AUSTRALIAN COMMISSION
ON **SAFETY** AND **QUALITY** IN **HEALTH CARE**

NSQHS STANDARDS

February 2022

National Safety and Quality Health Service Standards (second edition)

Guide for Interim Accreditation

Contents

Introduction

Purpose

This document has been developed to describe the actions in the National Safety and Quality Health Service (NSQHS) Standards that health service organisations which are about to commence operations are required to meet. Interim accreditation to the requirements set out in this document will generally apply for the first 12 months of operation. New organisations will not be able to show compliance to all 151 actions in the eight NSQHS Standards on commencement of a service. A number of actions will not be assessable in the initial 12 months of operation but relevant evidence must be available to show work is underway. Organisations must ensure full compliance as soon as practical and before the next assessment is commenced in 12 months.

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme requires health service organisations to comply with the requirements of all applicable actions in the NSQHS Standards after that period.

Regulatory requirements for accreditation as a new health service organisation may vary between states and territories. It is the responsibility of the health service organisation to inform itself of the requirements applicable to its location and operation.

Multi-Purpose Services Aged Care Module

The MPS Aged Care Module describes in six actions the requirements of the Aged Care Quality Standards not covered by the NSQHS Standards and applies only to MPS that are part of the Commonwealth MPS program.

The MPS Aged Care Module was endorsed by the Australian Health Minister's Advisory Council in February 2020. From January 2021, eligible MPS are required to implement the MPS Aged Care Module acitons and are able to be accredited to the NSQHS Standards and the MPS Aged Care Module using a streamlined assessment process under the AHSSQA Scheme.

Applicability

This document is to be used by hospitals and day procedure services preparing for accreditation at the commencement of operations and provides a guide for safety and quality activities in the first year of operation. It also serves as a reference for Accrediting Agencies when surveying or auditing new organisations.

Accrediting agencies are to use this document to assess new health service organisations that have not previously provided patient care. This does not include health service organisations relocating to new facilities or existing health service organisations commencing a new service.

Further information

Newly established health service organisations can only be assessed following commencement of services to patients, and the assessment should occur within 10 working days from the commencement of service provision.

The newly established health service organisation may apply to their accrediting agencies for not applicable status of an action where the action is inappropriate in their service context. Accrediting agencies should consider the current version of Advisory AS18/01: *Advice on not applicable actions* when considering applications for non-applicable actions.

Organisations that meet the specified requirements for new health service accreditation are to be awarded interim accreditation and the wording on the certificate is to reflect the interim status. The interim accreditation certificate will be awarded for a period of up to 18 months from the commencement of the first assessment cycle. An assessment cycle is generally four months and includes initial and final assessment and reporting periods.

Health service organisations with interim accreditation are to undertake an accreditation review within a year of the initial assessment and accrediting agencies are to have completed the processes of assessment and awarding accreditation (where eligible) within 18 months.

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.

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	Applicability
Governance, leadership and culture	1.01 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	Applicable
	f. Monitors the action taken as a result of analyses of clinical incidents	Prescribed: • develop a schedule to monitor clinical incidents during the interim accreditation period
	g. Reviews reports and monitors the organisation's progress on safety and quality performance	Prescribed: • develop a schedule to review reports and monitor safety and quality during the interim accreditation period
	1.02 The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	May not be applicable – refer to Advisory AS18/01 If applicable, prescribed: • develop a plan for partnering with local Aboriginal and Torres Strait Islander communities and identifying safety and quality priorities

Item	Action		Applicability
Organisational leadership	1.03	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	Applicable
	1.04	The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	May not be applicable – refer to Advisory AS18/01 Prescribed: • develop a plan for partnering with local Aboriginal and Torres Strait Islander communities and identifying safety and quality priorities
	1.05	The health service organisation considers the safety and quality of health care for patients in its business decision-making	Applicable
Clinical leadership	1.06	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	Applicable

