-type: none"> Identify the situations within the organisation in which identification, procedure matching, structured clinical handover and communication of critical information are required Review the organisation's policies and processes to determine whether they support and enable effective communication at these times If there are gaps, or improvements can be made, revise or develop policies and processes to reduce these gaps Provide resources and tools to encourage effective communication processes at these times. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> direct policy that defines an organisation-wide system for patient identification and the action to be taken in the event of non-compliance or an incident provide resources to support the patient identification system, such as patient identification bands or photo identification

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.

Item	Action required	Link	Statement of intent	Responsibility of the Corporate Service
Correct identification and procedure matching	<p>6.5 The health service organisation:</p> <ol style="list-style-type: none"> defines approved identifiers for patients according to best-practice guidelines requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and 	<p>5.5.1 14.2.1</p>	<p><i>A comprehensive, organisation-wide system is in place for the reliable and correct identification of patients when care, medicine, therapy and other services are provided or transferred.</i></p>	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> define the organisation-wide system for the reliable and correct identification of patients direct policy to address the implementation of a standardised organisation-wide process for correct identification of patients

Communicating for Safety Standard

Item	Action required	Link	Statement of intent	Responsibility of the Corporate Service	
	whenever clinical handover, transfer or discharge documentation is generated			handover or transfer occurs, or discharge documentation is generated.	
6.6	The health service organisation: <ol style="list-style-type: none"> specifies the processes to correctly match patients to their care specifies what information should be documented about the process of correctly matching patients to their intended care 	5.4.1	<i>Explicit processes are in place to correctly match patients with their intended care, to ensure that the right patient receives the right care.</i>	<ul style="list-style-type: none"> Develop explicit, documented protocols that outline the process of matching a patient to their intended treatment, tailored to the procedure and organisation Check that these processes align with nationally agreed policies, if they exist Ensure that policies specify which information should be documented about the process of identification and procedure matching. 	

CRITERION: COMMUNICATION AT CLINICAL HANDOVER

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

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Clinical handover	6.7 The health service organisation, in collaboration with clinicians, defines the minimum information content to be communicated at clinical handover, based on best-practice guidelines; risks relevant to the service context and the particular needs of patients, carers and families; and clinicians who are involved in the clinical handover	New	<i>Accurate and relevant information about a patient's care is communicated and transferred at every clinical handover to ensure safe, high-quality patient care.</i>	<ul style="list-style-type: none"> Collaborate with clinicians to define the minimum information content to be communicated for each type of clinical handover identified within the organisation (see Action 6.4). 	
	6.8 Clinicians use structured clinical handover processes that include: <ol style="list-style-type: none"> preparing and scheduling clinical handover having the relevant information at clinical handover 	6.2.1 6.5.1	<i>Clinicians use structured clinical handover processes that are consistent with the key principles of clinical handover, to effectively communicate relevant, accurate and up-to-date information about</i>	<ul style="list-style-type: none"> Document the structured clinical handover processes required in the organisation, ensuring that they are consistent with the key principles for clinical handover Clearly communicate the clinical handover policies and processes to the workforce, including expectations for using clinical handover processes 	Corporate responsibility is to: <ul style="list-style-type: none"> verify that a structured clinical handover process is implemented receive reports on compliance with the process confirm that evaluation has occurred and improvements made if required

Communicating for Safety Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<ul style="list-style-type: none"> c. organising relevant clinicians and others to participate 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 		<i>a patient's care to ensure patient safety.</i>	<ul style="list-style-type: none"> • Provide access to structured clinical handover tools • Support the workforce, patients and carers to use structured clinical handover processes and tools. 	

