FACT SHEET
for healthcare
services

Transitioning from the National Safety and Quality Health Service Standards to the National Safety and Quality Primary and Community Healthcare Standards

About the Primary and Community Healthcare Standards

Launched in October 2021, the National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards) aim to protect the public from harm and improve the quality of health care delivered.

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the Primary and Community Healthcare Standards for services that deliver health care in a primary and/or community setting. These services address the prevention, treatment and management of illness and injury, and the preservation of physical and mental wellbeing. They vary in size and modes of delivery and are carried out by a diverse range of healthcare providers.

The Primary and Community Healthcare Standards are person-centred and describe the processes and structures that are needed to deliver safe and high-quality health care. The Commission recommends all primary and community healthcare services implement the Primary and Community Healthcare Standards.

Some healthcare services will need to demonstrate compliance with these standards for the purposes of funding, legislative or contractual requirements. This will apply to both primary and community healthcare services that have not previously been assessed for accreditation and those that hold accreditation to existing safety and quality standards.

Alignment to the NSQHS Standards

Some primary and community healthcare services will have been assessed to the National Safety and Quality Health Service (NSQHS) Standards and been awarded accreditation.

The Primary and Community Healthcare Standards and the NSQHS Standards are aligned in structure and intent, which provides an opportunity to simplify transition for those accredited primary and community healthcare services.

05/2022

Accreditation

From mid-2022, healthcare services may undergo assessment to the Primary and Community Healthcare Standards under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

Transitioning to Primary and Community Healthcare Standards for accredited healthcare services

Primary and community healthcare services currently accredited to the NSQHS Standards may consider the Primary and Community Healthcare Standards are more appropriate to their service model.

Once assessments to the Primary and Community Healthcare Standards commence, healthcare services wishing to transition to the Primary and Community Healthcare Standards may do so at their next scheduled assessment.

Healthcare service wishing to transition to the Primary and Community Healthcare Standards prior to the formal commencement of assessments to the Primary and Community Healthcare Standards should review **AS21/04: Provisional accreditation to the National Safety and Quality Health Service Standards for primary and community healthcare services** to determine their eligibility.

Steps to transition to external assessment against the Primary and Community Healthcare Standards:

1. **Determine if transitioning to the Primary and Community Healthcare Standards is permitted for your healthcare service**

If it is mandatory for your healthcare service to maintain accreditation, you will need to check if accreditation to the Primary and Community Healthcare Standards is permitted.

If achieving accreditation is voluntary you can transition to the Primary and Community Healthcare Standards without seeking approval.

2. **Check if your accrediting agency has been approved to conduct assessments to the Primary and Community Healthcare Standards**

There are five accrediting agencies approved to conduct assessments to the Primary and Community Healthcare Standards:

1. Australian Council on Healthcare Standards (ACHS)
2. Global Mark Pty Ltd
3. HDAA Australia Pty Ltd
4. Institute for Healthy Communities Australia Certification (IHCAC)
5. Quality Innovation Performance (QIP) Limited

If your current accrediting agency is one of the approved accrediting agencies, advise them of your intention to transition to accreditation the Primary and Community Healthcare Standards.

If your current accrediting agency is not one of the approved accrediting agencies, you will need to select and engage an approved accrediting agency to conduct your next assessment. Contact details of accrediting agencies are available on the **Commission's website**.

3. Conduct a self-assessment and determine compliance

While the NSQHS Standards are more comprehensive, there is a high degree of overlap in requirements with the Primary and Community Healthcare Standards. **Attachment 1** shows the alignment between the Primary and Community Healthcare Standards and the second edition of the NSQHS Standards. For healthcare services currently accredited to the first edition of the NSQHS Standards, contact the Commission's Safety and Quality Advice Centre for more information.

Evidence used at assessment to the NSQHS Standards can be used to show compliance with the Primary and Community Healthcare Standards. All evidence used should be generated through routine service delivery to patients. There is no requirement to prepare additional documentation solely for assessment.

If there are actions in the Primary and Community Healthcare Standards that do not apply to your healthcare services, you can seek approval for those actions to be considered not applicable and therefore not assessed. Contact your accrediting agency for more information about not applicable actions.

4. Participate in accreditation assessment

External assessments by your accrediting agency should be conducted at least four months prior to the expiry date of your current accreditation certificate. This will allow sufficient time for you to implement changes and make improvements before your assessment is finalised.

