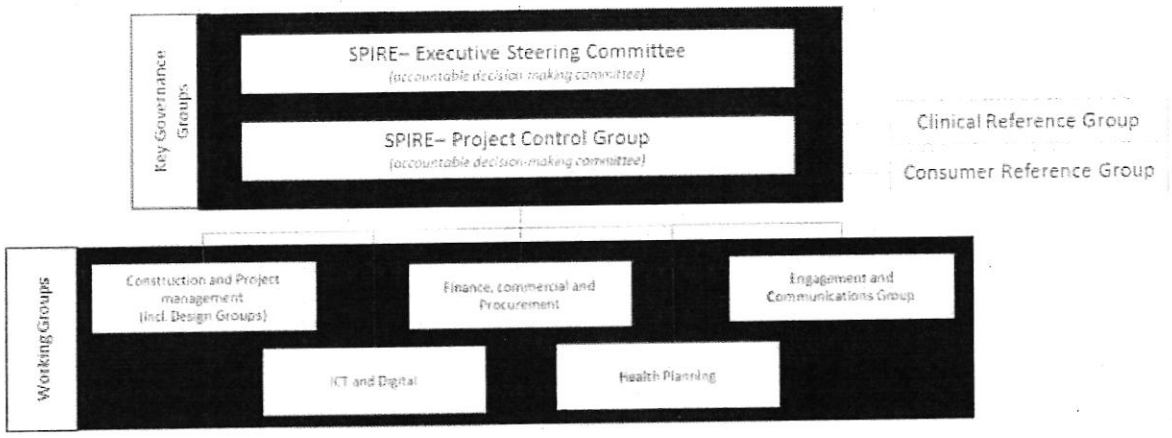


Image: SPIRE Project Governance Structure

Recommendation

10. It is recommended that the Executive Steering Committee approve:

    a. the role and function of the Consumer Reference Group,

    b. the draft Terms of Reference,

    c. Consumer Reference Group membership; and

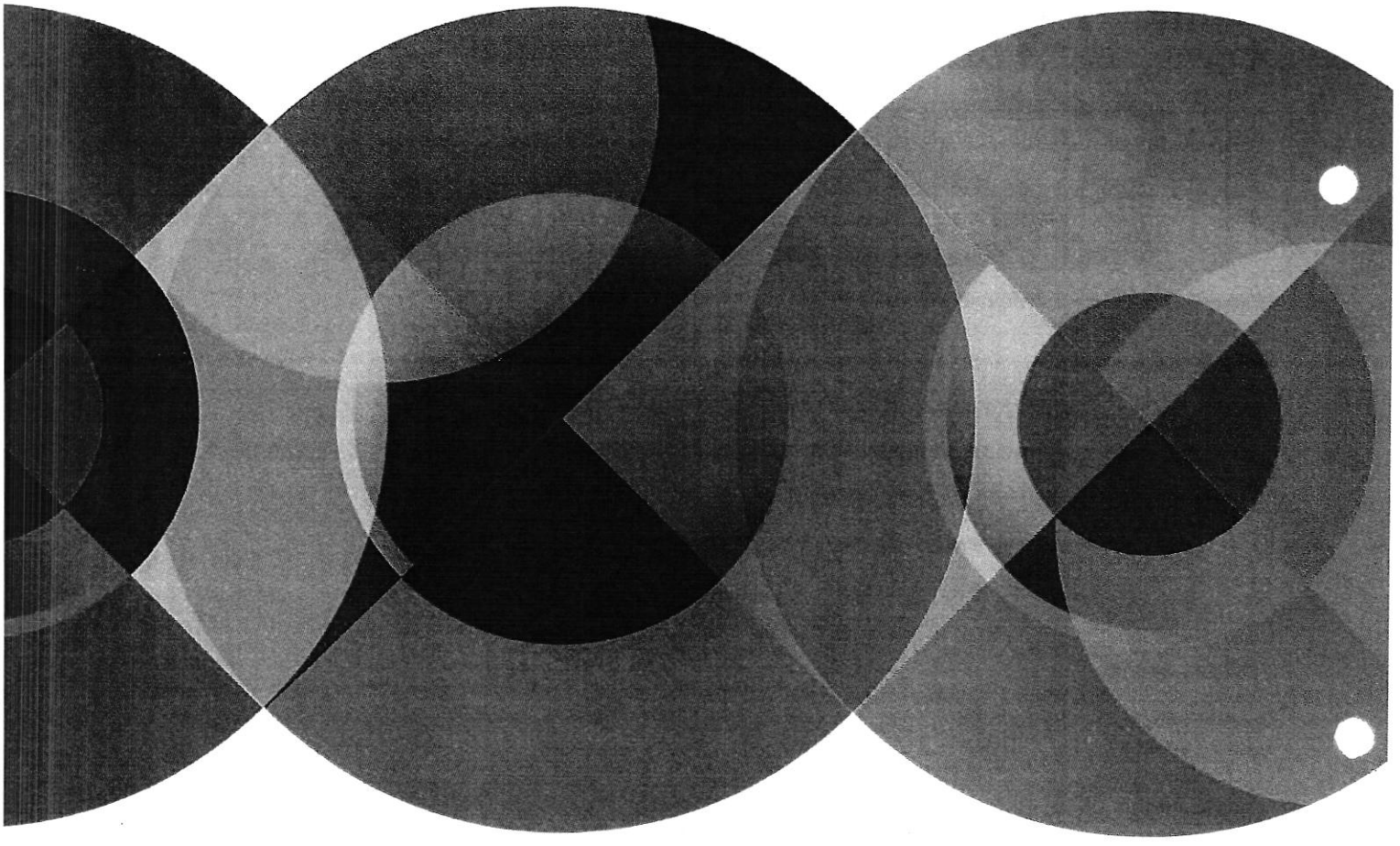
    d. payment of Reference Group expenses from the SPIRE project budget.

Attachments

Attachment	Title
Attachment 1	NSQHS standards 1 and 2.
Attachment 2	SPIRE Consumer Reference Group Draft Terms of Reference
Attachment 3	Consumer and Carer Participation in ACT Health Policy DGD15-005

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS
STANDARDS



National Safety and Quality Health Service Standards

Second edition

Published by the Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street, Sydney NSW 2000
Phone: (02) 9126 3600
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Email: mail@safetyandquality.gov.au
Website: www.safetyandquality.gov.au
ISBN: 978-1-925665-17-8

The Commission's preference is that you attribute this publication (and any material sourced from it) using the following citation:

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.

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Acknowledgement

The Commission would like to thank all of our partners for their contributions to the development of the NSQHS Standards and their continuing commitment to improving safety and quality across the Australian healthcare system.

This document was released in November 2017.