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Communicating critical information	6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively and in a timely way communicate critical information, alerts and risks when they emerge or change: <ul style="list-style-type: none"> a. to clinicians who can make decisions about care b. to patients, carers and families, in accordance with the wishes of the patient 	New 12.8.2 12.8.3	<i>Emerging or new critical information, alerts and risks are communicated in a timely manner to clinicians who can make decisions about care, and to the patient, family and carer, to ensure safe patient care.</i>	<ul style="list-style-type: none"> • Define what 'critical information' and 'risks to patient's care' mean for the service context • Implement processes to identify the clinicians who are responsible for a patient's care and can make decisions about care at any given time • Identify when and to whom communication of critical information, alerts or risks should occur, including communication with patients, carers or families • Develop and implement standardised processes that describe how communication of critical information, alerts or risks should occur. 	
	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	New	<i>Patients and carers can communicate critical information and risks about their care to clinicians.</i>	<ul style="list-style-type: none"> • Develop and implement processes for patients and carers to communicate critical information and risks about their care • Support patients and carers to understand and use these processes. 	

Communicating for Safety Standard

CRITERION: DOCUMENTATION OF INFORMATION

Essential information is documented in the healthcare record to ensure patient safety.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of Corporate Office
Documentation of information	<p>6.11 The health service organisation has processes to contemporaneously document information in the healthcare record, including:</p> <ol style="list-style-type: none"> critical information, alerts and risks reassessment processes and outcomes changes to the care plan 	New 12.3.1	<i>Relevant, accurate, complete and timely information about a patient's care is documented in the healthcare record to support safe patient care.</i>	<ul style="list-style-type: none"> Develop and implement systems to support the contemporaneous documentation of critical information in the healthcare record Record the organisation's documentation policies, and make them available to the workforce Communicate to the workforce their roles and responsibilities for documentation. 	

7. Blood Management Standard

CRITERION: CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT TO SUPPORT BLOOD MANAGEMENT

An organisation-wide system is used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ol style="list-style-type: none"> implementing policies and procedures for blood management managing risks associated with blood management identifying training requirements for blood management 	<p>7.1.1 7.2.1</p>	<p><i>Safety and quality systems support clinicians in blood management.</i></p>	<ul style="list-style-type: none"> Ensure that governance structures are in place for blood management Develop and implement policies and procedures for blood management Use organisation-wide risk management systems to identify, monitor, manage and review risks associated with blood management Deliver or provide access to training on blood management based on the specific needs of the clinical workforce. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ ensure policies, procedures and/or protocols clearly reference national evidence-based guidelines across the broad range of transfusion practice
Applying quality improvement systems	<p>7.2 The health service organisation applies the quality improvement system in the Clinical Governance Standard when:</p> <ol style="list-style-type: none"> monitoring the performance of the blood management system implementing strategies to improve blood management and associated processes reporting on the outcomes of blood management 	<p>7.1.3 7.2.2 7.3.1 7.3.2 7.4.1 7.5.2 7.5.3 7.6.2 7.7.2 7.8.2</p>	<p><i>Quality improvement systems are used to support blood management.</i></p>	<ul style="list-style-type: none"> Review, measure, and assess the effectiveness and performance of, organisational and clinical strategies for blood management Implement quality improvement strategies for blood management based on the outcomes of monitoring activities Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ ensure that monitoring of the use of policies is occurring at the health facilities and that action is taken to increase compliance ➤ review reports on the outcomes of quality improvement activities
Partnering with consumers	<p>7.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to:</p> <ol style="list-style-type: none"> actively involve patients in their own care meet the patient's information needs share decision making 	<p>7.9.1 7.9.2 7.10.1 7.11.1</p>	<p><i>Patients and carers are informed about the risks and benefits of using blood and blood products, and about the available alternatives when a treatment plan is developed.</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Blood Management Standard Provide information to patients about patient blood management principles, the risks and benefits of using blood and blood products, and all treatment options, that is tailored to their specific needs and level of health literacy. 	