The model of assessment for your organisation will be the same as your last assessment to the NSQHS Standards. Refer to the **Commission's website** for further detail about assessment to the Primary and Community Healthcare Standards.

Additional resources and support

The Commission is developing guidance and resources to provide practical support for healthcare services implementing the Primary and Community Healthcare Standards. These will be made available on the **Commission's website** when available.

Additional supports may also be available from your local Primary Health Network, consumer groups or professional organisations such as the Australian Dental Association.

Find out more

For more information, visit **safetyandquality.gov.au/pchs** or contact the Safety and Quality Advice Centre at **AdviceCentre@safetyandquality.gov.au** or call 1800 304 056.

Attachment 1: Mapping of the NSQHS Standards to the Primary and Community Healthcare Standards

Clinical Governance Standard

Governance, leadership and culture

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Governance, leadership and culture	1.01 The healthcare service: a. Has a culture of safety and quality improvement b. Partners with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce d. Establishes and maintains a clinical governance framework e. Clearly defines the safety and quality roles, responsibilities and accountabilities of those governing the healthcare service, management, and the workforce f. Monitors and reviews the safety and quality performance of the healthcare service g. Considers the safety and quality of health care for patients in its business decision-making h. Establishes and maintains systems for integrating care with other service providers involved in a patient's care	1.01 The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews, reports and monitors the organisation's progress on safety and quality performance	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Policies and procedures	1.02 The healthcare service uses a risk management approach to: a. Establish and maintain policies, procedures and protocols b. Make policies, procedures and protocols easily available to the workforce c. Monitor and take action to improve adherence to policies, procedures and protocols d. Ensure compliance with relevant safety and quality legislation, regulation and jurisdictional requirements	1.07 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	–
Measurement and quality improvement	1.03 The healthcare service uses a range of data to: a. Identify priorities for safety and quality improvement b. Implement and monitor safety and quality improvement activities c. Measure changes in safety and quality outcomes d. Provide timely information on safety and quality performance to patients, carers and families and the workforce	1.08 The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	–
		1.09 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	–

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Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Risk management	1.04 The healthcare service: a. Supports the workforce to identify, mitigate and manage safety and quality risks b. Documents and routinely monitors safety and quality risks c. Plans for, and manages, ongoing service provision during internal and external emergencies and disasters	1.10 The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	–

Continued over

Item	Primary and Community Healthcare Standards – Action		NSQHS Standards – corresponding Action		Notes
Incident management and open disclosure	1.05	The healthcare service has an incident management system that: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or report incidents c. Involves the workforce in the review of incidents d. Provides timely feedback on the analysis of incidents to the workforce and patients, carers and families who have communicated concerns or incidents e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	1.11	The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	–
	1.06	The healthcare service uses the *Australian Open Disclosure Framework* when a patient is harmed through the delivery of health care	1.12	The health service organisation: a. Uses an open disclosure program that is consistent with the *Australian Open Disclosure Framework* b. Monitors and acts to improve the effectiveness of open disclosure processes	

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Feedback and complaints management	1.07 The healthcare service: a. Seeks feedback from patients, carers and families about their experiences and outcomes of health care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality system c. Uses feedback to improve safety and quality	1.13 The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	–
	1.08 The healthcare service: a. Provides opportunities for its patients to report complaints b. Has processes to address complaints in a timely way c. Uses information from the analysis of complaints to improve safety and quality	1.14 The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	–

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Patient populations and social determinants of health	1.09 The healthcare service identifies patient populations using its service at greater risk of avoidable differences in health outcomes, including: a. People of Aboriginal and Torres Strait Islander origin b. People with disability c. People with diverse backgrounds	1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm	–
	1.10 The healthcare service uses information on its patient populations to inform planning and delivery of health care for patients	1.15 The health service organisation: c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	–
Healthcare records	1.11 The healthcare service has a healthcare record system that: a. Makes the healthcare record available to healthcare providers at the point of care b. Supports healthcare providers to maintain accurate and complete healthcare records c. Complies with privacy and security regulations d. Supports audits of healthcare records e. Facilitates a patient's access to their healthcare record	1.16 The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	–
	1.12 The healthcare service has processes to: a. Receive and review reports on patients b. Recall patients and communicate about reports and health care options c. Take action on reports in a timely manner d. Document reports in a patient's healthcare record	–	New action