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	Applicability
Policies and Procedures	1.07 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	Applicable
	b. Monitor and take action to improve adherence to policies, procedures and protocols	Prescribed: • develop a plan to monitor adherence to policies, procedures and protocols during the interim accreditation period
	c. Review compliance with legislation, regulation and jurisdictional requirements	Prescribed: • develop a plan to identify all relevant legislative, regulator and jurisdictional requirements, review compliance with legislation, regulation during interim accreditation period
Measurement and quality improvement	1.08 The health service organisation uses organisation-wide quality improvement systems that:	
	a. Identify safety and quality measures, and monitor and report performance and outcomes	Prescribed: • develop a plan to monitor and report performance using agreed safety and quality measures during the interim accreditation period
	b. Identify areas for improvement in safety and quality	Prescribed: • develop processes to implement safety and quality improvements during the interim accreditation period
	c. Implement and monitor safety and quality improvement strategies	Prescribed: • develop a plan to monitor safety and quality improvement strategies during the interim accreditation period

Item	Action	Applicability
	d. Involve consumers and the workforce in the review of safety and quality performance and systems	Prescribed: • develop processes to involve consumers and the workforce in review of safety and quality performance during the interim accreditation period
	1.09 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. d. Other relevant health service organisations	Prescribed: • develop a schedule for reporting on safety and quality during the interim accreditation period

Item	Action	Applicability
Risk management	1.10 The health service organisation:	
	a. Identifies and documents organisational risks	Applicable
	b. Uses clinical and other data collections to support risk assessments	Applicable
	c. Acts to reduce risks	Applicable
	d. Regularly reviews and acts to improve the effectiveness of the risk management system	Prescribed: • develop a schedule to monitor the effectiveness of the risk management system during the interim accreditation period
	e. Reports on risks to the workforce and consumers	Prescribed: • develop a schedule to report on risks to the workforce and consumers during the interim accreditation period
	f. Plans for, and manages, internal and external emergencies and disasters	Applicable
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	Applicable
	b. Supports patients, carers and families to communicate concerns or incidents	Applicable
	c. Involves the workforce and consumers in the review of incidents	Prescribed: • develop a process for involving the workforce and consumers in the review of incidents during the interim accreditation period
	d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers	Prescribed: • develop a plan to provide feedback on incidents during the interim accreditation period
	e. Uses the information from the analysis of incidents to improve safety and quality	Prescribed: • develop a process to use information from analysis of incidents to improve safety and quality during the interim accreditation period

Item	Action	Applicability
	f. Incorporates risks identified in the analysis of incidents into the risk management system	Prescribed: • develop a process to incorporate risks identified in the analysis of incidents into the risk management system during the interim accreditation period
	g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	Prescribed: • develop a schedule to review the effectiveness of the incident management and investigation systems during the interim accreditation period
	1.12 The health service organisation:	
	a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework	Applicable
	b. Monitors and acts to improve the effectiveness of open disclosure processes	Prescribed: • develop a process to monitor the effectiveness of open disclosure processes during the interim accreditation period
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	Applicable
	b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems	Applicable
	c. Uses this information to improve safety and quality systems	Prescribed: • develop a process to incorporate feedback and complaints information into safety and quality improvement systems during the interim accreditation period
	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	Applicable
	b. Involves the workforce and consumers in the review of complaints	Prescribed: • develop a process to involve the workforce and consumers in the review of complaints during the interim accreditation period

Item	Action	Applicability
	c. Resolves complaints in a timely way	Applicable
	d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken	Prescribed: • develop a process and templates for providing feedback on the analysis of complaints during interim accreditation period
	e. Uses information from the analysis of complaints to inform improvements in safety and quality systems	Prescribed: • develop a process to use information from the analysis of complaints to inform improvements in safety and quality systems during the interim accreditation period
	f. Records the risks identified from the analysis of complaints in the risk management system	Applicable
	g. Regularly reviews and acts to improve the effectiveness of the complaints management system	Prescribed: • develop a plan to monitor the effectiveness of the complaints management system during the interim accreditation period
Diversity and high-risk groups	1.15 The health service organisation:	
	a. Identifies the diversity of the consumers using its services	Prescribed: • develop mechanisms to collect data on community diversity and assess patient risk during the interim accreditation period
	b. Identifies groups of patients using its services who are at higher risk of harm	Prescribed: • develop mechanisms to identify groups of patients at higher risk of harm during the interim accreditation period
	c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	Prescribed: • develop mechanisms to incorporate information on the diversity of the community into planning and delivery of care during the interim accreditation period

Item	Action	Applicability
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	Applicable
	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	Applicable
	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	May not be applicable – refer to Advisory AS18/01