Contents

Introduction

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

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

The eight NSQHS Standards are:

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

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

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

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

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

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

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

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

Each standard contains:

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

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

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

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

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

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

More information

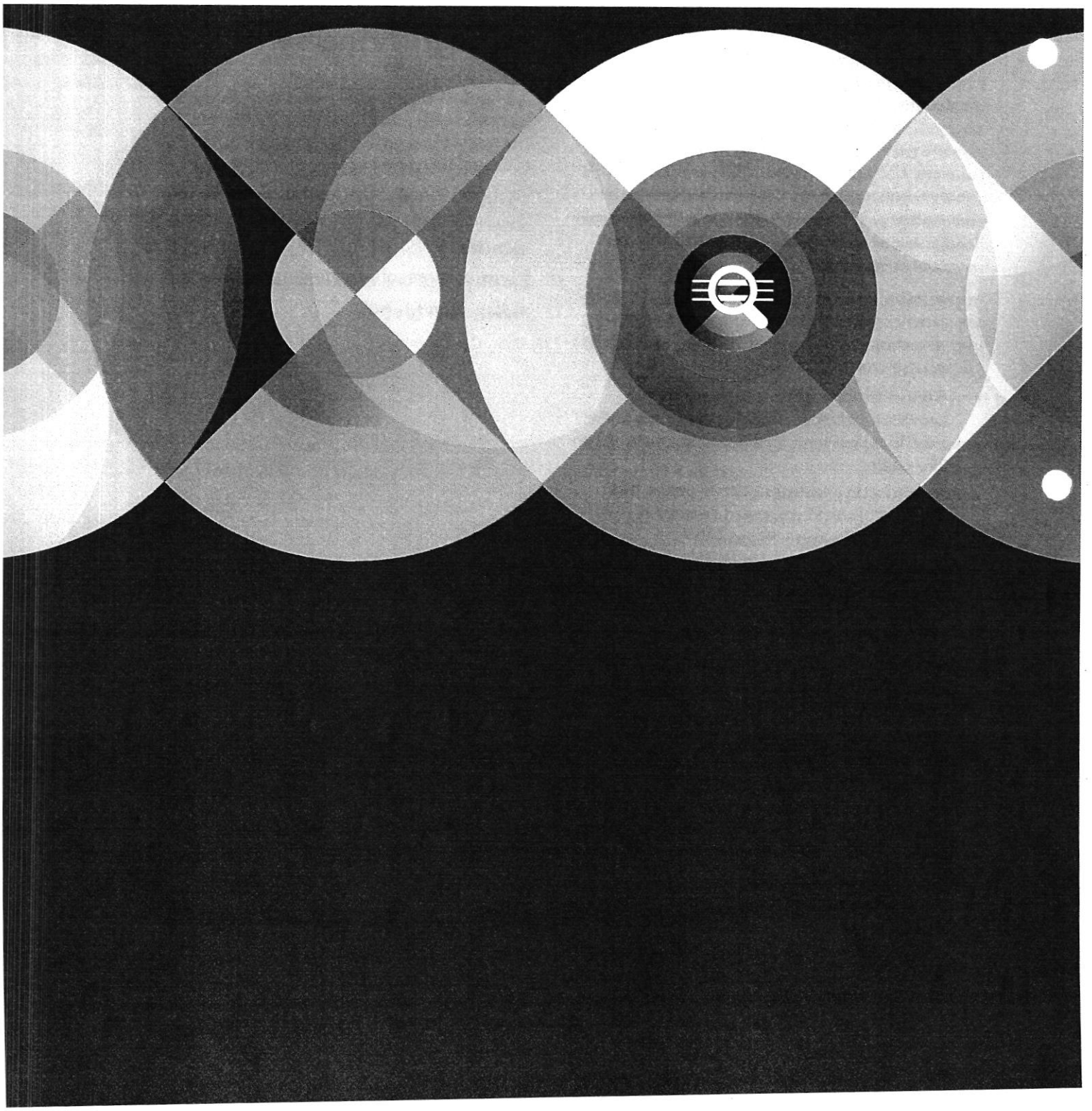
A range of other supporting resources to assist health service organisations to implement the NSQHS Standards are available on the Commission's website.

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

Email: accreditation@safetyandquality.gov.au

Phone: 1800 304 056

Clinical Governance Standard



Clinical Governance Standard

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

Intention of this standard

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

Criteria

Governance, leadership and culture

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

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.

Clinical performance and effectiveness

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

Safe environment for the delivery of care

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

Explanatory notes

Thorough research has identified the elements of an effective clinical governance system and the effect of good clinical governance on health service performance.[1] Research in Australia[2] and overseas[3] notes the importance of leaders in influencing the quality of care by supporting the workforce, shaping culture, setting direction, and monitoring progress in safety and quality performance. Engaging managers and clinicians in governance and quality improvement activities is important for aligning clinical and managerial priorities.[4]

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes.[5] It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Each health service organisation needs to put in place strategies for clinical governance that consider its local circumstances.

This standard includes actions related to the role of leaders and others in safety and quality, Aboriginal and Torres Strait Islander health and e-health.

To support the delivery of safe and high-quality care for patients and consumers, the Australian Commission on Safety and Quality in Health Care (the Commission) has developed the National Model Clinical Governance Framework.[5] Health service organisations should refer to the framework for more details on clinical governance, and the associated roles and responsibilities.

Governance, leadership and culture

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

Item	Action
Governance, leadership and culture	1.1 The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance
	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
Organisational 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
	1.4 The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
	1.5 The health service organisation considers the safety and quality of health care for patients in its business decision-making
Clinical leadership	1.6 Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients

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	
Policies and procedures	1.7	The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements
Measurement and quality improvement	1.8	The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems
	1.9	The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations
Risk management	1.10	The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters

Item	Action
Incident management systems and open disclosure	1.11 The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems
	1.12 The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[6] b. Monitors and acts to improve the effectiveness of open disclosure processes
Feedback and complaints management	1.13 The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems
	1.14 The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system

Item	Action
Diversity and high-risk groups	1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care
Healthcare records	1.16 The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used
	1.17 The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies
	1.18 The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

Clinical performance and effectiveness

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

Item	Action
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: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation
	1.20 The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training
	1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients
Performance management	1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system
Credentialing and scope of clinical practice	1.23 The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered
	1.24 The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process

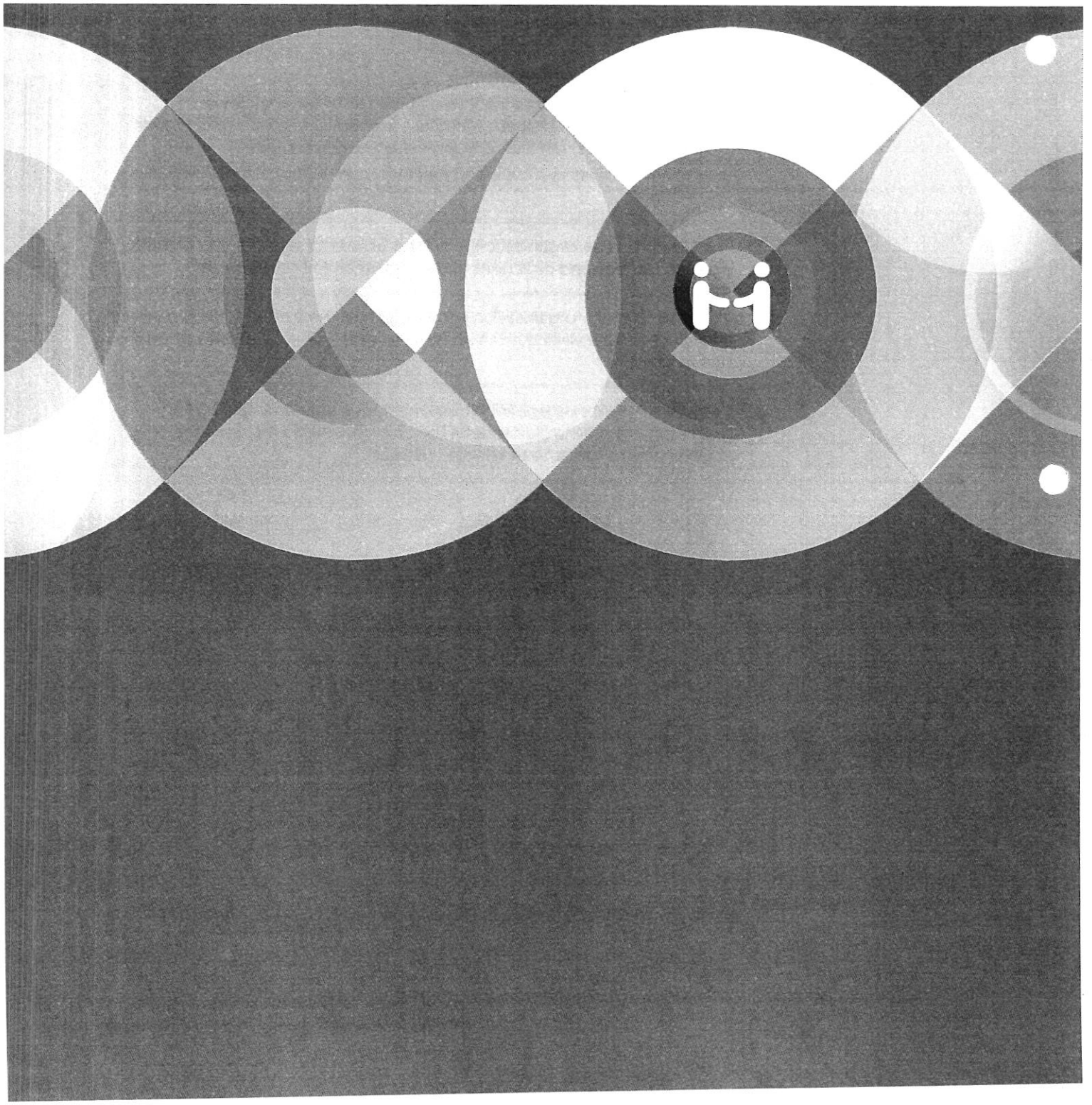
Item	Action
Safety and quality roles and responsibilities	1.25 The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff
	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
Evidence-based care	1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care
Variation in clinical practice and health outcomes	1.28 The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system