Blood Management Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Optimising and conserving patients' own blood	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: <ol style="list-style-type: none"> optimising patients' own red cell mass, haemoglobin and iron stores identifying and managing patients with, or at risk of, bleeding determining the clinical need for blood and blood products, and related risks 	New	<i>Health service organisations have PBM strategies to ensure the clinical use of blood and blood products is appropriate and safe, and strategies are used to reduce the risks associated with transfusions.</i>	<ul style="list-style-type: none"> Develop effective PBM strategies Identify, develop and implement policies, procedures and protocols for PBM to optimise and conserve the patient's own blood, and manage the need for blood and blood products Develop and implement education activities for PBM to optimise and conserve the patient's own blood, and manage the need for blood and blood products Establish perioperative standard practice for assessment and management of anaemia Implement processes to communicate elective surgical time frames to patients' primary carers to enable effective anaemia management in the primary care sector, if possible. 	
Documenting	7.5 Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	7.5.1 7.6.1	<i>Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record</i>	<ul style="list-style-type: none"> Document comprehensive information, including blood use, transfusion history and transfusion details, before, during and after transfusions Develop and implement education activities for the workforce responsible for PBM about documenting transfusion of blood or blood products in the patient's healthcare record, recognising and responding to adverse transfusion reactions, and documenting adverse reactions in the patient's healthcare record. 	
Prescribing and administering blood and blood products	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	New	<i>Systems are in place to ensure that the clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusions.</i>	<ul style="list-style-type: none"> Develop and implement policies, procedures and protocols that are evidence based, and in line with national guidelines and criteria for the prescription and administration of blood and blood products Ensure that clinicians have the necessary skills to prescribe and administer blood and blood products 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ ensure policies, procedures and/or protocols clearly reference national evidence-based guidelines across the broad range of transfusion practice

Blood Management Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
				<ul style="list-style-type: none"> • Develop and implement education activities for the prescription and administration of blood and blood products. 	
Reporting adverse events	7.7 The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	7.6.3	<i>Health service organisations report transfusion-related adverse events to enable identification of previous adverse reactions or special transfusion requirements, and to drive improvement opportunities.</i>	<ul style="list-style-type: none"> • Capture blood-related incidents in incident management and investigation systems, and provide reports from these systems to the blood management governance group to inform activities in the blood management quality improvement system (see Action 7.2) • Provide a summary analysis of blood-and blood product-related incidents to the highest level of governance in the organisation for review and action • Report transfusion adverse events in accordance with regulator and supplier requirements, as well as local policies and procedures • Develop and implement education activities for reporting transfusion-related adverse events in accordance with national guidelines and criteria. 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ direct policy that defines reporting pathways for informing internal and external bodies of adverse blood related events ➤ review outcomes of investigations of adverse blood and blood products events
	7.8 The health service organisation participates in haemovigilance activities, in accordance with the national framework	7.3.3	<i>Health service organisations participate in relevant haemovigilance activities to improve the effective and appropriate management of blood and blood products, and to ensure the safety of people receiving and donating blood.</i>	<ul style="list-style-type: none"> • Identify and implement processes to take part in haemovigilance programs for health service organisations, local health networks or private hospital groups, state or territory programs or national programs • Develop and implement education activities for haemovigilance programs. 	Corporate responsibility is to: <ul style="list-style-type: none"> ➤ ensure national, state and local haemovigilance reporting occurs as required for healthcare facilities

Blood Management Standard

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.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Storing, distributing and tracing blood and blood products	<p>7.9 The health service organisation has processes:</p> <ol style="list-style-type: none"> that comply with manufacturers' directions, legislation and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely to trace blood and blood products from entry into the organisation to transfusion, discard or transfer 	7.7.1	<i>Health service organisations manage blood and blood products appropriately to ensure they are available and safe for clinical needs.</i>	<ul style="list-style-type: none"> Regularly review the risks associated with traceability, receipt, storage, collection and transport of blood and blood products Provide training to the workforce on safe blood management Review policies, procedures and protocols for addressing risks identified with receipt, collection, storage, handling and transport of blood and blood products, and review reports from inventory management and supply chain systems. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ensure resources are available to promote compliance with best-practice guidelines. (There should also be evidence of a system at the corporate level to receive reports on reviews of risks)
Availability of blood	<p>7.10 The health service organisation has processes to:</p> <ol style="list-style-type: none"> manage the availability of blood and blood products to meet clinical need eliminate avoidable wastage respond in times of shortage 	<p>7.8.1 7.8.2</p>	<i>Health service organisations manage blood and blood products to minimise wastage and ensure that product is available to meet clinical demand in times of shortage.</i>	<ul style="list-style-type: none"> Regularly review the risks associated with availability of blood and blood products, including minimising wastage and responding in times of shortage, and develop policies and processes to respond to these risks Provide training to the workforce about ensuring blood availability Record wastage in a system and monitor wastage reports Regularly review inventory requirements, and manage blood and blood products to ensure availability Identify, develop and implement contingency arrangements, including planning for times of supply shortage, considering state or territory and national arrangements. 	