Clinical performance and effectiveness

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

Item	Action	Applicability
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	Applicable
	1.20 The health service organisation uses its training systems to:	
	a. Assess the competency and training needs of its workforce	Prescribed: • assess the training needs and provide access to training for the workforce during the interim accreditation period
	b. Implement a mandatory training program to meet its requirements arising from these standards	Prescribed: • develop a training schedule for the interim accreditation period
	c. Provide access to training to meet its safety and quality training needs	Applicable
	d. Monitor the workforce's participation in training	Applicable
	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	Applicable

Item	Action	Applicability
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	Applicable
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	Applicable
	b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice	Applicable
	c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	Prescribed: • develop a process to review of scope of practice whenever a new clinical service, procedure or technology is introduced or significantly altered during the interim accreditation period
	1.24 The health service organisation:	
	a. Conducts processes to ensure that clinicians are credentialed, where relevant	Applicable
	b. Monitors and improves the effectiveness of the credentialing process	Prescribed: • develop a process to monitor the effectiveness of the credentialing process during the interim accreditation period
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	Applicable
	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	Applicable

Item	Action	Applicability
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	Applicable
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	Prescribed: • develop a mechanism to monitor variation in practice during the interim accreditation period
	b. Provide feedback to clinicians on variation in practice and health outcomes	Prescribed: • develop a mechanism to provide feedback to clinicians on variation in practice during the interim accreditation period
	c. Review performance against external measures	Prescribed: • develop a mechanism to monitor performance against external measures during the interim accreditation period
	d. Support clinicians to take part in clinical review of their practice	Applicable
	e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems	Prescribed: • develop mechanisms to use information on unwarranted clinical variation to inform improvements in safety and quality systems during the interim accreditation period
	f. Record the risks identified from unwarranted clinical variation in the risk management system	Applicable

Safe environment for the delivery of care

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

Item	Action	Applicability
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	Applicable
	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	Applicable
	1.31 The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	Applicable
	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	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01 If applicable, prescribed: • develop a schedule plan to partner with Aboriginal and Torres Strait Islander communities during the interim accreditation period

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.

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	Applicability
Integrating clinical governance	2.01 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	Applicable
Applying quality improvement systems	2.02 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	Applicable

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	Applicability
Healthcare rights and informed consent	2.03 The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	Applicable
	2.04 The health service organisation ensures that its informed consent processes comply with legislation and best practice	Applicable
	2.05 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	Applicable
Sharing decisions and planning care	2.06 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	Applicable
	2.07 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	Applicable

Health literacy

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

Item	Action	Applicability
Communication that supports effective partnerships	2.08 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	Prescribed: • develop a mechanism to collect information on patient diversity (see Action 1.15) • identify communication mechanisms to be used during the interim accreditation period
	2.09 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	Applicable
	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	Applicable

Partnering with consumers in organisational design and governance

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

Item	Action	Applicability
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	Prescribed: • develop a mechanism for involving consumers in healthcare governance during the interim accreditation period
	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	Prescribed: • develop a mechanism for engaging consumers from different backgrounds in healthcare governance during the interim accreditation period
	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	Prescribed: • develop an outline of the orientation for consumers involved in healthcare governance during the interim accreditation period
	2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	May be not applicable – refer Advisory AS18/01 Where applicable, prescribed: • develop a mechanism to engage Aboriginal and Torres Strait communities during the interim accreditation period
	2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	Prescribed: • develop a mechanism for incorporating consumers views and experience into training systems during the interim accreditation period

2021 Preventing and Controlling Infections Standard

Leaders of a health service organisation develop, implement and monitor systems to prevent, manage and control infections and antimicrobial resistance; reduce harm for patients, consumers and members of the workforce; and achieve good health outcomes for patients. The workforce uses these systems to minimise and manage risks to patients and consumers.

Intention of this standard

To reduce the risk to patients, consumers and members of the workforce of acquiring preventable infections; effectively manage infections, if they occur; prevent and contain antimicrobial resistance; promote appropriate prescribing and use of antimicrobials as part of antimicrobial stewardship; and promote appropriate and sustainable use of infection prevention and control resources.