Safe environment for the delivery of care

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

Item	Action
Safe environment	1.29 The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose
	1.30 The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required
	1.31 The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose
	1.32 The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so
	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

Partnering with Consumers Standard



Partnering with Consumers Standard

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

Intention of this standard

To create an organisation in which there are mutually valuable outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.

Criteria

Clinical governance and quality improvement systems to support partnering with consumers

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

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.

Health literacy

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

Partnering with consumers in organisational design and governance

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

Explanatory notes

Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.[7]

Different types of partnerships with patients and consumers exist within the healthcare system. These partnerships are not mutually exclusive, and are needed at all levels to ensure that a health service organisation achieves the best possible outcome for all parties.[8] Partnerships with patients and consumers comprise many different, interwoven practices that reflect the three key levels at which partnerships are needed[9]:

1. **At the level of the individual**
   Partnerships relate to the interaction between clinicians and patients when care is provided. At this level, a partnership involves providing care that is respectful; sharing information in an ongoing way; working with patients, carers and families to make decisions and plan care; and supporting and encouraging patients in their own care.
2. **At the level of a service, department or program of care**
   Partnerships relate to the organisation and delivery of care within specific areas. At this level, a partnership involves the participation of patients, carers, families and consumers in the overall design of the service, department or program. This could be as full members of quality improvement and redesign teams, and participating in planning, implementing and evaluating change.
3. **At the level of the health service**
   Partnerships relate to the involvement of consumers in overall governance, policy and planning. This level overlaps with the previous level, since a health service is made up of various services, departments and programs. At this level, partnerships relate to the involvement of consumers and consumer representatives as full members of key organisational governance committees in areas such as patient safety, facility design, quality improvement, patient or family education, ethics and research. This level can also involve partnerships with local community organisations and members of local communities.

Delivering care that is based on partnerships provides many benefits for patients, consumers, clinicians, health service organisations and the health system. Effective partnerships, a positive experience for patients, and high-quality health care and improved safety are linked.[9-11] The involvement of patients and consumers in planning, delivery, monitoring and evaluation can also have a positive effect on service planning and development, information development and dissemination, and the attitudes of healthcare providers.[9,12,13] Delivering health care that is based on partnerships can result in reduced hospital costs, lower cost per case and reduced length of stay.[14,15]

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	
Integrating clinical governance	2.1	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers
Applying quality improvement systems	2.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers

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	
Healthcare rights and informed consent	2.3	The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights[16] b. Easily accessible for patients, carers, families and consumers
	2.4	The health service organisation ensures that its informed consent processes comply with legislation and best practice
	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
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
	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

Health literacy

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

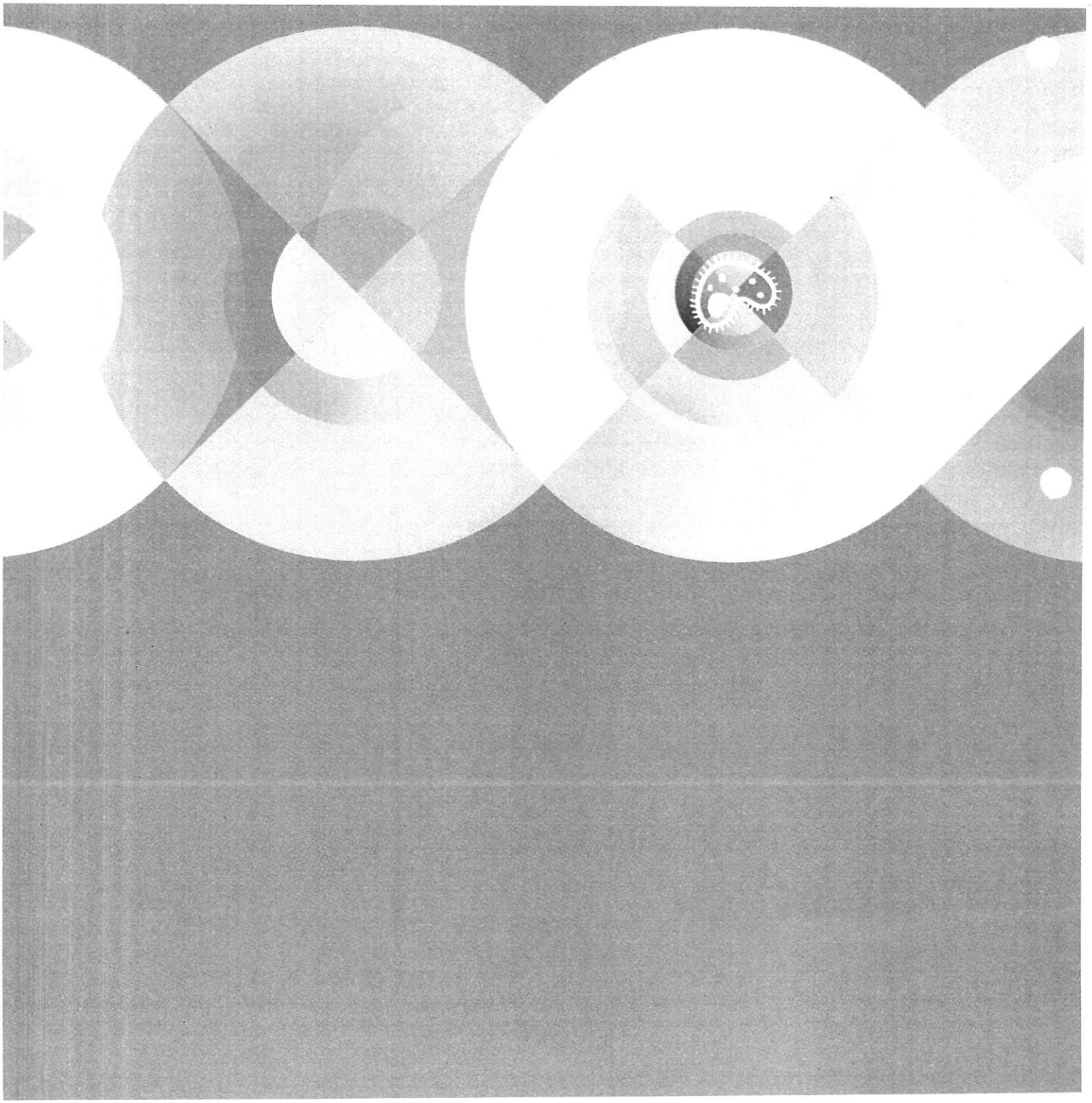
Item	Action	
Communication that supports effective partnerships	2.8	The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community
	2.9	Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review
	2.10	The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge

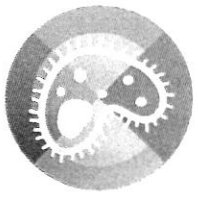
Partnering with consumers in organisational design and governance

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

Item	Action
Partnerships in healthcare governance planning, design, measurement and evaluation	2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community
	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
	2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
	2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

Preventing and Controlling Healthcare-Associated Infection Standard





Preventing and Controlling Healthcare-Associated Infection Standard

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

Intention of this standard

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

Criteria

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

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

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.