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National Safety and Quality
Primary and Community
Healthcare Standards

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Healthcare records (continued)	1.13 The healthcare service using My Health Record has processes to: a. Use national healthcare identifiers for patients and healthcare providers b. Use standard national terminologies c. Support healthcare providers to use My Health Record to optimise the safety and quality of health care for patients	1.17 The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	Not applicable when My Health Record system is not in use
	1.14 The healthcare service providing clinical information to the My Health Record system has processes to: a. Comply with legislative requirements b. Ensure the accuracy and completeness of information uploaded	1.18 The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	Not applicable when My Health Record system is not in use

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

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Primary and Community
Healthcare Standards

Clinical Governance Standard

Clinical performance and effectiveness

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Safety and quality training	1.15 The healthcare service: a. Provides its workforce with orientation and training to their safety and quality roles on commencement with the service, when safety and quality responsibilities change and when new healthcare services are introduced b. Identifies the training needs of its workforce to meet the requirements of these Standards c. Ensures its workforce completes training to meet its safety and quality training needs	1.19 The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	–
		1.20 The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	–
	1.16 The healthcare service supports its workforce to provide culturally safe services to meet the needs of its Aboriginal and Torres Strait Islander patients	1.21 The health service organisation has strategies to improve the cultural safety and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	–
Safety and quality roles and responsibilities	1.17 The healthcare service has processes to support its workforce to understand and fulfil their assigned safety and quality roles and responsibilities	1.25 The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	–

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Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Evaluating performance	1.18 The healthcare service has valid and reliable review processes for the workforce that: a. Are used to regularly review their performance b. Identify needs for training and development of safety and quality	1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	–
Scope of clinical practice	1.19 The healthcare service has processes to ensure that healthcare providers have the qualifications, knowledge and skills required to perform their role by: a. Describing the scope of clinical practice for healthcare providers practising in the healthcare service b. Monitoring healthcare providers' practices to ensure they are operating within their designated scope of clinical practice c. Reviewing healthcare providers' scope of clinical practice when a clinical service, procedure or technology is introduced or substantially altered	1.23 The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	–
Evidence-based care	1.20 The healthcare service: a. Provides its healthcare providers with ready access to best practice guidelines and available evidence, clinical care standards developed by the Australian Commission on Safety and Quality in Health Care and decision support tools relevant to their clinical practice b. Supports its healthcare providers to use best practice guidelines and available evidence, clinical care standards developed by the Australian Commission on Safety and Quality in Health Care and decision support tools relevant to their clinical practice to deliver best practice care	1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	–

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Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Variation in care delivered and health outcomes	1.21 The healthcare service supports its healthcare providers to: a. Monitor and review care delivered against relevant best practice care b. Explores reasons for variation of health care from best practice c. Uses information on unwarranted variation from best practice to improve health care	1.28 The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	–

Clinical Governance Standard

Safe environment for the delivery of care

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Safe environment	1.22 The healthcare service maximises safety and quality of health care: a. Through the design of the environment and management of the location where health care is provided b. By providing access to an environment, devices and equipment that are fit for purpose and well maintained c. By ensuring patients' privacy when health care is provided	1.29 The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	–
	1.23 The healthcare service identifies areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm to patients, carers, families, consumers and the workforce	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	–
	1.24 The healthcare service supports patients to access health care, including patients from diverse backgrounds and patients with a disability	–	**New action**
	1.25 The healthcare service provides a culturally safe environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	–

Partnering with Consumers Standard

Clinical governance and quality improvement systems to support partnering with consumers

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Integrating clinical governance	2.01 Healthcare providers 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. Monitoring processes for partnering with consumers	2.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers	–

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
Primary and Community Healthcare Standards

Partnering with Consumers Standard

Partnering with patients in their own care

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Healthcare rights and informed consent	2.02 The healthcare service: a. Uses a Charter of Rights consistent with the Australian Charter of Healthcare Rights b. Has processes to support the workforce to apply the principles of the Charter of Rights in the planning and delivery of health care c. Makes the Charter of Rights easily accessible for patients, carers, families and consumers d. Ensures its informed consent processes comply with legislation and best practice	2.03 The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	–
		2.04 The health service organisation ensures that its informed consent processes comply with legislation and best practice	–
	2.03 The healthcare service has processes to identify: a. The capacity of a patient to make decisions about their own health care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	2.05 The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	–
Shared decisions and planning care	2.04 The healthcare service has processes for healthcare providers to partner with patients and/or their substitute decision-maker to plan, communicate, set and review goals, make decisions and document their preferences about their current and future health care	2.06 The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	–
	2.05 The healthcare service supports the workforce to form partnerships with patients, carers and families so that patients can be actively involved in their own health care	2.07 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	–

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
**Primary and Community
Healthcare Standards**

Partnering with Consumers Standard

Health literacy

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Communication that supports effective partnerships	2.06 The workforce communicates with patients, carers, families and consumers about health and health care in a way that: a. Is tailored to the patient's needs and preferences b. Is easily understood c. Addresses the need for ongoing health care	2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	–
Accessing healthcare service information	2.07 The healthcare service makes information available to consumers on: a. The services available b. The opening hours and how to access health care c. Who can access the services d. Estimated service costs e. Alternative health care when the service is closed, after-hours and in an emergency f. Service location(s) and access details g. Mechanism for providing feedback and contact details for the appropriate healthcare complaints authority	–	**New action**

Partnering with Consumers Standard

Partnering with consumers in service design

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Partnerships in the planning, design, monitoring and evaluation of services	2.08 The healthcare service works in partnership with patients, carers, families and consumers to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of services	2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	–

Clinical Safety Standard

Clinical governance and quality improvement to support clinical safety

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Integrating clinical governance	3.01 The workforce uses safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for clinical safety b. Managing risks associated with clinical safety c. Identifying training requirements to support clinical safety	3.01 The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	–
		4.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	–
		5.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	–

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Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Integrating clinical governance (continued)	3.01 (continued)	6.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	–
		8.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	–

Continued over

Item	Primary and Community Healthcare Standards – Action		NSQHS Standards – corresponding Action		Notes
Applying quality improvement systems	3.02	The healthcare service applies the quality improvement system from the Clinical Governance standard when: a. Monitoring clinical safety risks b. Implementing strategies to improve clinical safety outcomes and associated processes c. Reporting on clinical safety	3.02	The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Applying quality improvement systems (continued)	3.02 (continued)	3.03 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources	–
		4.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Applying quality improvement systems (continued)	3.02 (continued)	5.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	–
		6.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	–
		8.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	–

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Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Partnering with consumers	3.03 The workforce uses the healthcare service's processes from the Partnering with Consumers Standard when addressing clinical safety to: a. Actively involve patients in their own health care b. Meet the patient's information needs c. Share decision-making	3.04 Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	–
		4.03 Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	–
		5.03 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Partnering with consumers (continued)	3.03 (continued)	6.03 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	–
		8.03 Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	–

Clinical Safety Standard

Preventing and controlling infection

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Standard and transmission-based precautions	3.04 The healthcare service has processes to apply standard and transmission-based precautions that are fit for the setting and consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	3.06 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	–
Hand hygiene	3.05 The healthcare service has a hand hygiene process that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the appropriate elements of the National Hand Hygiene Initiative, and jurisdictional requirements b. Supports the workforce and consumers to practise hand hygiene	3.10 The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative	–
Respiratory hygiene, cough etiquette and physical distancing	3.06 The healthcare service supports the workforce and consumers to practise respiratory hygiene, cough etiquette and physical distancing where relevant	–	New action

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Aseptic technique	3.07 Where aseptic technique is required as part of the provision of health care, the healthcare service has processes to: a. Identify procedures where aseptic technique applies b. Monitor healthcare providers' practices to ensure compliance with the healthcare service's policies and procedures on aseptic technique	3.11 The health service organisation has processes for aseptic technique that: a. Identify the procedures in which aseptic technique applies d. Monitor compliance with the organisation's policies on aseptic technique	Not applicable when evidence is provided that aseptic technique is not required in the delivery of health care
Invasive medical devices	3.08 Where invasive medical devices are used, the healthcare service has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*	3.12 The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*	Not applicable when evidence is provided that invasive medical devices are not required in the delivery of health care

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Clean and safe environment	3.09 The healthcare service has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements – to: a. Respond to environment risks, including novel infections b. Requires cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections	3.13 The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of in Healthcare and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections	–
	3.10 The healthcare service has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the healthcare service b. Clinical and non-clinical areas, and workplace amenity areas c. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings d. Handling, transporting and storage of linen e. Novel infections, and risks identified as part of a public health response or pandemic planning	3.14 The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Workforce screening and immunisation	3.11 The healthcare service has a risk-based workforce vaccine-preventable diseases screening and immunisation process that: a. Is consistent with the current edition of the *Australian Immunisation Handbook* b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Identifies and addresses specific risks to the workforce, consumers and patients	3.15 The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the *Australian Immunisation Handbook* b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients	–
Infections in the workforce	3.12 The healthcare service has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health safety regulation and the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and visitors, including for novel infections d. Promote non-attendance or remote-attendance at work and avoiding visiting or volunteering when infection is present or suspected e. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events where there is increased risk of transmission of infection	3.16 The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Reprocessing of reusable medical devices	3.13 Where reusable equipment, instruments and devices are used, the healthcare service has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A process for critical equipment, instruments, and devices that is capable of identifying the – patient – procedure – reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements and additional controls for novel and emerging infections	3.17 When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying – the patient – the procedure – the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections	Not applicable when sterile reusable critical medical instruments, equipment and devices are not used in the delivery of health care

Continued over

Item	Primary and Community Healthcare Standards – Action		NSQHS Standards – corresponding Action		Notes
Antimicrobial stewardship	3.14	The healthcare service that prescribes, supplies and/or administers antimicrobials: a. Provides healthcare providers with access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing b. Incorporates core elements, recommendations and principles from the current *Antimicrobial Stewardship Clinical Care Standard* into service delivery c. Supports healthcare providers who prescribe antimicrobials to review compliance of antimicrobial prescribing against current local or Australian therapeutic guidelines d. Supports healthcare providers to identify the areas of improvement and takes action to increase the appropriateness of antimicrobial usage e. Has mechanisms to educate consumers about the risks, benefits and alternatives to antimicrobials for their condition	3.18	The health service organisation has an antimicrobial stewardship program that: b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing d. Incorporates core elements, recommendations and principles from the current *Antimicrobial Stewardship Clinical Care Standard*	Not applicable when evidence is provided that a healthcare service does not prescribe, supply and/ or administer antimicrobial medicines
			3.19	The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use	–

Clinical Safety Standard

Medication safety

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Documentation, provision and access to medicines-related information	3.15 A healthcare service that prescribes, supplies and/or administers medicines has processes to ensure healthcare providers work within their scope of clinical practice to: a. Take a best possible medication history on presentation or as early as possible in the episode of care b. Ensure a patient's medicines-related information is included in a patient's healthcare record c. Partner with patients, carers and families in the management of their medicines d. Support patients, carers and families to maintain a current and accurate medicines list e. Encourage patients to share their medicines list with other healthcare providers involved in their care and/or does so on a patient's behalf with their consent f. Use information on a patient's medication history to minimise risks in the planning and delivery of health care	4.05 Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care. 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	Not applicable when evidence is provided that the healthcare service does not prescribe, supply and/or administer medicines

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Documentation, provision and access to medicines-related information (continued)	3.16 The healthcare service has processes to ensure healthcare providers work within their scope of clinical practice to: a. Provide information on medicines tailored to the patient's needs and preferences b. Take action when a healthcare provider or patient identifies a suspected medicines-related problem c. Report suspected adverse drug reactions to the Therapeutic Goods Administration	4.09 The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	–
		4.10 The health service organisation has processes: c. That specify the requirements for documentation of medication reviews, including actions taken as a result	–
		4.11 The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	–
Safe and secure storage and supply of medicines	3.17 A healthcare service that prescribes, stores, supplies and/or administers medicines complies with manufacturer's instructions, legislative and jurisdictional requirements for the: a. Safe and secure storage of medicines, including high-risk medicines b. Storage of temperature-sensitive medicines and cold chain management c. Supply of medicines d. Disposal of unused, unwanted or expired 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	Not applicable when evidence is provided that the healthcare service does not prescribe, supply and/or administer medicines
High-risk medicines	3.18 A healthcare service that prescribes, stores, supplies and/or administers medicines has processes to: a. Identify high-risk medicines within the service b. Safely store, prescribe, supply, administer and dispose of 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	Not applicable when evidence is provided that the healthcare service does not prescribe, supply and/or administer medicines

Clinical Safety Standard

Comprehensive care

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Multidisciplinary collaboration	3.19 The healthcare service: a. Collaborates with other healthcare providers involved in a patient's care b. Supports collaboration with other care providers to develop a coordinated approach to the planning and delivery of health care c. Facilitates reporting to a patient's other relevant care providers	5.04 The health service organisation has systems for comprehensive care that: c. Ensure timely referral of patients with specialist healthcare needs to relevant services	–
		5.05 The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork	–
		5.06 Clinicians work collaboratively to plan and deliver comprehensive care	–
Health promotion and prevention	3.20 The healthcare service has processes to support health education and promotion, illness prevention and early intervention for patients, considering its patient population	–	New action

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Planning and delivering comprehensive care	3.21 The healthcare service has processes to ensure healthcare providers work within their scope of practice to plan and deliver comprehensive care by: a. Conducting a risk screening and assessment b. Conducting a clinical assessment and diagnosis c. Identifying the patient's goals of care d. Developing and agreeing a plan for care in partnership with the patient e. Delivering comprehensive care in accordance with the agreed plan for health care f. Recalling patients for follow-up health care when required g. Reviewing and improving the processes of comprehensive care delivery h. Receiving a current advance care plan and incorporating it into a patient's healthcare record	5.07 The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment	–
		5.10 Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care	–
		5.14 The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	–
		5.17 The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	–

Continued over

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Planning and delivering comprehensive care (continued)	3.22 The healthcare service has processes to: a. Routinely ask if a patient is of Aboriginal and/or Torres Strait Islander origin b. Record this information in the patient's healthcare record c. Use this information to optimise the planning and delivery of health care	1.15 The health service organisation: c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	–
		5.08 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	–
	3.23 The healthcare service supports its workforce to meet the individual needs of its patients, including those: a. With disability b. From diverse populations	1.15 The health service organisation: c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	–
Comprehensive care at the end of life	3.24 Healthcare providers use a healthcare service's processes that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care* to: a. Identify patients who are at the end of life b. Use this information to plan and deliver health care	5.15 The health service organisation has processes to identify patients who are at the end of life that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*	Not applicable when evidence of end-of-life care is not provided
		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	–

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

Clinical Safety Standard

Communicating for safety

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Processes for effective communication	3.25 The healthcare service has processes that use at least three patient identifiers to ensure patients are correctly identified	6.05 The health service organisation: 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	–
	3.26 The healthcare service has processes to: a. Correctly match patients to their health care b. Ensure essential information is documented in a patient's healthcare record	6.06 The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	–
Communication to support patient referral and multidisciplinary collaboration	3.27 The healthcare service supports its healthcare providers to refer patients to other services and collaborate with other care providers by: a. Using best practice structured communication processes b. Considering the patient's risks, goals and preferences for health care c. Communicating information that is current, comprehensive and accurate	6.04 The health service organisation has clinical communications processes to support effective communication when: 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	–
Maximising patient attendance	3.28 The healthcare service has effective communication processes to maximise patient attendance at planned appointments	–	New action

Continued over

Item	Primary and Community Healthcare Standards – Action		NSQHS Standards – corresponding Action		Notes
Communication of critical information	3.29	The healthcare service uses its communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Relevant healthcare providers involved in the patient's care b. Patients, carers and families, in accordance with the patient's preferences	6.09	Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	–
	3.30	The healthcare service has communication processes for patients, carers and families to directly communicate critical information and risks about health care to their healthcare providers	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	–

Clinical Safety Standard

Recognising and responding to serious deterioration and minimising harm

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Recognising serious deterioration or distress and escalating care	3.31 Healthcare providers use the healthcare service's processes to: a. Recognise deterioration in a patient's physical, mental or cognitive health b. Respond to a patient within their scope of clinical practice and call for emergency assistance c. Notify a patient's other relevant healthcare providers, carers or family when their health care is escalated	8.04 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	–
		8.08 The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	–
		8.09 The workforce uses the recognition and response systems to escalate care	–

Item	Primary and Community Healthcare Standards – Action	NSQHS Standards – corresponding Action	Notes
Planning for safety	3.32 The healthcare service: a. Has processes to respond to patients who are distressed, have expressed thoughts of self-harm or suicide, or have self-harmed b. Has processes to respond to patients who present a risk of harm to others c. Provides information on accessing other services to patients with healthcare needs beyond the scope of the service d. Has a process that supports crisis intervention that is aligned to legislation	5.31 The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	–
		5.32 The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	–
		5.34 The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	–