

KEY ACTIONS
for accrediting
agencies

Checklist for Assessors

Reviewing information accessed and actioned by the governing body

It is a responsibility of management to ensure that the governing body is provided with the information it requires to be assured of the safety and quality of its health services. Governing bodies must have regular access to data that are timely, reliable, comprehensive and suitable to their use.

The organisation's strategic plan should provide management with the framework for collating and reporting on safety and quality performance data to the governing body. The review of safety and quality performance by governing bodies is an essential criterion and allows it to complete an annual Attestation Statement confirming compliance with the National Safety and Quality Health Service (NSQHS) Standards.

When examining health service organisation's compliance with the NSQHS Standards, assessors are required to examine evidence that the governing body is receiving safety and quality data and information relating to the services provided within the organisation and that it is taking appropriate action in response to this information.

This checklist has been developed to assist assessors when reviewing meeting minutes and other documentation during an assessment of clinical governance in a health service organisation. It provides a guide to the types of data that governing bodies should be reviewing.

Assessors should ensure there is evidence of the following:

1. The governing body should regularly receive reports providing an overview of the organisation's safety and quality performance. The overview should demonstrate that the organisation has systems for monitoring compliance in accordance with the clinical governance framework. This report should include:
 - Evidence of review of compliance with policies and procedures for activities that are high risk
 - Safety and quality risks and key trends
 - Information on serious incidents and key trends in incidents Rates of hospital acquired complications
 - Summary of the analysis of incidents and adverse events
 - Outcomes from key clinical and workforce health and safety audits
 - Complaints and key trends
 - That action is being taken by the organisation in response to issues identified from the above.
2. The governing body should be provided with a current schedule of clinician led audit programs. There should be evidence that the audits are being conducted and identify and report on significant trends or issues and that follow-up action is being taken where indicated. The schedule is expected to include advice on audits of:
 - Infection prevention and control
 - Medication safety
 - Nutrition
 - Falls and harm from falls
 - Pressure injury
 - Cognitive impairment
 - Mental health adverse events
 - End-of-life
 - Patient identification
 - Clinical handover
 - Blood safety
 - Recognising and responding to deterioration
 - High-risk surgery, such as lumbar spinal surgery
 - Early planned births
3. The governing body should routinely consider reports on key safety and quality risks.

4. The governing body should routinely see a summary report on clinical incidents that considers incidence by key variables relevant to the organisation and actions taken to address issues identified. These may include:
 - Types of incidence
 - Location – service area or facility
 - Timing of the incident in the day, week and year
 - Patient groups - age, condition, ethnicity, disability
 - Variation in the rates or trends that exist between data sources such as clinical incidents and incidents identified in coded data
5. The governing body should routinely review key performance indicators for complaints, by variables such as:
 - Number by type and location
 - Response rate within timeframes
 - Resolution rate within timeframes
 - Actions taken to address key trends
6. The governing body should routinely review data on hospital acquired complications along with action taken to address issue identified, by variables such as:
 - Current period
 - Year to date
 - Variance from previous performance
 - Comparison with peer services where available
7. The governing body should routinely receive safety and quality reports, examples of which include:
 - Summary of safety and quality issues from clinical quality committee(s)
 - Summary of outcomes from incident and adverse event analysis that warrant review by the governing body
 - Summary of key findings from completed clinical investigations
 - Key safety and quality performance indicators
 - Reports on safety and quality culture measures
 - Lookback reports on current status of actions taken to mitigate serious incidents and the effectiveness of the mitigation strategies
8. The governing body should receive a briefing on externally published reports on the organisation's performance in a timely way, such as:
 - Australian Atlas of Healthcare Variation
 - Reports from licensing reviews
 - The Antimicrobial Use and Resistance in Australia (AURA) report
 - State or territory clinical audit or review reports.
 - Coroners recommendations
 - Health Care Complaints reports
 - Clinical safety registries data
 - Compliance reports
 - External reviews commissioned by the organisation
9. From time to time, the governing body may request or receive detailed or 'deep dive' investigations of issues related to safety and quality considering variables such as:
 - Current performance by facilities, clinical services, specific issue or patient group
 - Trends
 - Challenges
10. From time to time, the governing body should receive a report on clinical variation using data from a range of sources, that may include:
 - Hospital acquired complications
 - Key safety and quality performance indicators
 - Clinical care standards and clinical indicators
 - Average length of stay
 - Patient reported outcome measures
 - Patient reported experience measures
 - Benchmarking and peer comparison

Questions?

For more information, please visit:

<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

You can also email the NSQHS Standards Advice Centre at accreditation@safetyandquality.gov.au or call 1800 304 056.