Reprocessing of reusable medical devices

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

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.

Explanatory notes

In Australian healthcare settings, patients are often treated in close proximity to each other. They undergo invasive procedures, have medical devices inserted, and receive broad-spectrum antibiotics and immunosuppression therapies. These conditions create ideal opportunities for the adaptation and spread of pathogenic infectious agents.

Each year, many infections are associated with the provision of health care and affect a large number of patients.[17] Healthcare-associated infections are one of the most common complications affecting patients. Some of these infections require stronger and more expensive medicines (with increased risk of complications), and may result in lifelong disability or death. Such infections:

- Cause considerable harm
- Increase patient use of health services – for example, extended length of stay, and increased use of health resources such as inpatient beds, treatment options and investigations
- Place greater demands on the clinical workforce.

Infectious microorganisms evolve over time, and continue to present new challenges for infection prevention and control. Currently, the main concerns are the emergence and transmission of antibiotic-resistant bacteria such as carbapenemase-producing Enterobacteriaceae, transmission of existing organisms such as multidrug-resistant *Staphylococcus aureus* and vancomycin-resistant *Enterococcus*, and the increase in *Clostridium difficile* infections being identified in health service organisations.

Infection prevention and control aims to reduce the development of resistant organisms and minimise the risk of transmission through the isolation of the infectious agent or the patient. This is done, in part, by applying standard and transmission-based precautions as safe work practices in the healthcare setting. However, just as there is no single cause of infection, there is no single solution to the problems posed by healthcare-associated infections. Successful infection prevention and control requires a collaborative approach and several strategies across all levels of the healthcare system. These strategies include:

- Governance
- Risk identification and management
- Surveillance activities to identify areas for action and quality improvement activities (hand hygiene assessment, awareness and practice of aseptic technique)
- Safe and appropriate prescribing and use of antimicrobial agents through antimicrobial stewardship and consumer engagement.

Although all infection prevention and control programs have essential elements that must be considered, programs will need to be tailored to reflect local context and risk.

Systems and governance for infection prevention and surveillance must be consistent with relevant national resources, including the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.[18]

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

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

Item	Action	
Integrating clinical governance	3.1	The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship
Applying quality improvement systems	3.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program
Partnering with consumers	3.3	Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making
Surveillance	3.4	The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that: a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups

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	
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*[18], and jurisdictional requirements
	3.6	Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs to manage infection risks d. The need to control the environment e. Precautions required when the patient is moved within the facility or to external services f. The need for additional environmental cleaning or disinfection g. Equipment requirements
	3.7	The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations
Hand hygiene	3.8	The health service organisation has a hand hygiene program that: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative
Aseptic technique	3.9	The health service organisation has processes for aseptic technique that: a. Identify the procedures where aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique

Item	Action
Invasive medical devices	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*[18]
Clean environment	3.11 The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[18], and jurisdictional requirements – that: a. Respond to environmental risks b. Require cleaning and disinfection in line with recommended cleaning frequencies c. Include training in the appropriate use of specialised personal protective equipment for the workforce
	3.12 The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing linen
Workforce immunisation	3.13 The health service organisation has a risk-based workforce immunisation program that: a. Is consistent with the current edition of the *Australian Immunisation Handbook*[19] b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients

Reprocessing of reusable medical devices

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

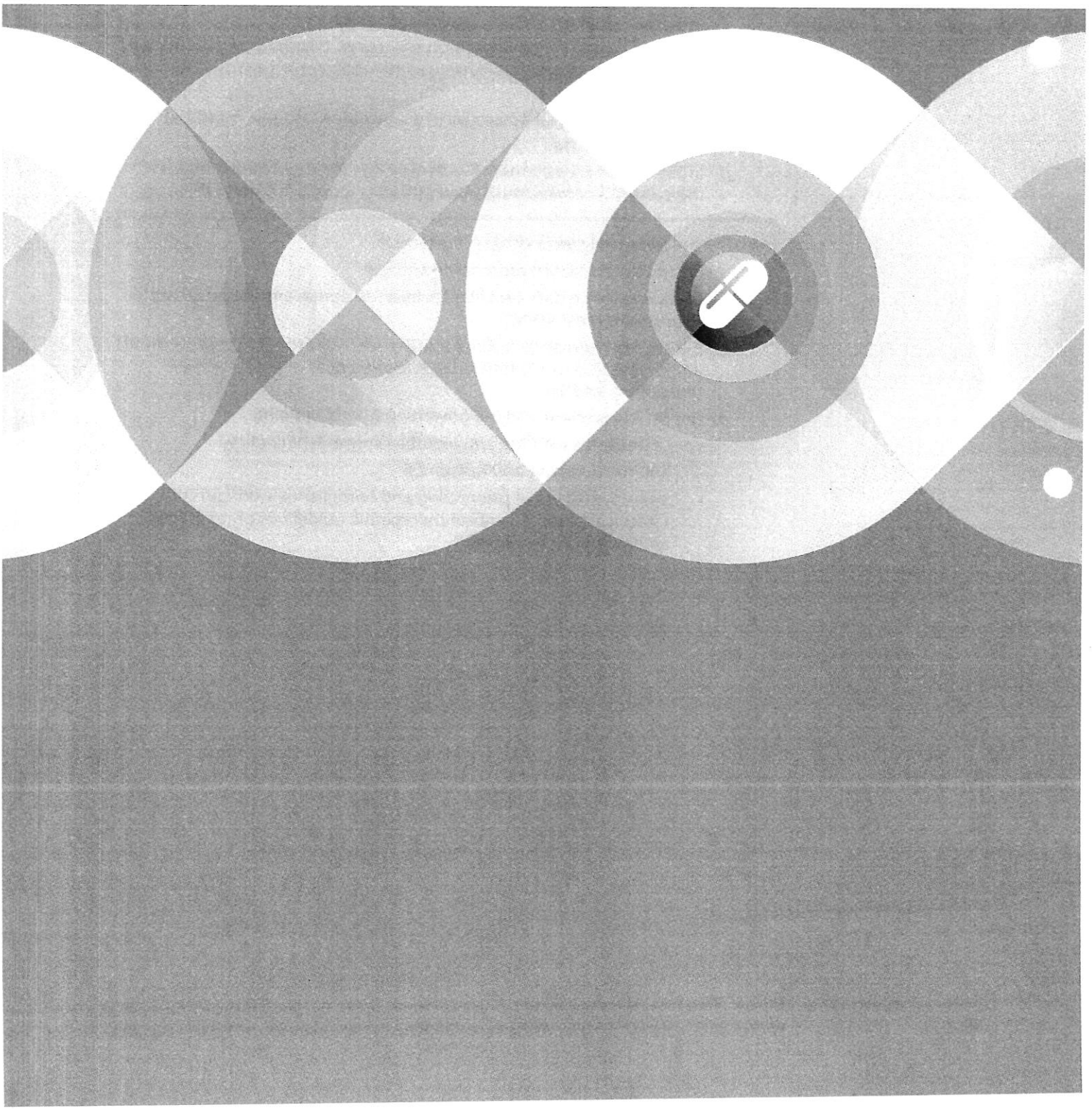
Item	Action
Reprocessing of reusable devices	3.14 Where reusable equipment, instruments and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure

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
Antimicrobial stewardship	3.15 The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard[20]
	3.16 The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • 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

Medication Safety Standard



Medication Safety Standard

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

Intention of this standard

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

Criteria

Clinical governance and quality improvement to support medication management

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.

