

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



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# **National Safety and Quality Health Service Standards (second edition)**

**Guide for Interim Accreditation**

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# Introduction

## Purpose

This document has been developed to describe the actions in the National Safety and Quality Health Service (NSQHS) Standards (second edition) that health service organisations 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. As new organisations will not necessarily be able to meet all 148 actions in the eight NSQHS Standards on commencement of a service, a number of actions will not be applicable in this initial 12 month period. The Australian Health Service Safety and Quality Accreditation 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.

## Audience

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 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, 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 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.



# Clinical Governance Standard

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

## Intention of this standard

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

## Criteria

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### **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.

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### **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.

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### **Clinical performance and effectiveness**

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

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### **Safe environment for the delivery of care**

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





Item	Action	Applicability
Organisational leadership	1.3 The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	Applicable
	1.4 The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	May not be applicable – refer to Advisory AS18/01 Prescribed: <ul style="list-style-type: none"> <li>• develop a plan for partnering with local Aboriginal and Torres Strait Islander communities and identifying safety and quality priorities</li> </ul>
	1.5 The health service organisation considers the safety and quality of health care for patients in its business decision-making	Applicable
Clinical leadership	1.6 Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	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	1.7 The health service organisation uses a risk management approach to:	
	a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols	Applicable
	b. Monitor and take action to improve adherence to policies, procedures and protocols	Prescribed: <ul style="list-style-type: none"> <li>• develop a plan to monitor adherence to policies, procedures and protocols during the interim accreditation period</li> </ul>
	c. Review compliance with legislation, regulation and jurisdictional requirements	Prescribed: <ul style="list-style-type: none"> <li>• develop a plan to identify all relevant legislative, regulator and jurisdictional requirements, review compliance with legislation, regulation during interim accreditation period</li> </ul>
Measurement and quality improvement	1.8 The health service organisation uses organisation-wide quality improvement systems that:	
	a. Identify safety and quality measures, and monitor and report performance and outcomes	Prescribed: <ul style="list-style-type: none"> <li>• develop a plan to monitor and report performance using agreed safety and quality measures during the interim accreditation period</li> </ul>
	b. Identify areas for improvement in safety and quality	Prescribed: <ul style="list-style-type: none"> <li>• develop processes to implement safety and quality improvements during the interim accreditation period</li> </ul>
	c. Implement and monitor safety and quality improvement strategies	Prescribed: <ul style="list-style-type: none"> <li>• develop a plan to monitor safety and quality improvement strategies during the interim accreditation period</li> </ul>



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
	1.9 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	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: <ul style="list-style-type: none"> <li>• develop a schedule to monitor the effectiveness of the risk management system during the interim accreditation period</li> </ul>
	e. Reports on risks to the workforce and consumers	Prescribed: <ul style="list-style-type: none"> <li>• develop a schedule to report on risks to the workforce and consumers during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop a process for involving the workforce and consumers in the review of incidents during the interim accreditation period</li> </ul>
	d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers	Prescribed: <ul style="list-style-type: none"> <li>• develop a plan to provide feedback on incidents during the interim accreditation period</li> </ul>
	e. Uses the information from the analysis of incidents to improve safety and quality	Prescribed: <ul style="list-style-type: none"> <li>• develop a process to use information from analysis of incidents to improve safety and quality during the interim accreditation period</li> </ul>



Item	Action	Applicability
	<p>f. Incorporates risks identified in the analysis of incidents into the risk management system</p> <p>g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems</p>	<p>Prescribed:</p> <ul style="list-style-type: none"> <li>develop a process to incorporate risks identified in the analysis of incidents into the risk management system during the interim accreditation period</li> </ul> <p>Prescribed:</p> <ul style="list-style-type: none"> <li>develop a schedule to review the effectiveness of the incident management and investigation systems during the interim accreditation period</li> </ul>
	<p>1.12 The health service organisation:</p> <p>a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework</p> <p>b. Monitors and acts to improve the effectiveness of open disclosure processes</p>	<p>Applicable</p> <p>Prescribed:</p> <ul style="list-style-type: none"> <li>develop a process to monitor the effectiveness of open disclosure processes during the interim accreditation period</li> </ul>
Feedback and complaints management	<p>1.13 The health service organisation:</p> <p>a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care</p> <p>b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems</p> <p>c. Uses this information to improve safety and quality systems</p>	<p>Applicable</p> <p>Applicable</p> <p>Prescribed:</p> <ul style="list-style-type: none"> <li>develop a process to incorporate feedback and complaints information into safety and quality improvement systems during the interim accreditation period</li> </ul>
	<p>1.14 The health service organisation has an organisation-wide complaints management system, and:</p> <p>a. Encourages and supports patients, carers and families, and the workforce to report complaints</p> <p>b. Involves the workforce and consumers in the review of complaints</p>	<p>Applicable</p> <p>Prescribed:</p> <ul style="list-style-type: none"> <li>develop a process to involve the workforce and consumers in the review of complaints during the interim accreditation period</li> </ul>