Criteria

Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources

Systems are in place to support and promote prevention and control of infections, improve antimicrobial stewardship, and support appropriate, safe and sustainable use of infection prevention and control resources in the health service organisation.

Infection prevention and control systems

Evidence-based systems are used to mitigate the risk of infection. These systems account for individual risk factors for infection, as well as the risks associated with the clinical intervention and the clinical setting in which care is provided. A precautionary approach is warranted when evidence is emerging or rapidly evolving.

Patients, consumers and members of the workforce with suspected or confirmed infection are identified promptly, and appropriate action is taken. This includes persons with risk factors for transmitting or acquiring infection or colonisation with an organism of local, national or global significance.

The health service organisation is clean and hygienic, and has well-maintained and configured engineering systems for the delivery of effective models of care.

Reprocessing of reusable equipment and devices

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

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.

For further explanatory notes see: **National Safety and Quality Health Service Standards (second edition)**

Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources

Systems are in place to support and promote prevention and control of infections, improve antimicrobial stewardship, and support appropriate, safe and sustainable use of infection prevention and control resources in the health service organisation

Item	Action	Applicability
Integrating clinical governance	3.01 The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d Identifying and managing antimicrobial stewardship risks	Applicable (3.01 a, b,c,d,)
	3.02 The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities	Applicable (3.02 a,b,c,d,e,f,g)

Item	Action	Applicability
	f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks	
Applying quality improvement systems	3.03 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources	Applicable: 3.03b Prescribed: 3.03 : Develop a schedule and process for collecting surveillance data during the interim accreditation period 3.03 d, e: Develop processes for monitoring, analysis and use of surveillance data during the interim accreditation period 3.03 c,f: Develop processes and templates for providing feedback on the analysis of surveillance data during the interim accreditation period 3.03 g: Develop processes for supporting and monitoring the safe and sustainable use of infection prevention and control resources during the interim accreditation process
Partnering with consumers	3.04 Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing 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	Applicable: 3.04 a, b, c
Surveillance	3.05 The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections	Applicable: 3.05 a, b Prescribed: 3.05 c,e Develop a schedule and process for collecting surveillance data during the interim accreditation period 3.05 d Develop processes and templates for providing feedback on the analysis of surveillance data during the interim accreditation period

Item	Action	Applicability
	d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups	3.05 c, h, f Develop processes for monitoring, analysis and use of surveillance data during the interim accreditation period 3.05 g Develop surveillance strategies and respond to identified risks during the interim accreditation period

Infection prevention and control systems

Evidence-based systems are used to mitigate the risk of infection. These systems account for individual risk factors for infection, as well as the risks associated with the clinical intervention and the clinical setting in which care is provided. A precautionary approach is warranted when evidence is emerging or rapidly evolving.

Patients, consumers and members of the workforce with suspected or confirmed infection are identified promptly, and appropriate action is taken. This includes persons with risk factors for transmitting or acquiring infection, or colonisation with an organism of local, national or global significance.

The health service organisation is clean and hygienic, and has well-maintained and configured engineering systems for the delivery of effective models of care.

Item	Action	Applicability
Standard and transmission-based precautions Standard precautions include hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or body fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management. Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.	3.06 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*, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	Applicable

Item	Action	Applicability
	3.07 The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions	Applicable: 3.07a, b, c, f, Prescribed: 3.07d Develop processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional during the interim accreditation period 3.07e Develop processes to audit compliance with standard and transmission based precautions during the interim accreditation period Not applicable: 3.07g
Standard and transmission-based precautions	3.08 Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated 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 and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care	Applicable 3.08 a,b,c,d,e,f,g,h,i

Item	Action	Applicability
	3.09 The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection	Applicable: 3.09 b,c Prescribed: 3.09a Develop processes to review data on and respond to infections in the community that may impact patients and the workforce during the interim accreditation period
Hand hygiene	3.10 The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance	Applicable: 3.10a, Prescribed: 3.10b Develop mechanisms to address non-compliance or inconsistency with the current National Hand Hygiene Initiative during the interim accreditation period 3.10c Develop processes for reporting hand hygiene compliance audit data to the workforce, the governing body, consumers and other relevant groups during the interim accreditation period 3.10d Develop processes to monitor, analyse and use hand hygiene audit data to improve compliance during the interim accreditation period