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.

Continuity of medication management

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

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.

Explanatory notes

Medicines are the most common treatment used in health care. Although appropriate use of medicines contributes to significant improvements in health, medicines can also be associated with harm.[21] Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions. Some of these adverse events are costly, and up to 50% are potentially avoidable.[22]

The proportion of medicine-related hospital admissions has been estimated at approximately 2–3%.[23] This proportion remains consistent, and, based on 2011–12 Australian hospital data of 9.3 million separations, suggests a medicine-related hospital admission rate of 230,000 annually. Some subpopulations have higher estimates – for example, 12% of medical admissions and 20–30% of admissions for those aged 65 years and over.[21] Studies have also revealed an average of three medicine-related problems per resident in aged care facilities[24], and 40–50% of residents being prescribed potentially inappropriate medicines.[25,26]

In general practice, 8.5–12% of patients are reported to have experienced an adverse medicine event within the previous six months[27-29], consistent with previous estimates of 10% of patients.[30]

Errors affect both health outcomes for consumers and healthcare costs. The cost of such adverse events to individual patients and the healthcare system is significant. A study published in 2009 reported that medication-related hospital admissions in Australia were estimated to cost $660 million.[21] Estimates, with an average cost per separation of $5,204 in 2011–12, place this figure closer to $1.2 billion.[21] The effects on patients' quality of life are more difficult to quantify.

Standardising and systemising processes can improve medication safety by preventing medication incidents. Other recognised solutions for reducing common causes of medication incidents include:

- Improving governance and quality measures relating to medication safety
- Improving clinician–workforce communication and clinical handover
- Improving clinician–patient communication and partnership
- Using technology to support information recording and transfer
- Providing better access to patient information and clinical decision support.

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	
Integrating clinical governance	4.1	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management
Applying quality improvement systems	4.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management
Partnering with consumers	4.3	Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making
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

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	
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	Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care
Adverse drug reactions	4.7	The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation
	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
	4.9	The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements

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.

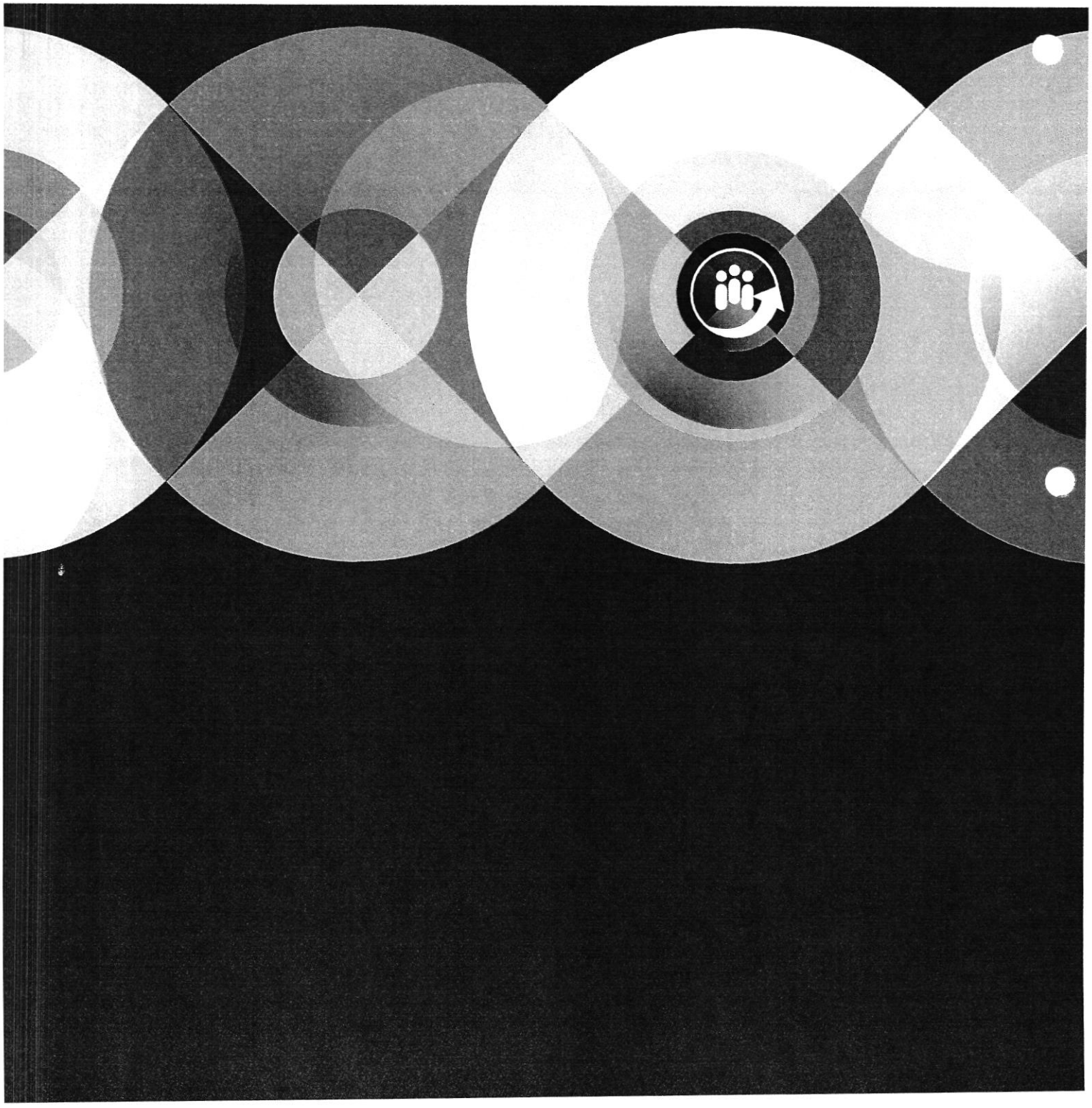
Item	Action
Medication review	4.10 The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result
Information for patients	4.11 The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks
Provision of a medicines list	4.12 The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes

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
Information and decision support tools for medicines	4.13 The health service organisation ensures that information and decision support tools for medicines are available to clinicians
Safe and secure storage and distribution of medicines	4.14 The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines
High-risk medicines	4.15 The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely

Comprehensive Care Standard



Comprehensive Care Standard

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

Intention of this standard

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

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

Criteria

Clinical governance and quality improvement to support comprehensive care

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

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.

Delivering comprehensive care

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

Minimising patient harm

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

Explanatory notes

Comprehensive care

Safety and quality gaps are often reported as failures to provide adequate care for specific conditions, or in specific situations or settings, or to achieve expected outcomes in certain populations. The purpose of the Comprehensive Care Standard is to address the cross-cutting issues underlying many adverse events. These issues often include failures to:

- Provide continuous and collaborative care
- Work in partnership with patients, carers and families to adequately identify, assess and manage patients' clinical risks, and find out their preferences for care
- Communicate and work as a team (that is, between members of the healthcare team).