8. Recognising and Responding to Acute Deterioration Standard

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 clinical deterioration, the National Consensus Statement: essential elements for safe and high-quality end-of-life care, the draft National Consensus Statement: essential elements for recognising and responding to deterioration of mental state, and the Delirium Clinical Care Standard.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Integrating clinical governance	<p>8.1 Clinicians use the safety and quality systems from the Clinical Governance for Health Service Organisations Standard when:</p> <ul style="list-style-type: none"> 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 	<p>9.1.1 9.1.2 9.2.1 9.5.1</p>	<p><i>Safety and quality systems support clinicians in recognising and responding to acute deterioration.</i></p>	<ul style="list-style-type: none"> • Establish and implement governance structures for recognising and responding to acute deterioration • Develop and implement policies and procedures for recognising and responding to acute deterioration • Use risk management systems to identify, monitor, manage and review risks associated with recognising and responding to acute deterioration • Develop and provide training to the workforce on recognising and responding to acute deterioration. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ ensure systems are in place at the facility level to ensure the effectiveness of the organisation-wide recognition and response system ➤ direct policy to address: <ul style="list-style-type: none"> ➤ review of deaths or cardiac arrests for a patient without an agreed treatment-limiting order ➤ mechanisms for a patient, family member or carer to initiate an escalation of care response ➤ the capability of patients, carers and families to enable escalation of care response should be assessed
Applying quality improvement systems	<p>8.2 The health service organisation applies the quality improvement system in the Clinical Governance for Health Service Organisations Standard when:</p> <ul style="list-style-type: none"> 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 	<p>9.2.1 9.2.2 9.2.3 9.2.4 9.3.2 9.3.3 9.4.2 9.4.3 9.5.2 9.9.3 9.9.4</p>	<p><i>Quality improvement systems are used to support recognition and response to acute deterioration.</i></p>	<ul style="list-style-type: none"> • Review, measure, and assess the effectiveness and performance of, recognition and response systems • Implement quality improvement strategies for recognition and response systems based on the outcomes of monitoring activities • Provide information on the outcomes of quality improvement activities to the governing body, the workforce, consumers and other organisations. 	<p>Corporate responsibility is to:</p> <ul style="list-style-type: none"> ➤ receive and review reports from healthcare facilities on the outcomes of quality improvement activities as a result of monitoring the effectiveness and outcomes of recognition and response systems

Recognising and Responding to Clinical Deterioration Standard

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Partnering with consumers	<p>8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to:</p> <ol style="list-style-type: none"> actively involve patients in their own care meet the patient's information needs share decision making 	<p>9.7.1 9.8.1 9.9.2</p>	<p><i>Clinicians understand the systems for partnering with consumers and use them when recognising and responding to acute deterioration.</i></p>	<ul style="list-style-type: none"> Review strategies in the Partnering with Consumers Standard to inform the implementation of actions in the Recognising and Responding to Acute Deterioration Standard Provide information to patients about recognition and response systems tailored to their specific needs and level of health literacy. 	