Item	Action	Applicability
Aseptic technique	3.11 The health service organisation has processes for aseptic technique that: a. Identify the procedures in which 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	Applicable: 3.11 a, b Prescribed: 3.11c Develop a schedule and processes for providing training to address gaps in competency during the interim accreditation period 3.11d Develop mechanisms to monitor compliance and address gaps with the organisation's policies on aseptic technique during the interim accreditation period
Invasive medical devices	3.12 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	May not be applicable – refer to Advisory AS18/01
Clean and safe environment	3.13 The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy	Applicable: 3.13.a, b, c Prescribed: 3.13d Develop mechanisms to monitor compliance and address gaps with the organisation's policies on environmental cleaning during the interim accreditation period No applicable: 3.13 e

Item	Action	Applicability
	3.14 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. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning	Applicable 3.14 a,b,c,d,e
Workforce screening and immunisation	3.15 The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients	Applicable 3.15 a,b,c
Infections in the workforce	3.16 The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection	Applicable 3.16 a,b,c,d,e,f,g,h

Reprocessing of reusable medical devices

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

Item	Action	Applicability
Reprocessing of reusable equipment and devices	3.17 When reusable equipment 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 c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections	May not be applicable – refer to Advisory AS18/01

Antimicrobial stewardship

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

Item	Action	Applicability
Antimicrobial stewardship	3.18 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 is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement	May not be applicable – refer to Advisory AS18/01
	3.19 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 and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials	May not be applicable – refer to Advisory AS18/01

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.

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	Applicability
Integrating clinical governance	4.01 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	Applicable
Applying quality improvement systems	4.02 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	Applicable
Partnering with consumers	4.03 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	Applicable
Medicines scope of clinical practice	4.04 The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	Applicable

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	Applicability
Medication reconciliation	4.05 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	Applicable
	4.06 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	May not be applicable – refer to Advisory AS18/01
Adverse drug reactions	4.07 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	Applicable
	4.08 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	Applicable
	4.09 The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	Applicable

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	Applicability
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	Applicable
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	Applicable
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	May not be applicable – refer to Advisory AS18/01

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	Applicability
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	Applicable
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	May not be applicable – refer to Advisory AS18/01
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	Applicable

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.

Clinical governance and quality improvement to support comprehensive care

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

Item	Action	Applicability
Integrating clinical governance	5.01 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	Applicable
Applying quality improvement systems	5.02 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	Applicable
Partnering with consumers	5.03 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	Applicable
Designing systems to deliver comprehensive care	5.04 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	Applicable
Collaboration and teamwork	5.05 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	Applicable
	5.06 Clinicians work collaboratively to plan and deliver comprehensive care	Applicable

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	Applicability
Planning for comprehensive care	5.07 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	Applicable
	5.08 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	Applicable
	5.09 Patients are supported to document clear advance care plans	May not be applicable – refer to Advisory AS18/01
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	Applicable
Clinical assessment	5.11 Clinicians comprehensively assess the conditions and risks identified through the screening process	Applicable
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	Applicable

Item	Action	Applicability
	5.13 Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:	Applicable
	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	Applicability
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	Applicable
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*	May not be applicable – refer to Advisory AS18/01
	5.16 The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	May not be applicable – refer to Advisory AS18/01
	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	Applicable
	5.18 The health service organisation provides access to supervision and support for the workforce providing end-of-life care	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01 If applicable, prescribed: • develop a mechanism for monitoring end-of-life care during the interim accreditation period
	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*	May not be applicable – refer to Advisory AS18/01

Minimising patient harm

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

Item	Action	Applicability
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	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01
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	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01
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	May not be applicable – refer to Advisory AS18/01

Item	Action	Applicability
	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	May not be applicable – refer to Advisory AS18/01
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, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	May not be applicable – refer to Advisory AS18/01
	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	May not be applicable – refer to Advisory AS18/01
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	Applicable
	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	May not be applicable – refer to Advisory AS18/01

Item	Action	Applicability
Predicting, preventing and managing aggression and violence	5.33 The health service organisation has processes to identify and mitigate situations that may precipitate aggression	Applicable
	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	May not be applicable – refer to Advisory AS18/01
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	May not be applicable – refer to Advisory AS18/01
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	May not be applicable – refer to Advisory AS18/01

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.