Processes for delivering comprehensive care will vary, even within a health service organisation. Take a flexible approach to standardisation so that safety and quality systems support local implementation and innovation. Target screening, assessment, comprehensive care planning and delivery processes to improve the safety and quality of care delivered to the population that the organisation serves.

Although this standard refers to actions needed within a single episode of patient care, it is fundamental that each single episode or period of care is considered as part of the continuum of care for a patient. Meaningful implementation of this standard requires attention to the processes for partnering with patients in their own care, and for safely managing transitions between episodes of care. This requires that the systems and processes necessary to meet the requirements of this standard also meet the requirements of the Partnering with Consumers Standard and the Communicating for Safety Standard.

Minimising patient harm

Implement targeted, best-practice strategies to prevent and minimise the risk of specific harms identified in this standard.

Pressure injuries

Pressure injuries can occur to patients of any age who have one or more of the following risk factors: immobility, older age, lack of sensory perception, poor nutrition or hydration, excess moisture or dryness, poor skin integrity, reduced blood flow, limited alertness or muscle spasms. Evidence-based strategies to prevent pressure injuries exist and should be applied if screening identifies that a patient is at risk.

Falls

Falls also occur in all age groups. However, the risk of falls and the harm from falls vary between individuals as a result of differences in factors such as eyesight, balance, cognitive impairment, muscle strength, bone density and medicine use. The Australian Commission on Safety and Quality in Health Care has developed evidence-based guidelines for older people.[31-33] Policies and procedures for other age groups need to be based on available evidence and best practice.

Poor nutrition and malnutrition

Patients with poor nutrition, including malnutrition, are at greater risk of pressure injuries and their pressure injuries are more severe.[8,34] They are also at greater risk of healthcare-associated infections and mortality in hospital, and for up to three years following discharge.[35-39] Malnutrition significantly increases length of hospital stay and unplanned readmissions.[37,38,40] Ensure that patients at risk of poor nutrition are identified and that strategies are put in place to reduce these risks.

Cognitive impairment

People with cognitive impairment who are admitted to hospital are at a significantly increased risk of preventable complications such as falls, pressure injuries, delirium and failure to return to premorbid function, as well as adverse outcomes such as unexpected death, or early and unplanned entry into residential care.[41] People with cognitive impairment may also experience distress in unfamiliar and busy environments. Although cognitive impairment is a common condition experienced by people in health service organisations, it is often not detected, or is dismissed or misdiagnosed. Delirium can be prevented with the right care[42], and harm can be minimised if systems are in place to identify cognitive impairment and the risk of delirium, so that strategies can be incorporated in the comprehensive care plan and implemented.

Unpredictable behaviours

People in healthcare settings can exhibit unpredictable behaviours that may lead to harm. Health service organisations need systems to identify situations where there is higher risk of harm, and strategies to mitigate or prevent these risks. They also need systems to manage situations in which harm relating to unpredictable behaviour occurs. For the purpose of this standard, unpredictable behaviours include self-harm, suicide, aggression and violence. It is important that systems designed to respond to the risks of unpredictable behaviour minimise further trauma to patients and others. This relates to both the material practices and the attitude with which care is delivered.

Processes to manage people who have thoughts of harming themselves, with or without suicidal intent, or who have actually harmed themselves are needed. These processes need to provide physical safety, and support to deal with psychological and other issues contributing to self-harm. The health service organisation is responsible for ensuring that follow-up services are arranged before the person leaves the health service, because of the known risks of self-harm after discharge.[43]

Some people are at higher risk of aggressive behaviour as a result of impaired coping skills relating to intoxication, acute physical deterioration or mental illness. Healthcare-related situations, such as waiting times, crowded or high-stimulus environments, and conflicts regarding treatment decisions, can precipitate aggression. Members of the workforce need skills to identify the risk of aggression, and strategies to safely manage aggression and violence when they do occur.

Restrictive practices

Minimising and, where possible, eliminating the use of restrictive practices (including restraint and seclusion) are key parts of national mental health policy.[44,45] Minimising the use of restraint in other healthcare settings besides mental health has also been identified as a clinical priority. Identifying risks relating to unpredictable behaviour early and using tailored response strategies can reduce the use of restrictive practices. Restrictive practices must only be implemented by members of the workforce who have been trained in their safe use. The health service organisation needs processes to benchmark and review the use of restrictive practices.

Key links with other standards

To implement systems that meet the requirements of the Comprehensive Care Standard, identify where there are synergies with the other NSQHS Standards. This will help ensure that the organisation's safety and quality systems, policies and processes are integrated, and will reduce the risk of duplication of effort arising from attempts to implement the eight standards separately.

Clinical governance and quality improvement to support comprehensive care

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

Item	Action	
Integrating clinical governance	5.1	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care
Applying quality improvement systems	5.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care
Partnering with consumers	5.3	Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making
Designing systems to deliver comprehensive care	5.4	The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care
Collaboration and teamwork	5.5	The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team
	5.6	Clinicians work collaboratively to plan and deliver comprehensive care

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
Planning for comprehensive care	5.7 The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion
	5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems
	5.9 Patients are supported to document clear advance care plans
Screening of risk	5.10 Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks
Clinical assessment	5.11 Clinicians comprehensively assess the conditions and risks identified through the screening process
Developing the comprehensive care plan	5.12 Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record
	5.13 Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence

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
Using the comprehensive care plan	5.14 The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur
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 *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*[46]
	5.16 The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice
	5.17 The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record
	5.18 The health service organisation provides access to supervision and support for the workforce providing end-of-life care
	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
	5.20 Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*[46]

Minimising patient harm

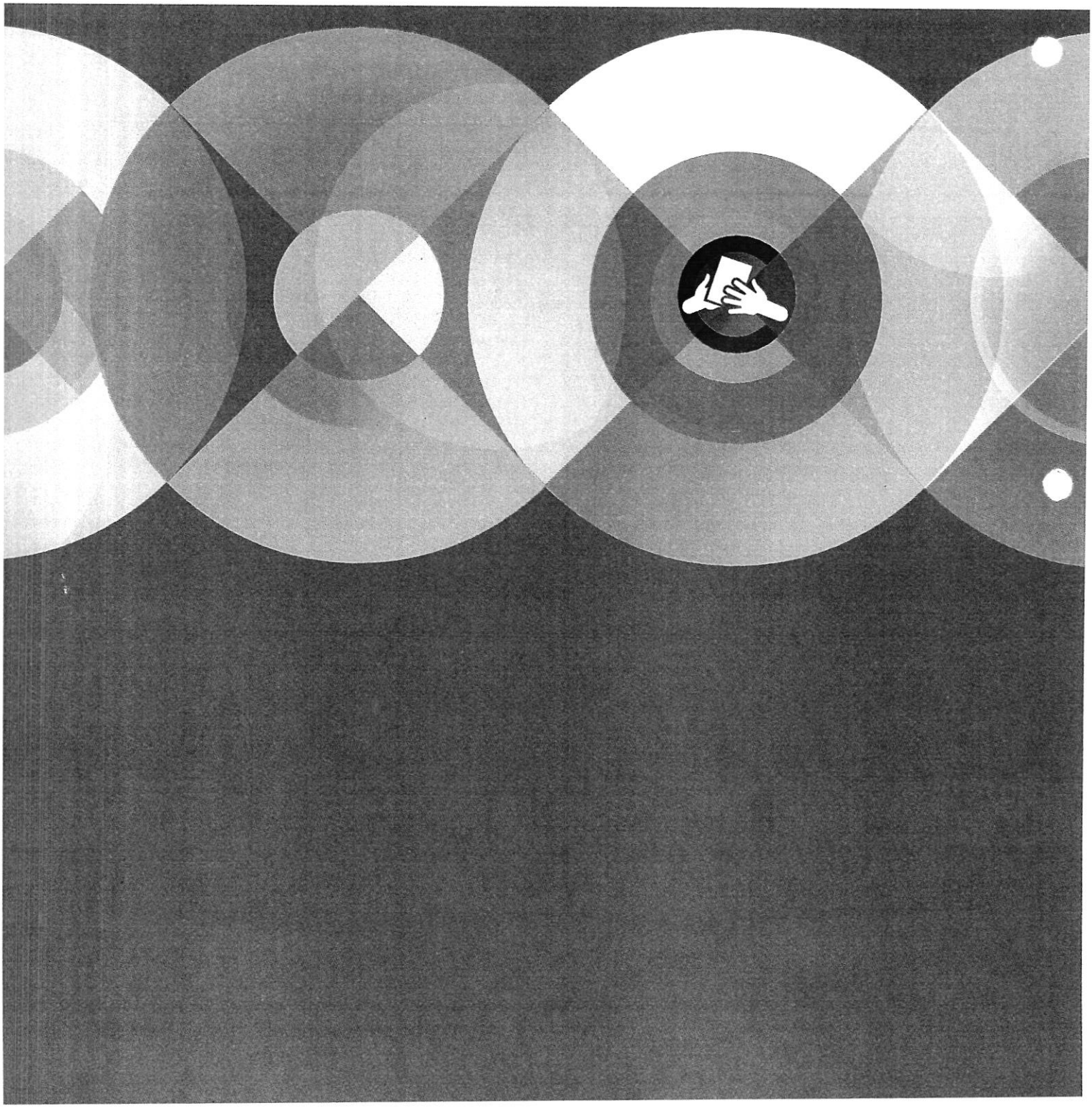
Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm.

Item	Action
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
	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
	5.23 The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries
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: a. Falls prevention b. Minimising harm from falls c. Post-fall management
	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
	5.26 Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies
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 include nutrition care plans based on current evidence and best practice
	5.28 The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking

Item	Action
Preventing delirium and managing cognitive impairment	5.29 The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard[47], where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation
	5.30 Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care
Predicting, preventing and managing self-harm and suicide	5.31 The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed
	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
Predicting, preventing and managing aggression and violence	5.33 The health service organisation has processes to identify and mitigate situations that may precipitate aggression
	5.34 The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce

Item	Action
Minimising restrictive practices: restraint	5.35 Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body
Minimising restrictive practices: seclusion	5.36 Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body

Communicating for Safety Standard



Communicating for Safety Standard

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

Intention of this standard

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

Criteria

Clinical governance and quality improvement to support effective communication

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

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.

Communication at clinical handover

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

Communication of critical information

Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.

Documentation of information

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

Explanatory notes

Communication is a key safety and quality issue. This standard recognises the importance of effective communication and its role in supporting continuous, coordinated and safe patient care.

Actions in this standard outline the high-risk situations in which effective communication and documentation are required. They include transitions of care (clinical handover), when critical information about a patient's care emerges or changes, and when it is important to ensure that a patient is correctly identified and matched to their intended care.

To meet this standard, health service organisations are required to have systems and processes in place to support effective communication and documentation at these high-risk times. Recognising that communication is a variable process, organisations will need to develop, describe and adapt these systems to their service context to ensure that communication processes are flexible, and appropriate for the nature of the organisation and the consumers who use their service.

Communication is inherent to patient care, and informal communications will occur throughout care delivery. It is not intended that this standard will apply to all communications within an organisation. Rather, the intention is to ensure that systems and processes are in place at key times when effective communication and documentation are critical to patient safety.

Communication is relevant across all of the NSQHS Standards, and many of the actions in this standard rely on, and are linked to, actions in the other NSQHS Standards. In particular, this standard should be applied in conjunction with the Clinical Governance, Partnering with Consumers, Medication Safety, Comprehensive Care, and Recognising and Responding to Acute Deterioration standards.

The review of the NSQHS Standards found that Standard 6: Clinical Handover was often interpreted narrowly as only referring to shift-to-shift handover. However, because effective communication is critical at other key times throughout the delivery of health care, changes have been made to this standard to deal with clinical communications more broadly.

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	
Integrating clinical governance	6.1	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication
Applying quality improvement systems	6.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes
Partnering with consumers	6.3	Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making
Organisational processes to support effective communication	6.4	The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes

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
Correct identification and procedure matching	6.5 The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated
	6.6 The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care

Communication at clinical handover

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

Item	Action	
Clinical handover	6.7	The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover
	6.8	Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care

Communication of critical information

Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.

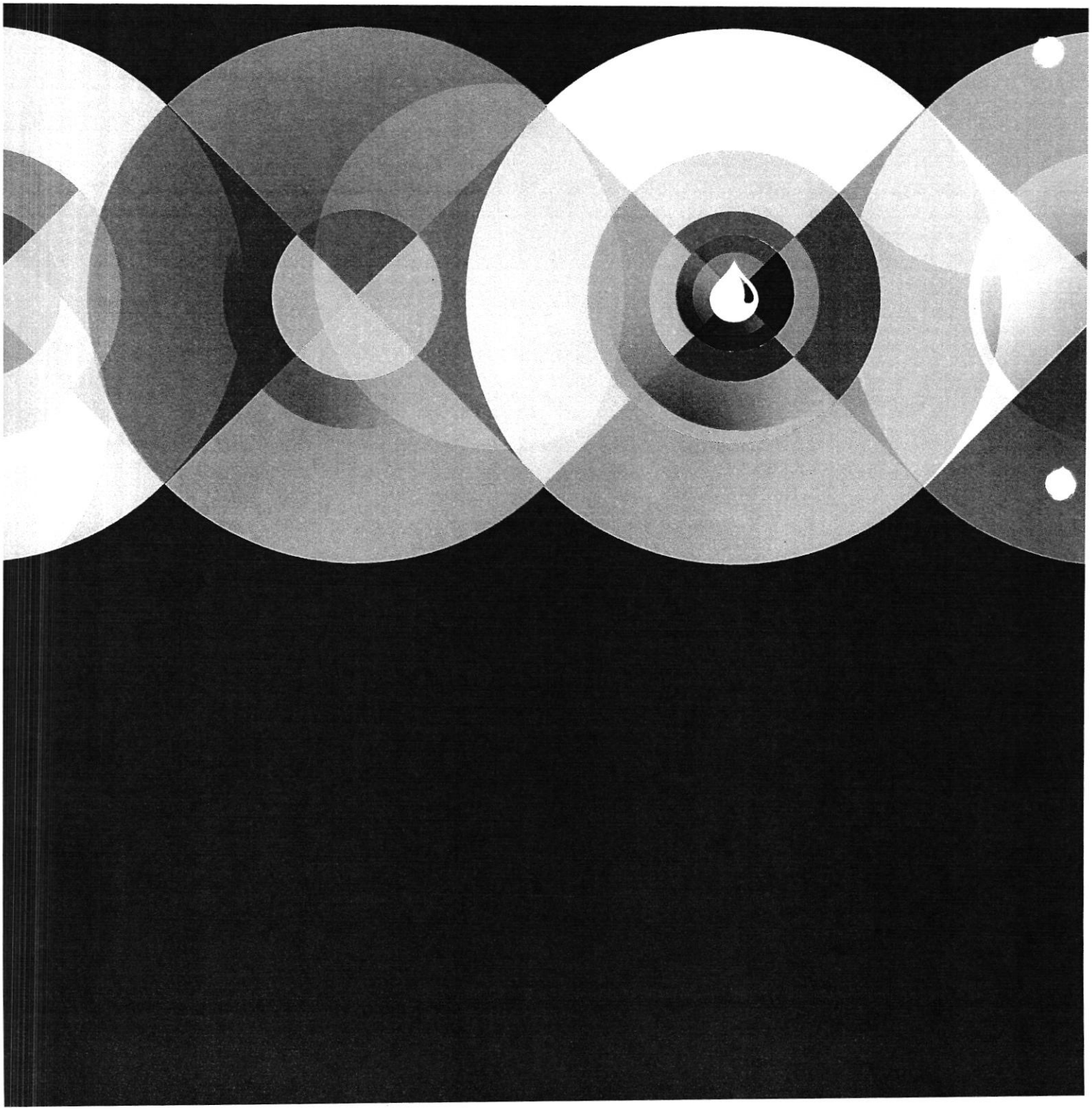
Item	Action	
Communicating critical information	6.9	Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient
	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

Documentation of information

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

Item	Action
Documentation of information	6.11 The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan

Blood Management Standard



Blood Management Standard

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

Intention of this standard

To identify risks, and put in place strategies, to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

Criteria

Clinical governance and quality improvement to support blood management

Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.

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.

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.

Explanatory notes

This standard is a revision of Standard 7: Blood and Blood Products in the NSQHS Standards (1st ed.). The actions in this standard have been refined to:

- Focus on the patient receiving blood and blood products, rather than only on the blood and blood products
- Focus on effectively optimising and conserving a patient's own blood, reducing the unnecessary risk of exposure to blood products and associated adverse events
- More explicitly consider identified gaps in practice
- Remove duplications in the standard
- More specifically reflect national policy agreements about blood and blood products.

Treatment with blood and blood products can be lifesaving. However, using biological materials, blood and blood products has some inherent risks. Actions to minimise these risks include screening and testing donors and donated blood; and ensuring that all treatment options, and their risks and benefits, are considered before deciding to transfuse.

The scope of this standard covers all elements of the clinical process, including:

- Making clinical decisions
- Obtaining recipient samples and assessing compatibility with donated products
- Safely administering the products to the intended recipient
- Storing and disposing of blood and blood products
- Reporting and investigating any adverse reactions or incidents.

This standard also aims to ensure that safe, appropriate, effective and efficient blood management systems are in place.

The standard supports the principles of good patient blood management that provide for clinically appropriate and safe management of patients while avoiding transfusion of blood and blood products, and its associated risks.

Research and practice show that the dual approach of implementing governance structures and evidence-based clinical guidelines is the most effective way to ensure the appropriate and safe use of blood and blood products.

Clinical governance and quality improvement to support blood management

Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.

Item	Action	
Integrating clinical governance	7.1	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management
Applying quality improvement systems	7.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management
Partnering with consumers	7.3	Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

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.

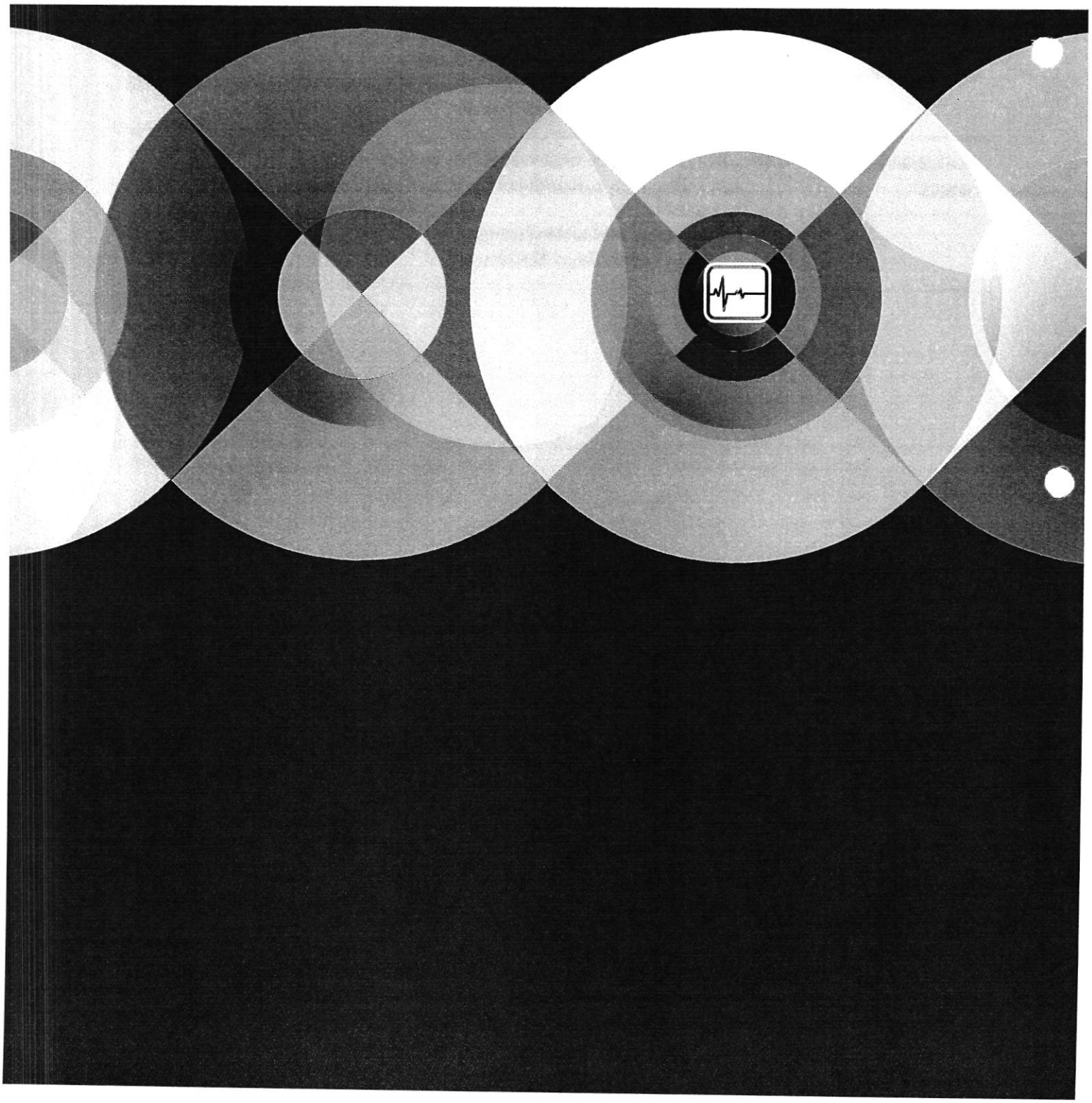
Item	Action	
Optimising and conserving patients' own blood	7.4	Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks
Documenting	7.5	Clinicians document decisions relating to blood management, transfusion history and transfusion details in the 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
Reporting adverse events	7.7	The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria
	7.8	The health service organisation participates in haemovigilance activities, in accordance with the national framework

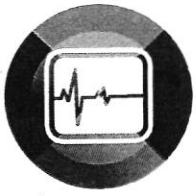
Managing the availability and safety of blood and blood products

Strategies are used to effectively manage the availability and safety of blood and blood products.

Item	Action
Storing, distributing and tracing blood and blood products	7.9 The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer
Availability of blood	7.10 The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage

Recognising and Responding to Acute Deterioration Standard





Recognising and Responding to Acute Deterioration Standard

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

Intention of this standard

To ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state.

Criteria

Clinical governance and quality improvement to support recognition and response systems

Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates. These systems are consistent with the *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*[48], the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*[46], *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*, and the Delirium Clinical Care Standard.[47]

Detecting and recognising acute deterioration, and escalating care

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

Responding to acute deterioration

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