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: <ul style="list-style-type: none"> <li>• develop a process and templates for providing feedback on the analysis of complaints during interim accreditation period</li> </ul>
	e. Uses information from the analysis of complaints to inform improvements in safety and quality systems	Prescribed: <ul style="list-style-type: none"> <li>• develop a process to use information from the analysis of complaints to inform improvements in safety and quality systems during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop a plan to monitor the effectiveness of the complaints management system during the interim accreditation period</li> </ul>
Diversity and high-risk groups	1.15 The health service organisation:	
	a. Identifies the diversity of the consumers using its services	Prescribed: <ul style="list-style-type: none"> <li>• develop mechanisms to collect data on community diversity and assess patient risk during the interim accreditation period</li> </ul>
	b. Identifies groups of patients using its services who are at higher risk of harm	Prescribed: <ul style="list-style-type: none"> <li>• develop mechanisms to identify groups of patients at higher risk of harm during the interim accreditation period</li> </ul>
	c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	Prescribed: <ul style="list-style-type: none"> <li>• develop mechanisms to incorporate information on the diversity of the community into planning and delivery of care during the interim accreditation period</li> </ul>



Item	Action	Applicability
Healthcare records	1.16 The health service organisation has healthcare record systems that: <ol style="list-style-type: none"> <li>a. Make the healthcare record available to clinicians at the point of care</li> <li>b. Support the workforce to maintain accurate and complete healthcare records</li> <li>c. Comply with security and privacy regulations</li> <li>d. Support systematic audit of clinical information</li> <li>e. Integrate multiple information systems, where they are used</li> </ol>	Applicable
	1.17 The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: <ol style="list-style-type: none"> <li>a. Are designed to optimise the safety and quality of health care for patients</li> <li>b. Use national patient and provider identifiers</li> <li>c. Use standard national terminologies</li> </ol>	Applicable
	1.18 The health service organisation providing clinical information into the My Health Record system has processes that: <ol style="list-style-type: none"> <li>a. Describe access to the system by the workforce, to comply with legislative requirements</li> <li>b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system</li> </ol>	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:	Applicable
	a. Members of the governing body	
	b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
	1.20 The health service organisation uses its training systems to:	
	a. Assess the competency and training needs of its workforce	Prescribed: <ul style="list-style-type: none"> <li>• assess the training needs and provide access to training for the workforce during the interim accreditation period</li> </ul>
	b. Implement a mandatory training program to meet its requirements arising from these standards	Prescribed: <ul style="list-style-type: none"> <li>• develop a training schedule for the interim accreditation period</li> </ul>
	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: <ol style="list-style-type: none"> <li>a. Require members of the workforce to regularly take part in a review of their performance</li> <li>b. Identify needs for training and development in safety and quality</li> <li>c. Incorporate information on training requirements into the organisation's training system</li> </ol>	Applicable
Credentialing and scope of clinical practice	1.23 The health service organisation has processes to: <ol style="list-style-type: none"> <li>a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan</li> </ol>	Applicable
	<ol style="list-style-type: none"> <li>b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice</li> <li>c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered</li> </ol>	Prescribed: <ul style="list-style-type: none"> <li>• 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</li> </ul>
	1.24 The health service organisation:	
	<ol style="list-style-type: none"> <li>a. Conducts processes to ensure that clinicians are credentialed, where relevant</li> <li>b. Monitors and improves the effectiveness of the credentialing process</li> </ol>	Applicable  Prescribed: <ul style="list-style-type: none"> <li>• develop a process to monitor the effectiveness of the credentialing process during the interim accreditation period</li> </ul>
Safety and quality roles and responsibilities	1.25 The health service organisation has processes to: <ol style="list-style-type: none"> <li>a. Support the workforce to understand and perform their roles and responsibilities for safety and quality</li> <li>b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff</li> </ol>	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: <ol style="list-style-type: none"> <li>a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice</li> <li>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</li> </ol>	Applicable
Variation in clinical practice and health outcomes	1.28 The health service organisation has systems to: <ol style="list-style-type: none"> <li>a. Monitor variation in practice against expected health outcomes</li> <li>b. Provide feedback to clinicians on variation in practice and health outcomes</li> <li>c. Review performance against external measures</li> <li>d. Support clinicians to take part in clinical review of their practice</li> <li>e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems</li> <li>f. Record the risks identified from unwarranted clinical variation in the risk management system</li> </ol>	Prescribed: <ul style="list-style-type: none"> <li>• develop a mechanism to monitor variation in practice during the interim accreditation period</li> </ul> Prescribed: <ul style="list-style-type: none"> <li>• develop a mechanism to provide feedback to clinicians on variation in practice during the interim accreditation period</li> </ul> Prescribed: <ul style="list-style-type: none"> <li>• develop a mechanism to monitor performance against external measures during the interim accreditation period</li> </ul> Applicable  Prescribed: <ul style="list-style-type: none"> <li>• develop mechanisms to use information on unwarranted clinical variation to inform improvements in safety and quality systems during the interim accreditation period</li> </ul> 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

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### **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.

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### **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.

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### **Health literacy**

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

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### **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	2.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	Applicable
Applying quality improvement systems	2.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	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	2.3 The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	Applicable
	2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice	Applicable
	2.5 The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	Applicable
Sharing decisions and planning care	2.6 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	Applicable
	2.7 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	Applicable



## Health literacy

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

Item	Action	Applicability
Communication that supports effective partnerships	2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	Prescribed: <ul style="list-style-type: none"> <li>• develop a mechanism to collect information on patient diversity (see Action 1.15)</li> <li>• identify communication mechanisms to be used during the interim accreditation period</li> </ul>
	2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review	Applicable
	2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: <ol style="list-style-type: none"> <li>Information is provided in a way that meets the needs of patients, carers, families and consumers</li> <li>Information provided is easy to understand and use</li> <li>The clinical needs of patients are addressed while they are in the health service organisation</li> <li>Information needs for ongoing care are provided on discharge</li> </ol>	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: <ul style="list-style-type: none"> <li>• develop a mechanism for involving consumers in healthcare governance during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop a mechanism for engaging consumers from different backgrounds in healthcare governance during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop an outline of the orientation for consumers involved in healthcare governance during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop a mechanism to engage Aboriginal and Torres Strait communities during the interim accreditation period</li> </ul>
	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: <ul style="list-style-type: none"> <li>• develop a mechanism for incorporating consumers views and experience into training systems during the interim accreditation period</li> </ul>



# Preventing and Controlling Healthcare-Associated Infection Standard

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

## Intention of this standard

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

## Criteria

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

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

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### **Infection prevention and control systems**

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

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### **Reprocessing of reusable medical devices**

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

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### **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.



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

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

Item	Action	Applicability
Integrating clinical governance	<p>3.1 The workforce uses the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> <li>a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship</li> <li>b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship</li> <li>c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship</li> </ul>	Applicable
Applying quality improvement systems	<p>3.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> <li>a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program</li> <li>b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship</li> <li>c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program</li> </ul>	Applicable
Partnering with consumers	<p>3.3 Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to:</p> <ul style="list-style-type: none"> <li>a. Actively involve patients in their own care</li> <li>b. Meet the patient's information needs</li> <li>c. Share decision-making</li> </ul>	Applicable
Surveillance	<p>3.4 The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:</p> <ul style="list-style-type: none"> <li>a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation</li> </ul>	<p>Prescribed:</p> <ul style="list-style-type: none"> <li>• develop a schedule and process for collecting surveillance data during the interim accreditation period</li> </ul>





Item	Action	Applicability
	b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing	Prescribed: <ul style="list-style-type: none"><li>• develop processes for monitoring, analysis and use of surveillance data during the interim accreditation period</li></ul>
	c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups	Prescribed: <ul style="list-style-type: none"><li>• develop a process and templates for providing feedback on the analysis of surveillance data during the interim accreditation period</li></ul>



## Infection prevention and control systems

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

Item	Action	Applicability
Standard and transmission-based precautions	3.5 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i> , and jurisdictional requirements	Applicable
	3.6 Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: <ul style="list-style-type: none"> <li>a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care</li> <li>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</li> <li>c. Accommodation needs to manage infection risks</li> <li>d. The need to control the environment</li> <li>e. Precautions required when the patient is moved within the facility or to external services</li> <li>f. The need for additional environmental cleaning or disinfection</li> <li>g. Equipment requirements</li> </ul>	Applicable
	3.7 The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations	Applicable
Hand hygiene	3.8 The health service organisation has a hand hygiene program that:	
	<ul style="list-style-type: none"> <li>a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements</li> <li>b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative</li> </ul>	Applicable  Prescribed: <ul style="list-style-type: none"> <li>• Develop mechanisms to address noncompliance or inconsistency with the current National Hand Hygiene Initiative during the interim accreditation period</li> </ul>



Item	Action	Applicability
Aseptic technique	3.9 The health service organisation has processes for aseptic technique that:	
	a. Identify the procedures where aseptic technique applies	Applicable
	b. Assess the competence of the workforce in performing aseptic technique	Applicable
	c. Provide training to address gaps in competency	Applicable
	d. Monitor compliance with the organisation's policies on aseptic technique	Prescribed: <ul style="list-style-type: none"> <li>• develop mechanisms to monitor compliance with the organisation's policies on aseptic technique during the interim accreditation period</li> </ul>
Invasive medical devices	3.10 The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>	May not be applicable – refer to Advisory AS18/01
Clean environment	3.11 The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i> , and jurisdictional requirements – that:	Applicable
	a. Respond to environmental risks b. Require cleaning and disinfection in line with recommended cleaning frequencies c. Include training in the appropriate use of specialised personal protective equipment for the workforce	
	3.12 The health service organisation has processes to evaluate and respond to infection risks for:	Applicable
	a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing linen	
Workforce immunisation	3.13 The health service organisation has a risk-based workforce immunisation program that:	Applicable
	a. Is consistent with the current edition of the <i>Australian Immunisation Handbook</i> b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients	



## Reprocessing of reusable medical devices

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

Item	Action	Applicability
Reprocessing of reusable devices	<p>3.14 Where reusable equipment, instruments and devices are used, the health service organisation has:</p> <ul style="list-style-type: none"><li>a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines</li><li>b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying<ul style="list-style-type: none"><li>• the patient</li><li>• the procedure</li><li>• the reusable equipment, instruments and devices that were used for the procedure</li></ul></li></ul>	May not be applicable – refer to Advisory AS18/01



## Antimicrobial stewardship

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

Item	Action	Applicability
Antimicrobial stewardship	<p>3.15 The health service organisation has an antimicrobial stewardship program that:</p> <ul style="list-style-type: none"> <li>a. Includes an antimicrobial stewardship policy</li> <li>b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing</li> <li>c. Has an antimicrobial formulary that includes restriction rules and approval processes</li> <li>d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard</li> </ul>	May not be applicable – refer to Advisory AS18/01
	<p>3.16 The antimicrobial stewardship program will:</p> <ul style="list-style-type: none"> <li>a. Review antimicrobial prescribing and use</li> <li>b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing</li> <li>c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use</li> <li>d. Report to clinicians and the governing body regarding               <ul style="list-style-type: none"> <li>• compliance with the antimicrobial stewardship policy</li> <li>• antimicrobial use and resistance</li> <li>• appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing</li> </ul> </li> </ul>	<p>May not be applicable – refer to Advisory AS18/01</p> <p>If applicable, prescribed:</p> <ul style="list-style-type: none"> <li>• develop a mechanism to monitor antimicrobial prescribing and use during the interim accreditation period</li> </ul> <p>If applicable, Prescribed:</p> <ul style="list-style-type: none"> <li>• develop mechanisms to use surveillance data on antimicrobial resistance and use to support appropriate prescribing during the interim accreditation period</li> </ul> <p>If applicable, prescribed</p> <ul style="list-style-type: none"> <li>• develop a mechanism to evaluate performance of the program during the interim accreditation period</li> </ul> <p>If applicable, prescribed:</p> <ul style="list-style-type: none"> <li>• develop a mechanism for providing feedback on antimicrobial stewardship during the interim accreditation period</li> </ul>



# 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

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### **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.

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### **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.

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### **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.

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### **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	4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> <li>a. Implementing policies and procedures for medication management</li> <li>b. Managing risks associated with medication management</li> <li>c. Identifying training requirements for medication management</li> </ul>	Applicable
Applying quality improvement systems	4.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> <li>a. Monitoring the effectiveness and performance of medication management</li> <li>b. Implementing strategies to improve medication management outcomes and associated processes</li> <li>c. Reporting on outcomes for medication management</li> </ul>	Applicable
Partnering with consumers	4.3 Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: <ul style="list-style-type: none"> <li>a. Actively involve patients in their own care</li> <li>b. Meet the patient's information needs</li> <li>c. Share decision-making</li> </ul>	Applicable
Medicines scope of clinical practice	4.4 The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	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	4.5 Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	Applicable
	4.6 Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	May not be applicable – refer to Advisory AS18/01
Adverse drug reactions	4.7 The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	Applicable
	4.8 The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	Applicable
	4.9 The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	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

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### **Clinical governance and quality improvement to support comprehensive care**

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

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### **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.

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### **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.

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### **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	5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ol style="list-style-type: none"> <li>Implementing policies and procedures for comprehensive care</li> <li>Managing risks associated with comprehensive care</li> <li>Identifying training requirements to deliver comprehensive care</li> </ol>	Applicable
Applying quality improvement systems	5.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ol style="list-style-type: none"> <li>Monitoring the delivery of comprehensive care</li> <li>Implementing strategies to improve the outcomes from comprehensive care and associated processes</li> <li>Reporting on delivery of comprehensive care</li> </ol>	Applicable
Partnering with consumers	5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: <ol style="list-style-type: none"> <li>Actively involve patients in their own care</li> <li>Meet the patient's information needs</li> <li>Share decision-making</li> </ol>	Applicable
Designing systems to deliver comprehensive care	5.4 The health service organisation has systems for comprehensive care that: <ol style="list-style-type: none"> <li>Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment</li> <li>Provide care to patients in the setting that best meets their clinical needs</li> <li>Ensure timely referral of patients with specialist healthcare needs to relevant services</li> <li>Identify, at all times, the clinician with overall accountability for a patient's care</li> </ol>	Applicable
Collaboration and teamwork	5.5 The health service organisation has processes to: <ol style="list-style-type: none"> <li>Support multidisciplinary collaboration and teamwork</li> <li>Define the roles and responsibilities of each clinician working in a team</li> </ol>	Applicable
	5.6 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	5.7 The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	Applicable
	5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	Applicable
	5.9 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
	5.13 Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	Applicable



## 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: <ol style="list-style-type: none"> <li>Use the comprehensive care plan to deliver care</li> <li>Monitor the effectiveness of the comprehensive care plan in meeting the goals of care</li> <li>Review and update the comprehensive care plan if it is not effective</li> <li>Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur</li> </ol>	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 <i>National Consensus Statement: Essential elements for safe and high-quality end-of-life care</i>	Applicable
	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: <ol style="list-style-type: none"> <li>Can be received from patients</li> <li>Are documented in the patient's healthcare record</li> </ol>	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: <ul style="list-style-type: none"> <li>develop a mechanism for monitoring end-of-life care during the interim accreditation period</li> </ul>
	5.20 Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the <i>National Consensus Statement: Essential elements for safe and high-quality end-of-life care</i>	Applicable



## 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: <ul style="list-style-type: none"> <li>a. Patients, carers and families are provided with information about preventing pressure injuries</li> <li>b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries</li> </ul>	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: <ul style="list-style-type: none"> <li>a. Falls prevention</li> <li>b. Minimising harm from falls</li> <li>c. Post-fall management</li> </ul>	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
	5.28 The workforce uses the systems for preparation and distribution of food and fluids to: <ul style="list-style-type: none"> <li>a. Meet patients' nutritional needs and requirements</li> <li>b. Monitor the nutritional care of patients at risk</li> <li>c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone</li> </ul>	May not be applicable – refer to Advisory AS18/01



Item	Action	Applicability
	d. Support patients who require assistance with eating and drinking	
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: <ul style="list-style-type: none"> <li>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</li> <li>b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation</li> </ul>	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: <ul style="list-style-type: none"> <li>a. Recognise, prevent, treat and manage cognitive impairment</li> <li>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</li> </ul>	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: <ul style="list-style-type: none"> <li>a. Identify when a patient is at risk of self-harm</li> <li>b. Identify when a patient is at risk of suicide</li> <li>c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed</li> </ul>	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
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: <ul style="list-style-type: none"> <li>a. Identify patients at risk of becoming aggressive or violent</li> <li>b. Implement de-escalation strategies</li> <li>c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce</li> </ul>	May not be applicable – refer to Advisory AS18/01





<b>Item</b>	<b>Action</b>	<b>Applicability</b>
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

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### **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.

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### **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.

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### **Communication at clinical handover**

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

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### **Communication of critical information**

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

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### **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	6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	Applicable
Applying quality improvement systems	6.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	Applicable
Partnering with consumers	6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Applicable
Organisational processes to support effective communication	6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	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	6.5 The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	Applicable
	6.6 The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	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	6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	Applicable
	6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	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	6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	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

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### **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.

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### **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.

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### **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	7.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	May not be applicable – refer to Advisory AS18/01
Applying quality improvement systems	7.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	May not be applicable – refer to Advisory AS18/01
Partnering with consumers	7.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	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	7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: <ol style="list-style-type: none"> <li>a. Optimising patients' own red cell mass, haemoglobin and iron stores</li> <li>b. Identifying and managing patients with, or at risk of, bleeding</li> <li>c. Determining the clinical need for blood and blood products, and related risks</li> </ol>	May not be applicable – refer to Advisory AS18/01
Documenting	7.5 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	7.6 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	7.7 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
	7.8 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: <ul style="list-style-type: none"> <li>• develop mechanisms to enable the health service organisation to participate in haemovigilance activities during the interim accreditation period</li> </ul>



## 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	7.9 The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	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

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### **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.

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### **Detecting and recognising acute deterioration, and escalating care**

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

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### **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	8.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ol style="list-style-type: none"> <li>a. Implementing policies and procedures for recognising and responding to acute deterioration</li> <li>b. Managing risks associated with recognising and responding to acute deterioration</li> <li>c. Identifying training requirements for recognising and responding to acute deterioration</li> </ol>	Applicable
Applying quality improvement systems	8.2 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ol style="list-style-type: none"> <li>a. Monitoring recognition and response systems</li> <li>b. Implementing strategies to improve recognition and response systems</li> <li>c. Reporting on effectiveness and outcomes of recognition and response systems</li> </ol>	Applicable
Partnering with consumers	8.3 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: <ol style="list-style-type: none"> <li>a. Actively involve patients in their own care</li> <li>b. Meet the patient's information needs</li> <li>c. Share decision-making</li> </ol>	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	8.4 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: <ul style="list-style-type: none"> <li>a. Document individualised vital sign monitoring plans</li> <li>b. Monitor patients as required by their individualised monitoring plan</li> <li>c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient</li> </ul>	Applicable
	8.5 The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: <ul style="list-style-type: none"> <li>a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium</li> <li>b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan</li> <li>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</li> <li>d. Determine the required level of observation</li> <li>e. Document and communicate observed or reported changes in mental state</li> </ul>	Applicable
Escalating care	8.6 The health service organisation has protocols that specify criteria for escalating care, including: <ul style="list-style-type: none"> <li>a. Agreed vital sign parameters and other indicators of physiological deterioration</li> <li>b. Agreed indicators of deterioration in mental state</li> <li>c. Agreed parameters and other indicators for calling emergency assistance</li> <li>d. Patient pain or distress that is not able to be managed using available treatment</li> <li>e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration</li> </ul>	Applicable
	8.7 The health service organisation has processes for patients, carers or families to directly escalate care	Applicable



<b>Item</b>	<b>Action</b>	<b>Applicability</b>
	8.8 The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	Applicable
	8.9 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





# 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
1.1	Some components prescribed	Some components prescribed
1.2	Applicable	May not be applicable. If applicable Some components prescribed
1.3	Applicable	Applicable
1.4	Applicable	May not be applicable. If applicable Some components prescribed
1.5	Applicable	Applicable
1.6	Applicable	Applicable
1.7	Some components prescribed	Some components prescribed
1.8	Prescribed	Prescribed
1.9	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
2.1	Applicable	Applicable
2.2	Applicable	Applicable
2.3	Applicable	Applicable
2.4	Applicable	Applicable
2.5	Applicable	Applicable
2.6	Applicable	Applicable
2.7	Applicable	Applicable
2.8	Prescribed	Prescribed
2.9	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 Healthcare-Associated Infection Standard

Action	Applicability to hospitals	Applicability to day procedure services
3.1	Applicable	Applicable
3.2	Applicable	Applicable
3.3	Applicable	Applicable
3.4	Prescribed	Prescribed
3.5	Applicable	Applicable
3.6	Applicable	Applicable
3.7	Applicable	Applicable
3.8	Some components prescribed	Some components prescribed
3.9	Some components prescribed	Some components prescribed
3.10	May not be applicable	May not be applicable
3.11	Applicable	Applicable
3.12	Applicable	Applicable
3.13	Applicable	Applicable



Action	Applicability to hospitals	Applicability to day procedure services
3.14	May not be applicable	May not be applicable
3.15	May not be applicable	May not be applicable
3.16	May not be applicable. If applicable, prescribed	May not be applicable. If applicable, prescribed

### Medication Safety Standard

Action	Applicability to hospitals	Applicability to day procedure services
4.1	Applicable	Applicable
4.2	Applicable	Applicable
4.3	Applicable	Applicable
4.4	Applicable	Applicable
4.5	Applicable	Applicable
4.6	Applicable	May not be applicable
4.7	Applicable	Applicable
4.8	Applicable	Applicable
4.9	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
5.1	Applicable	Applicable
5.2	Applicable	Applicable
5.3	Applicable	Applicable
5.4	Applicable	Applicable
5.5	Applicable	Applicable
5.6	Applicable	Applicable
5.7	Applicable	Applicable
5.8	Applicable	Applicable
5.9	Applicable	May not be applicable
5.10	Applicable	Applicable
5.11	Applicable	Applicable
5.12	Applicable	Applicable



<b>Action</b>	<b>Applicability to hospitals</b>	<b>Applicability to day procedure services</b>
5.13	Applicable	Applicable
5.14	Applicable	Applicable
5.15	Applicable	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	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
6.1	Applicable	Applicable
6.2	Applicable	Applicable
6.3	Applicable	Applicable
6.4	Applicable	Applicable
6.5	Applicable	Applicable
6.6	Applicable	Applicable
6.7	Applicable	Applicable
6.8	Applicable	Applicable
6.9	Applicable	Applicable
6.10	Applicable	Applicable
6.11	Applicable	Applicable

## Blood Management Standard

Action	Applicability to hospitals	Applicability to day procedure services
7.1	May not be applicable	May not be applicable
7.2	May not be applicable	May not be applicable
7.3	May not be applicable	May not be applicable
7.4	May not be applicable	May not be applicable
7.5	May not be applicable	May not be applicable
7.6	May not be applicable	May not be applicable
7.7	May not be applicable	May not be applicable
7.8	May not be applicable. If applicable, prescribed	May not be applicable
7.9	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
8.1	Applicable	Applicable
8.2	Applicable	Applicable
8.3	Applicable	Applicable
8.4	Applicable	Applicable
8.5	Applicable	Applicable
8.6	Applicable	Applicable
8.7	Applicable	Applicable
8.8	Applicable	Applicable
8.9	Applicable	Applicable
8.10	Applicable	Applicable
8.11	Applicable	Applicable
8.12	Applicable	Applicable
8.13	Applicable	Applicable

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