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	Applicability
Integrating clinical governance	6.01 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	Applicable
Applying quality improvement systems	6.02 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	Applicable
Partnering with consumers	6.03 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	Applicable
Organisational processes to support effective communication	6.04 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	Applicable

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	Applicability
Correct identification and procedure matching	6.05 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	Applicable
	6.06 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	Applicable

Communication at clinical handover

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

Item	Action	Applicability
Clinical handover	6.07 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	Applicable
	6.08 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	Applicable

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	Applicability
Communicating critical information	6.09 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	Applicable
	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	Applicable

Documentation of information

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

Item	Action	Applicability
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	Applicable

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.

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	Applicability
Integrating clinical governance	7.01 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	May not be applicable – refer to Advisory AS18/01
Applying quality improvement systems	7.02 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	May not be applicable – refer to Advisory AS18/01
Partnering with consumers	7.03 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	May not be applicable – refer to Advisory AS18/01

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	Applicability
Optimising and conserving patients' own blood	7.04 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	May not be applicable – refer to Advisory AS18/01
Documenting	7.05 Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	May not be applicable – refer to Advisory AS18/01
Prescribing and administering blood and blood products	7.06 The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	May not be applicable – refer to Advisory AS18/01
Reporting adverse events	7.07 The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	May not be applicable – refer to Advisory AS18/01
	7.08 The health service organisation participates in haemovigilance activities, in accordance with the national framework	May not be applicable – refer to Advisory AS18/01 If applicable, prescribed: • develop mechanisms to enable the health service organisation to participate in haemovigilance activities during the interim accreditation period

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	Applicability
Storing, distributing and tracing blood and blood products	7.09 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	May not be applicable – refer to Advisory AS18/01
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	May not be applicable – refer to Advisory AS18/01

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*, the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*, *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*, and the Delirium Clinical Care Standard.

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.

Clinical governance and quality improvement to support recognition and response systems

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

Item	Action	Applicability
Integrating clinical governance	8.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	Applicable
Applying quality improvement systems	8.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	Applicable
Partnering with consumers	8.03 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Applicable

Detecting and recognising acute deterioration, and escalating care

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

Item	Action	Applicability
Recognising acute deterioration	8.04 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	Applicable
	8.05 The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	Applicable
Escalating care	8.06 The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	Applicable
	8.07 The health service organisation has processes for patients, carers or families to directly escalate care	Applicable

Item	Action	Applicability
	8.08 The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	Applicable
	8.09 The workforce uses the recognition and response systems to escalate care	Applicable

Responding to acute deterioration

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

Item	Action	Applicability
Responding to deterioration	8.10 The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	Applicable
	8.11 The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	Applicable
	8.12 The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	Applicable
	8.13 The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	Applicable

Multi-Purpose Services Aged Care Module

Leaders and members of the workforce of a multi-purpose service have a responsibility to ensure aged care services are tailored to an individual's needs and preferences; that people accessing aged care services are treated with dignity and respect; and they are partners in their own care.

Item	Action	Applicability
Consumer dignity and choice	A1. The Multi-Purpose Service provides people accessing its aged care services with: a) Opportunities to establish and maintain relationships of their choice, including intimate relationships b) Support for daily living that promotes physical, emotional, cultural, spiritual and psychological wellbeing c) Mechanisms to optimise independence and promote quality of life d) Support to make informed choices about their care, including taking risks to live the best life they can	Applicable only in Multi-Purpose Services that are part of the Commonwealth MPS program.
Services and supports of daily living	A2. The Multi-Purpose Service supports people accessing its aged care services to: a) Participate in meaningful activities within and outside the organisation b) Establish and maintain social and personal relationships c) Enjoy and participate in activities of interest to them	Applicable only in Multi-Purpose Services that are part of the Commonwealth MPS program.
	A3. The Multi-Purpose Service providing food and fluids to people accessing its aged care services ensures the food and fluids meet their preference, are varied, nutritious, appetising, and of adequate quantity	Applicable only in Multi-Purpose Services that are part of the Commonwealth MPS program.
Organisation's service environment	A4. The Multi-Purpose Service providing residential aged care services ensures there is a homelike environment that: a) Optimises a sense of belonging and interactions b) Supports access indoors and outdoors	Applicable only in Multi-Purpose Services that are part of the Commonwealth MPS program.