CRITERION: DETECTING AND RECOGNISING ACUTE DETERIORATION, AND ESCALATING CARE

Acute deterioration is detected and recognised, and action is taken to escalate care.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Recognising acute deterioration	<p>8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:</p> <ol style="list-style-type: none"> document individualised vital sign monitoring plans monitor patients as required by their individualised monitoring plan graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient 	9.3.1	<p><i>Patients with acute physiological deterioration are identified early.</i></p>	<ul style="list-style-type: none"> Implement a system for documenting vital sign monitoring plans Ensure that clinicians have the necessary skills and equipment to monitor patients as required by their individualised monitoring plans Implement an observation chart or other mechanism for graphically documenting vital sign observations and tracking changes over time. 	
	<p>8.5 The health service organisation has processes for clinicians to recognise acute deterioration in</p>	New	<p><i>Adverse outcomes relating to acute deterioration in a person's mental state</i></p>	<ul style="list-style-type: none"> Use comprehensive care plans to guide monitoring of people who are at risk of acute deterioration in mental state, incorporating knowledge from the person, 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	<p>mental state that require clinicians to:</p> <ol style="list-style-type: none"> monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan assess possible causes for acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported determine the required level of observation document and communicate observed or reported changes in mental state 		<p><i>are prevented through early recognition and effective response.</i></p>	<p>and their carers and families about individual early warning signs</p> <ul style="list-style-type: none"> Ensure that members of the workforce are alert to signs of deterioration in a person's mental state, including for people who have not been previously identified as being at high risk Ensure that members of the workforce are alert to the signs of delirium Ensure that members of the workforce can implement an initial response and keep the person safe until arrangements are made for specialist review. 	
Escalating care	<p>8.6 The health service organisation has protocols that specify criteria for escalating care, including:</p> <ol style="list-style-type: none"> agreed vital sign parameters and other indicators of physiological deterioration agreed indicators of deterioration in mental state agreed parameters and other indicators for calling emergency assistance patient pain or distress that is not able to be managed using available treatment 	9.5.1	<p><i>The health service organisation has an effective system for escalation of care to minimise risks for patients who are acutely deteriorating.</i></p>	<ul style="list-style-type: none"> Work with clinical groups to agree on parameters that indicate acute deterioration and require escalation of care Develop and implement protocols for escalating care when acute deterioration in a patient's condition is detected. 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	e. worry or concern in members of the workforce, patients, carers and families about acute deterioration				
8.7	The health service organisation has processes for patients, carers or families to directly escalate care	9.7.1 9.9.1 9.9.2	<i>Patients, family members and carers can directly escalate care.</i>	<ul style="list-style-type: none"> Develop and implement a system for patients, carers and families to directly escalate care. 	
8.8	The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	1.8.3 9.4.1	<i>The health service organisation has mechanisms for the workforce to escalate care.</i>	<ul style="list-style-type: none"> Provide the workforce with mechanisms to escalate care and call for emergency assistance. 	
8.9	The workforce uses the recognition and response system to escalate care	New	<i>Members of the workforce take prompt action to address acute deterioration.</i>	<ul style="list-style-type: none"> Escalate care when acute deterioration is recognised. 	

CRITERION: RESPONDING TO ACUTE DETERIORATION

Appropriate and timely care is provided to patients whose condition is acutely deteriorating.

Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
Responding to deterioration	8.10 The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	New	<i>Clinicians have the skills and knowledge to address deterioration, as appropriate for their role.</i>	<ul style="list-style-type: none"> Develop systems to ensure that clinicians are competent in the skills required to respond to patients whose condition is deteriorating. 	
	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	9.6.2	<i>Expert input and assistance is available to manage acute physiological deterioration.</i>	<ul style="list-style-type: none"> Provide a system to ensure rapid access to advanced life support for patients who acutely deteriorate. 	

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Item	Action required	Link	Statement of intent	Key tasks for Healthcare facilities	Responsibility of the Corporate Service
	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	New	<i>Care for patients whose mental state is deteriorating is escalated safely and effectively.</i>	<ul style="list-style-type: none"> • Develop a protocol for escalating care when a person's mental state is deteriorating, which includes designation of roles and responsibilities for members of the healthcare workforce and time frames for response • Develop partnerships with other relevant organisations if responding to acute deterioration in a person's mental state is outside the scope of the health service organisation • Ensure that members of the workforce are aware of, and use, the escalation protocol. 	
	8.13 The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	New	<i>Patients who need other services to resolve the cause of their acute deterioration are rapidly referred to these services.</i>	<ul style="list-style-type: none"> • Map the causes of acute deterioration against the capacity of the health service organisation to provide for their definitive management • If the organisation is not able to provide definitive care, develop systems for rapid referral of patients with acute deterioration to other services. 	