Item	Action	Applicability
Human resources	A5. The Multi-Purpose Service: a) Uses the recruitment system to ensure the workforce numbers and mix meet the care needs of people accessing services b) Uses the training system to ensure the workforce has the skills to deliver quality care and services	Prescribed: develop a mechanism to monitor and report how workforce numbers and mix meet the care needs of people accessing the service in the interim period Prescribed: Assess the training needs and provide access to training for the workforce during the interim accreditation period and develop a training schedule for the interim accreditation period
Organisational governance	A6. The Multi-Purpose Service has processes to: a) Identify and respond to abuse and neglect of people accessing its services b) Effectively manage risks to support consumers live the best life they can	Applicable only in Multi-Purpose Services that are part of the Commonwealth MPS program. Prescribed: develop a schedule to monitor the effectiveness of the risk management system during the interim accreditation period and develop a schedule to report on risks to the workforce and consumers during the interim accreditation period

Appendix A

Summary of applicable actions for hospitals and day procedure services undergoing interim accreditation

Clinical Governance Standard

Action	Applicability to hospitals	Applicability to day procedure services
1.01	Some components prescribed	Some components prescribed
1.02	Applicable	May not be applicable. If applicable Some components prescribed
1.03	Applicable	Applicable
1.04	Applicable	May not be applicable. If applicable Some components prescribed
1.05	Applicable	Applicable
1.06	Applicable	Applicable
1.07	Some components prescribed	Some components prescribed
1.08	Prescribed	Prescribed
1.09	Prescribed	Prescribed
1.10	Some components prescribed	Some components prescribed
1.11	Some components prescribed	Some components prescribed
1.12	Some components prescribed	Some components prescribed
1.13	Some components prescribed	Some components prescribed
1.14	Some components prescribed	Some components prescribed
1.15	Prescribed	Prescribed
1.16	Applicable	Applicable
1.17	Applicable	Applicable
1.18	May not be applicable	May not be applicable
1.19	Applicable	Applicable
1.20	Some components prescribed	Some components prescribed
1.21	Applicable	Applicable
1.22	Applicable	Applicable
1.23	Some components prescribed	Some components prescribed
1.24	Some components prescribed	Some components prescribed
1.25	Applicable	Applicable
1.26	Applicable	Applicable
1.27	Applicable	Applicable
1.28	Some components prescribed	Some components prescribed
1.29	Applicable	Applicable
1.30	Applicable	Applicable

Action	Applicability to hospitals	Applicability to day procedure services
1.31	Applicable	Applicable
1.32	Applicable	May not be applicable
1.33	Prescribed	May not be applicable

Partnering with Consumers Standard

Action	Applicability to hospitals	Applicability to day procedure services
2.01	Applicable	Applicable
2.02	Applicable	Applicable
2.03	Applicable	Applicable
2.04	Applicable	Applicable
2.05	Applicable	Applicable
2.06	Applicable	Applicable
2.07	Applicable	Applicable
2.08	Prescribed	Prescribed
2.09	Applicable	Applicable
2.10	Applicable	Applicable
2.11	Prescribed	Prescribed
2.12	Prescribed	Prescribed
2.13	Prescribed	May not be applicable
2.14	Prescribed	Prescribed

Preventing and Controlling Infections Standard

Action	Applicability to hospitals	Applicability to day procedure services
3.01	Applicable	Applicable
3.02	Applicable	Applicable
3.03	Some components prescribed	Some components prescribed
3.04	Prescribed	Prescribed
3.05	Some components prescribed	Some components prescribed
3.06	Applicable	Applicable
3.07	Some components prescribed	Some components prescribed
3.08	Applicable	Applicable
3.09	Some components prescribed	Some components prescribed
3.10	Some components prescribed	Some components prescribed
3.11	Some components prescribed	Some components prescribed
3.12	Some components prescribed May not be applicable (see AS 18/01)	Some components prescribed May not be applicable (see AS 18/01)
3.13	Some components prescribed	Some components prescribed

Action	Applicability to hospitals	Applicability to day procedure services
3.14	Applicable	Applicable
3.15	Applicable	Applicable
3.16	Applicable	Applicable
3.17	May not be applicable (see AS 18/01)	May not be applicable (see AS 18/01)
3.18	May not be applicable (see AS 18/01)	May not be applicable (see AS 18/01)
3.19	May not be applicable (see AS 18/01)	May not be applicable (see AS 18/01)

Medication Safety Standard

Action	Applicability to hospitals	Applicability to day procedure services
4.01	Applicable	Applicable
4.02	Applicable	Applicable
4.03	Applicable	Applicable
4.04	Applicable	Applicable
4.05	Applicable	Applicable
4.06	Applicable	May not be applicable
4.07	Applicable	Applicable
4.08	Applicable	Applicable
4.09	Applicable	Applicable
4.10	Applicable	Applicable
4.11	Applicable	Applicable
4.12	Applicable	May not be applicable
4.13	Applicable	Applicable
4.14	Applicable	Some components may not be applicable
4.15	Applicable	Applicable

Comprehensive Care Standard

Action	Applicability to hospitals	Applicability to day procedure services
5.01	Applicable	Applicable
5.02	Applicable	Applicable
5.03	Applicable	Applicable
5.04	Applicable	Applicable
5.05	Applicable	Applicable
5.06	Applicable	Applicable
5.07	Applicable	Applicable
5.08	Applicable	Applicable
5.09	Applicable	May not be applicable

Action	Applicability to hospitals	Applicability to day procedure services
5.10	Applicable	Applicable
5.11	Applicable	Applicable
5.12	Applicable	Applicable
5.13	Applicable	Applicable
5.14	Applicable	Applicable
5.15	Applicable	May not be applicable
5.16	Applicable	May not be applicable
5.17	Applicable	Applicable
5.18	Applicable	May not be applicable
5.19	Prescribed	May not be applicable. If applicable, prescribed
5.20	Applicable	May not be applicable
5.21	Applicable	May not be applicable
5.22	Applicable	May not be applicable
5.23	Applicable	May not be applicable
5.24	Applicable	May not be applicable
5.25	Applicable	May not be applicable
5.26	Applicable	May not be applicable
5.27	Applicable	May not be applicable
5.28	Applicable	May not be applicable
5.29	Applicable	May not be applicable
5.30	Applicable	May not be applicable
5.31	Applicable	Applicable
5.32	Applicable	May not be applicable
5.33	Applicable	Applicable
5.34	Applicable	May not be applicable
5.35	Applicable	May not be applicable
5.36	Applicable	Not applicable

Communicating for Safety Standard

Action	Applicability to hospitals	Applicability to day procedure services
6.01	Applicable	Applicable
6.02	Applicable	Applicable
6.03	Applicable	Applicable
6.04	Applicable	Applicable
6.05	Applicable	Applicable
6.06	Applicable	Applicable
6.07	Applicable	Applicable
6.08	Applicable	Applicable
6.09	Applicable	Applicable
6.10	Applicable	Applicable
6.11	Applicable	Applicable

Blood Management Standard

Action	Applicability to hospitals	Applicability to day procedure services
7.01	May not be applicable	May not be applicable
7.02	May not be applicable	May not be applicable
7.03	May not be applicable	May not be applicable
7.04	May not be applicable	May not be applicable
7.05	May not be applicable	May not be applicable
7.06	May not be applicable	May not be applicable
7.07	May not be applicable	May not be applicable
7.08	May not be applicable. If applicable, prescribed	May not be applicable
7.09	May not be applicable	May not be applicable
7.10	May not be applicable	May not be applicable

Recognising and Responding to Acute Deterioration Standard

Action	Applicability to hospitals	Applicability to day procedure services
8.01	Applicable	Applicable
8.02	Applicable	Applicable
8.03	Applicable	Applicable
8.04	Applicable	Applicable
8.05	Applicable	Applicable
8.6	Applicable	Applicable
8.07	Applicable	Applicable
8.08	Applicable	Applicable
8.09	Applicable	Applicable
8.10	Applicable	Applicable
8.11	Applicable	Applicable
8.12	Applicable	Applicable
8.13	Applicable	Applicable

Multi-Purpose Services Aged Care Module

Action	Applicability to Multi-Purpose Services
A 1	Applicable
A 2	Applicable
A 3	Applicable
A 4	Applicable
A 5	Some components prescribed
A 6	Some components prescribed

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE