AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality Cosmetic Surgery Standards

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Introduction

The Australian cosmetic surgery sector has grown exponentially to become a distinctive health service operating alongside the existing health framework. Cosmetic surgery is unique in that surgical interventions are employed, not for medical purposes, but to achieve a change in physical appearance which is more aesthetically pleasing from the perspective of the person undergoing cosmetic surgery.

In September 2022, in response to concerning reports of patient harm, Australian Health Ministers agreed to a suite of urgent reforms to the cosmetic surgery sector. As part of this announcement, the Australian Commission on Safety and Quality in Health Care (the Commission) was tasked with developing the National Safety and Quality Cosmetic Surgery Standards (Cosmetic Surgery Standards).

The development of the Cosmetic Surgery Standards complements other reforms[1], including:

- The National Licensing Framework for Cosmetic Surgery which outlines recommended regulatory powers for state and territory private health facility regulation, developed by the Commission
- Protection of the title of 'surgeon' through legislative amendments to ensure medical practitioners using this title have requisite training
- Stronger guidelines by the Medical Board of Australia (MBA) for medical practitioners conducting and advertising cosmetic surgery
- Introduction of a Cosmetic Surgery Area of Practice Endorsement by the MBA to provide clarity on the expected training to be undertaken by medical practitioners conducting cosmetic surgery.

Collectively these changes aim to ensure that people seeking cosmetic surgery can make informed choices and that the care they receive in undergoing cosmetic surgery is safe.

About the Cosmetic Surgery Standards

The Cosmetic Surgery Standards have been developed for implementation in Australia in every Service where cosmetic surgery is performed. A Service includes small day procedure clinics through to large health organisations.

Any surgery that poses a significant risk to a patient should be undertaken in a Service that is appropriately licensed and is required to meet expected national safety and quality standards, including cosmetic surgery.

There are specific safety and quality risks that are unique to the cosmetic surgery sector, and if not mitigated, can contribute to severe consequences for patient health outcomes. The Cosmetic Surgery Standards aim to protect the public from harm and improve the quality of cosmetic surgery in Australia. They are person-centred and describe the processes and structures that are needed to deliver safe and high-quality clinical care.

The Cosmetic Surgery Standards are comprised of seven individual standards. The Clinical Governance Standard and the Partnering with Consumers Standard set the overarching requirements, or clinical governance framework, for the effective implementation of all other standards.

Standard	Description
 **Clinical Governance**	The set of relationships and responsibilities established by a Service to measure and ensure good clinical outcomes. It ensures the community, regulators and funders of Services can be confident that systems are in place to deliver safe and high-quality care, and continuously improve the services that are delivered.
 **Partnering with Consumers**	The systems and strategies to create person-centred services in which patients and consumers are fully informed of the risks and costs of services and are provided information in a way they can understand to support shared decision making.
 **Preventing and Controlling Infections**	The systems and strategies to prevent infection, effectively manage infections, prevent and contain antimicrobial resistance and promote appropriate prescribing and use of antimicrobials as part of antimicrobial stewardship.
 **Medication Safety**	The systems and strategies to ensure clinicians are competent to safely prescribe, dispense, administer and monitor medicines, and patients understand their individual medicine needs and risks.
 **Comprehensive Care**	The integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.
 **Communicating for Safety**	The systems and strategies for effective communication between patients, carers, families and clinicians across the Service.
 **Recognising and Responding to Acute Deterioration**	The systems and processes to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

Each standard contains:

- A description of the standard
- Consumer outcome statements
- Statement of intent
- Criteria that describe the key areas covered by the standard
- Explanatory notes on the context of the standard
- Item headings for groups of actions in each criterion
- Actions, describing what is required to meet the standard.

The Cosmetic Surgery Standards are designed to mitigate risk relating to the delivery of clinical care within a Service where cosmetic surgery is performed. Some actions may also be relevant to legal, jurisdictional and business obligations.

At all times, a Service must adhere to regulatory requirements as prescribed in relevant Australian, state and territory legislation, such as licensing or work health and safety obligations.

The Cosmetic Surgery Standards provide a framework for the implementation of safety and quality processes and systems. Independent assessment against the Cosmetic Surgery Standards and the awarding of accreditation provides confidence to the community that a Service where cosmetic surgery is performed has the safety and quality systems and processes in place to meet expected patient safety and quality standards of care.

Where will the Cosmetic Surgery Standards apply?

The Cosmetic Surgery Standards have been developed for implementation in Australia in every Service where cosmetic surgery is performed.

Cosmetic surgery employs invasive surgical procedures, to revise or change the appearance, colour, texture, structure or position of normal bodily features and often involving cutting beneath the skin, with the dominant purpose of achieving what the patient perceives to be a more desirable appearance.[*] Cosmetic surgery is not used to prevent, diagnose or treat illness, disease or other medical conditions. In this context, cosmetic surgery does not include non-surgical cosmetic procedures such as cosmetic injectables.

The Commission is working with state and territory governments to ensure cosmetic surgery is conducted in appropriately licensed facilities that are accredited to national safety and quality standards, such as the Cosmetic Surgery Standards. State and territory regulators will determine any specific definitions to be applied in this context consistent with their jurisdictional licensing schemes.

Relationship with the National Safety and Quality Health Service Standards

The Cosmetic Surgery Standards are aligned in structure and intent to the National Safety and Quality Health Service (NSQHS) Standards (second edition), which are implemented in all Australian hospitals and day procedure hospitals.

Where cosmetic surgery is performed in a Service already accredited to the NSQHS Standards, that Service will continue to be assessed to the NSQHS Standards and will also be required to implement and be assessed to a small number of actions from the Cosmetic Surgery Standards that address the specific safety and quality risks unique to cosmetic surgery. This mechanism will enable a Service to demonstrate compliance against both the NSQHS Standards and the Cosmetic Surgery Standards, while undergoing only one assessment process.

All safety and quality standards developed by the Commission are reviewed periodically to ensure they reflect contemporary practice and evidence. Relevant changes to the NSQHS Standards will flow to other safety and quality standards as they are updated.

[*] Refer to the Medical Board of Australia Guidelines for registered medical practitioners who perform cosmetic surgery and procedures, for further guidance.

Relationship with Medical Board of Australia requirements

The Cosmetic Surgery Standards complement and are aligned with the reforms to medical practitioner regulation being implemented by the Medical Board of Australia (MBA). The Cosmetic Surgery Standards require a Service to assure itself medical practitioners conducting cosmetic surgery in its facility address critical safety and quality risks to patients. This provides confidence to the public that should they choose to have cosmetic surgery, there will be systems and processes in place to protect them from harm. See the Commission's website for further information on the available safety and quality standards.

As part of reforms to cosmetic surgery, the MBA and the Australian Health Practitioner Regulation Agency (Ahpra) have issued stronger guidance for doctors who conduct and advertise cosmetic surgery. A Cosmetic Surgery Area of Practice endorsement mechanism has been introduced. These changes provide greater clarity for medical practitioners conducting cosmetic surgery and will make it easier for patients and consumers to confirm their chosen doctor is appropriately qualified. See Ahpra's Cosmetic Surgery Hub for helpful information for practitioners and the public.

Terminology used in the Standards

The following terminology has been adopted in the Cosmetic Surgery Standards. A glossary is included at the end of this document.

'Patient'

'Patient' means a person or group considering or receiving cosmetic surgery. 'Client' and all other relevant terms used by the cosmetic surgery industry are encompassed by the term 'patient'.

'Consumer'

'Consumer' means a person, or carer of a person, who has or may potentially use a Service where cosmetic surgery is performed.

'Clinician'

'Clinician' means a registered health practitioner who is involved in the provision of cosmetic surgery. A clinician may also be referred to as a healthcare professional, healthcare provider or practitioner, or a profession-specific description, for example 'medical practitioner', 'surgeon', 'nurse', or 'psychologist'.

'Workforce'

'Workforce' means all people working in a Service, including clinicians and any other (medical or non-clinical) employed, credentialled or contracted, locum, agency, trainee, student, volunteer or peer workers.

‘Service’

‘Service’, means the physical setting where cosmetic surgery is performed. The Service may vary in size and complexity. A Service ranges from a small day-only Service, where the clinical, administrative and management operations of the organisation are the responsibility of a single person or a small number of people, to complex organisations comprised of many clinicians who may not be directly employed, a supporting workforce, management and an overarching governing body.

Wherever a ‘Service’ is used in these standards, this refers to those responsible for leading and governing the Service and setting where cosmetic surgery is performed.

How actions in the Cosmetic Surgery Standards are implemented by a Service will depend on its size, organisational complexity and relevant members of the workforce.

‘Scope of clinical practice’

‘Scope of clinical practice’ means the extent of an individual clinician’s clinical practice, based on the individual’s skills, knowledge, professional registration, performance and suitability, in the context of the needs, resources and capacity of the Service. This is distinct from ‘scope of practice’, a term commonly used by Australian health practitioner national boards and refers to an individual clinician’s practice.[2]

‘Systems’

Systems means the resources, policies, processes and procedures which are organised, integrated, regulated and administered to accomplish a stated goal. Safety and quality systems will vary depending on the size of the Service and the risks associated with the cosmetic surgery being delivered. The Cosmetic Surgery Standards rely on Services establishing safety and quality systems to minimise the risk of harm to patients.

Clinical Governance Standard

A Service has a responsibility to the community for continuous improvement of the safety and quality of the services it delivers, and ensuring they are person centred, safe and effective.

Consumer outcome

I am confident the Service is well run and that I will receive safe, high-quality clinical care.

Intention of this standard

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

Explanatory notes

Clinical governance

Clinical governance is the set of relationships and responsibilities established by a Service between regulators and funders, managers, owners and governing bodies (where relevant), clinicians, healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes (see **Figure 1**).[3] It ensures that:

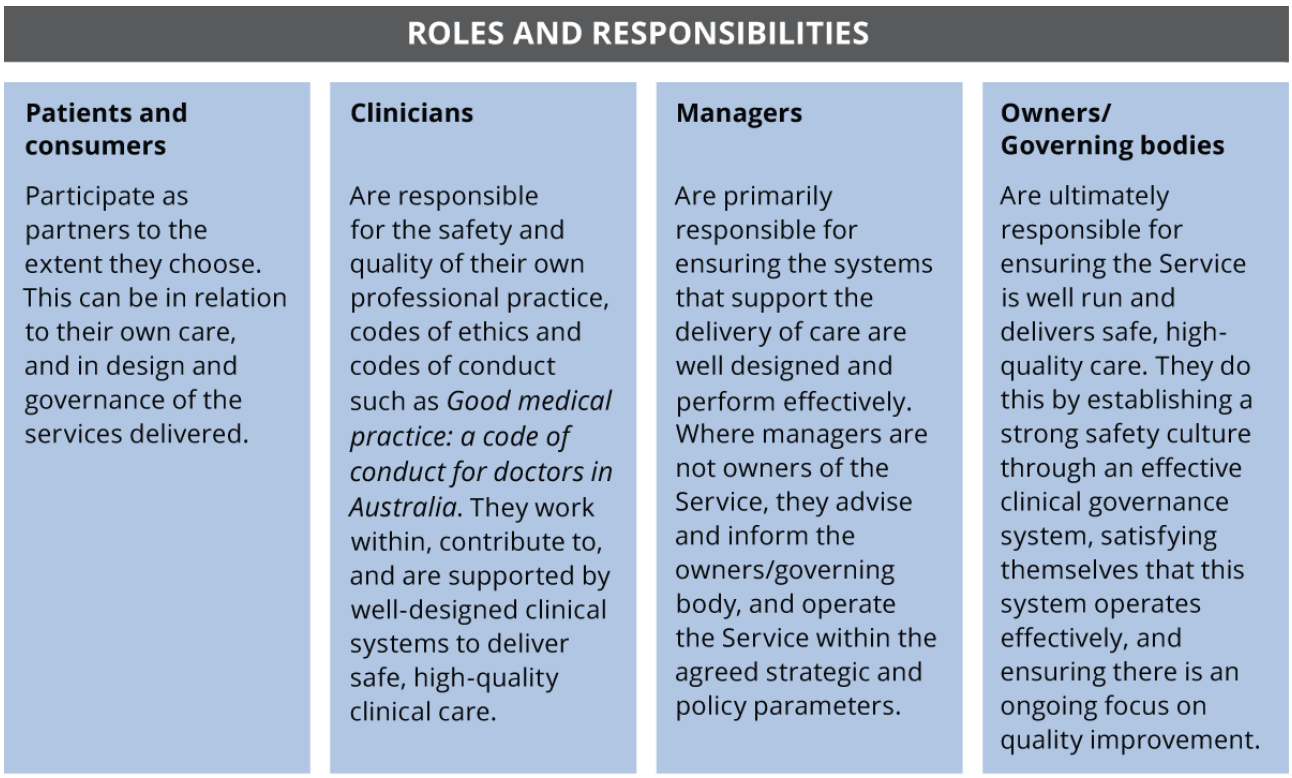
- The community can be confident there are systems in place to deliver safe and high-quality care
- There is a commitment to continuously improve services that are delivered and a commitment to patient safety
- Everyone is accountable to patients and the community for ensuring the delivery of safe, effective and high-quality care. This includes the Service, clinicians, managers, other members of the workforce, owners and governing bodies (where they exist). Depending on the size of the Service, multiple roles may be carried out by the same individual.[3]

Clinical governance framework

A Service's clinical governance framework describes the safety and quality systems and processes that need to be in place to ensure the delivery of safe, high-quality care. The existence of a robust clinical governance framework provides assurances to patients and the community of safe care as well as driving improvements in cosmetic surgery.

The Clinical Governance Standard together with the Partnering with Consumers Standard when fully implemented, form a comprehensive clinical governance framework. This provides a foundation to support the implementation of the remaining standards, which address areas of high risk to patients that are commonly encountered.

Figure 1: Roles and responsibilities for clinical governance



See Good medical practice: a code of conduct for doctors in Australia.

Governance, leadership and culture

A Service sets up and uses clinical governance systems to improve the safety and quality of services delivered to patients.

Consumer outcome

I know the services delivered are high-quality and the Service continuously makes improvements.

Item	Action
Governance, leadership and culture	1.01 The Service: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists 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 these are communicated effectively to the workforce d. Establishes and maintains a clinical governance framework and uses the processes within the framework to drive improvements in safety and quality e. Clearly defines the safety and quality roles, responsibilities and accountabilities for those governing the Service, management, clinicians and the workforce f. Monitors the action taken as a result of clinical incidents g. Reviews and monitors its progress on safety and quality performance h. Establishes and maintains systems for integrating care with other services involved in a patient's care
	1.02 The Service considers and prioritises the safety and quality of health care for patients in its business decision-making
	1.03 The Service establishes and maintains systems to adapt clinical practices to reduce and mitigate its contribution to emissions
	1.04 The Service has processes to assure itself clinicians conducting cosmetic surgery: a. Fully comply with Medical Board of Australia and state and territory requirements b. Allow sufficient time for informed consent processes to occur c. Ensure advertising of cosmetic surgery that they commission or are referenced in complies with legislation, national codes and guidelines
	1.05 Clinical leaders support clinicians and others in the workforce to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Function within the clinical governance framework to improve the safety and quality of cosmetic surgery for patients

Patient safety and quality systems

Safety and quality systems are integrated with governance processes to enable the Service to actively manage and improve the safety and quality of care for patients.

Consumer outcome

I know the services I receive are well organised and my feedback is heard and is actioned.

Item	Action
Policies and Procedures	1.06 The Service 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	1.07 The Service supports clinicians to contribute complete and accurate clinical data to clinical quality registries specified by the Medical Board of Australia relevant to clinicians' scope of clinical practice
	1.08 The Service: a. Uses reports from clinical quality registries and its administrative, clinical and performance data to identify priorities for safety and quality improvement b. Acts on, reviews and monitors identified priorities for safety and quality improvement c. Measures changes in safety and quality indicators and outcomes d. Provides timely information on safety and quality improvement and performance to the governing body, the workforce and patients
Risk management	1.09 The Service: a. Supports the workforce to identify, mitigate, report and manage safety and quality risks b. Routinely documents and monitors safety and quality risks c. Plans for, and manages, service provision during internal and external emergencies and disasters, including cyber security risks and threats

Item	Action
Incident management and open disclosure	1.10 The Service has an incident management system that: a. Supports the workforce to communicate concerns and 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 to patients 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. Is regularly reviewed and improved to support the effectiveness of care
	1.11 The Service supports clinicians to use the Australian Open Disclosure Framework[4] when a patient is harmed from the provision of cosmetic surgery
Feedback and complaints management	1.12 The Service: a. Has processes to regularly seek feedback from patients 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. Reviews and reports on feedback to improve safety and quality systems
	1.13 The Service: a. Supports 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 d. Provides patients with the contact details of relevant healthcare complaints authorities when there are unresolved complaints
Healthcare records	1.14 The Service has a system for maintaining a record of care that: a. Makes the record available to clinicians at the point of care b. Requires the workforce to maintain accurate and complete records c. Complies with security and privacy regulations d. Supports systematic audit of clinical information e. Integrates multiple information systems, where they are used
	1.15 The Service has processes to: a. Collect patient information prior to admission b. Ensure patients that are admitted comply with the Service's admission policies
	1.16 The Service uses a digital clinical information system that: a. Enables clinical information to be integrated into nationally agreed electronic health records b. Supports interoperability by the use of the national healthcare unique identifier and standard national terminology

Item	Action
	1.17 Where the Service is adding clinical information into the nationally agreed electronic health records, it implements processes for the workforce to access information in compliance with legislative requirements

Clinical performance and effectiveness

The workforce has the right qualifications, knowledge and skills to deliver safe, high-quality services to patients.

Consumer outcome

I get the services that I need from people who are qualified to provide my care.

Item	Action
Safety and quality training	1.18 The 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 services are introduced b. Identifies the training needs of its workforce to meet the requirements of these standards c. Ensures the workforce completes mandatory safety and quality training
Evaluating performance	1.19 The Service has effective and reliable processes to: a. Regularly review the performance of its workforce b. Monitor performance to ensure clinicians are adhering to professional standards, codes and guidelines c. Identify and provide access for training needs d. Make mandatory notifications about clinicians as required by legislation and jurisdictional requirements
Credentialing and scope of clinical practice	1.20 The Service has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation b. Monitor performance to ensure that clinicians function within their designated scope of clinical practice c. Review and provide clinicians with data on safety and quality incidents, feedback and complaints received d. Use information from safety and quality incidents, feedback and complaints to review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered

Item	Action
	1.21 The Service has credentialing processes to verify the qualifications and experience of clinicians providing cosmetic surgery to ensure only clinicians with appropriate qualifications, skills and training recognised by national legislation: a. Conduct cosmetic surgery b. Assist with the provision of anaesthetics for cosmetic surgery
Safety and quality roles and responsibilities	1.22 The Service has processes to support its workforce to understand the clinical governance framework and fulfill their assigned safety and quality roles and responsibilities
Evidence-based care	1.23 The Service has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care
Variation in clinical care and patient outcomes	1.24 The Service supports its clinicians to: a. Monitor and review data on variation in patient outcomes and clinical care provided against best practice care b. Explore reasons for variation from best practice c. Use information on unwarranted clinical variation to improve clinical care and patient outcomes

Safe environment for the delivery of care

The environment in which cosmetic surgery is delivered promotes safe and high-quality care for patients.

Consumer outcome

I feel safe and comfortable accessing services.

Item	Action
Safe environment	1.25 The Service 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 safe and fit for purpose
	1.26 The Service admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so

Partnering with Consumers Standard

A Service develops, implements, and maintains systems to partner with consumers when they are receiving services.

Consumer outcome

I am a partner in how services are delivered to me and my opinion is valued in designing and delivering services.

Intention of this standard

The Partnering with Consumers Standard recognises the importance of working with consumers in the planning and delivery of services and providing clear communication to minimise risks of harm.

Explanatory notes

Partnering with consumers

Delivering services that are based on partnerships provides many benefits for patients, consumers, clinicians, and Services.

Effective partnerships exist when people are treated with dignity and respect, information is shared with people, and participation and collaboration in the delivery of services are encouraged and supported to the extent that people choose.[5] Effective partnerships, a positive experience for patients, high-quality care and improved safety are all linked.[6,7,8]

At the individual level, partnerships relate to the interaction between clinicians and patients when services are provided. This involves providing care that is respectful; sharing information in an ongoing way; working with patients, carers and families to make decisions and plan care; and supporting and encouraging patients to actively participate in their own care.[6]

At the Service level, partnerships relate to the relationship with consumers that values and incorporates their views into the planning, design, delivery, monitoring and evaluation of cosmetic surgery.[6]

The processes involved with these partnerships will vary according to the type and scope of cosmetic surgery being delivered.

Clinical governance framework

A Service's clinical governance framework describes the safety and quality systems and processes that need to be in place to ensure the delivery of safe, high-quality services. The existence of a robust clinical governance framework provides assurance to patients and the community that the Service provides safe care and drives improvements in cosmetic surgery.

Services implementing the Partnering with Consumers Standard together with the Clinical Governance Standard will establish a robust clinical governance framework. This will provide a foundation to support the implementation of all standards and considers high-risk areas commonly occurring in cosmetic surgery.

Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights (the Charter) (**Figure 2**) describes the rights that consumers, or someone they care for, can expect when receiving care. In doing so, a Service ensures the seven healthcare rights described in the Charter are upheld in the planning and delivery of care.

Figure 2: The Australian Charter of Healthcare Rights[9]

Clinical governance and quality improvement systems to support partnering with consumers

Systems are designed and used to support patients, carers, families and consumers to partner in the delivery of care.

Consumer outcome

I am supported to be a partner in my own care.

Item	Action
Integrating clinical governance	2.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Monitoring processes for partnering with consumers
Applying quality improvement systems	2.02 The Service 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 processes for partnering with consumers

Partnering with patients in their own care

Partnering with patients underpins the delivery of services. Patients are partners in their own care to the extent they choose.

Consumer outcome

I can choose how I partner in my care.

Item	Action
Healthcare rights	2.03 The Service: a. Uses the Australian Charter of Healthcare Rights[9] b. Has processes to support the workforce apply the principles of the Australian Charter of Healthcare Rights in the planning and delivery of cosmetic surgery c. Makes the Australian Charter of Healthcare Rights easily accessible for the workforce and patients
Informed consent	2.04 The Service ensures that its informed consent processes comply with legislation and best practice
	2.05 The Service has processes to provide patients with informed financial consent relating to cosmetic surgery prior to admission
	2.06 The Service has processes to assure itself that clinicians conducting cosmetic surgery have provided patients: a. Information about the cosmetic surgery including expected outcomes, duration of expected outcomes, risks relevant to the patient and possible complications b. Information about any medical devices planned for use c. Information on all financial costs relating to the cosmetic surgery d. Information on any possible future costs including management of complications
	2.07 The Service has processes to ensure informed consent is given by a legally eligible decision-maker for patients under the legal age of consent
Shared decisions and planning care	2.08 The Service has processes for clinicians to partner with patients to plan, communicate, set and review goals, make decisions and document their preferences for cosmetic surgery
	2.09 The Service supports the workforce to partner with patients, so that patients can be actively involved in their own care

Health literacy

A Service communicates with consumers in a way that supports effective partnerships.

Consumer outcome

I am given the information I need, in a way I can understand, to support me in making decisions about the services I receive.

Item	Action
Accessing Service information	2.10 The Service makes information freely available to consumers on: a. Service location(s) and access details b. The clinicians conducting cosmetic surgery in the Service c. Estimated costs associated with cosmetic surgery performed in the Service d. Where estimated costs of services not directly charged by the Service can be obtained e. Where to access post-operative health care if the Service is closed, and in an emergency f. Mechanisms for providing feedback and contact details for the appropriate healthcare complaints authority
Communication that supports effective partnerships	2.11 The Service supports clinicians to communicate with patients about cosmetic surgery to ensure: a. Information is provided in a way that meets the needs of patients, and is easy to understand and use b. The clinical needs of patients are addressed while they are accessing cosmetic surgery c. On discharge, patients are provided with verbal and written information about their ongoing care and what to do if emergency assistance is required
Advertising	2.12 The Service has processes to assure itself that advertising of cosmetic surgery it commissions or is referenced in: a. Is not false, misleading or deceptive, or likely to be misleading, or deceptive b. Does not offer a gift, discount or other inducement c. Does not use testimonials or purported testimonials about the surgery d. Does not create unreasonable expectation of beneficial treatment e. Does not directly or indirectly encourage the indiscriminate use of cosmetic surgery

Partnering with consumers in service design

Consumers are partners in the planning, design, delivery, monitoring and evaluation of cosmetic surgery.

Consumer outcome

My opinion matters in the development, delivery and review of cosmetic surgery.

Item	Action
Partnerships in the planning, design, monitoring and evaluation of cosmetic surgery services	2.13 The Service partners with the workforce and patients to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of cosmetic surgery services

Preventing and Controlling Infections Standard

Evidence-based processes are used to prevent and control infections, antimicrobials are appropriately used and prescribed, and the Service is clean and hygienic.

Consumer outcome

My risk of getting or spreading infection is assessed and minimised.

Intention of this standard

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

Explanatory notes

Many infections are associated with the provision of clinical care and affect a large number of patients and, in some cases, consumers and members of the workforce.[10] These infections:

- Cause considerable harm and may increase risk of morbidity, and death
- Increase the use of healthcare services
- Place greater demands on the workforce and healthcare services.

Infection prevention and control within clinical settings aims to minimise the risk of transmission of infections and the development of resistant organisms.

An effective risk management system for infection prevention and control involves the identification of hazards, and assessment and control of risks for patients, consumers, visitors, and the members of the workforce, so far as is reasonably practicable. This approach requires consultation, cooperation and coordination between services, patients, consumers and members of the workforce.

The risk of developing resistant organisms can be minimised through antimicrobial stewardship.

Antimicrobial stewardship

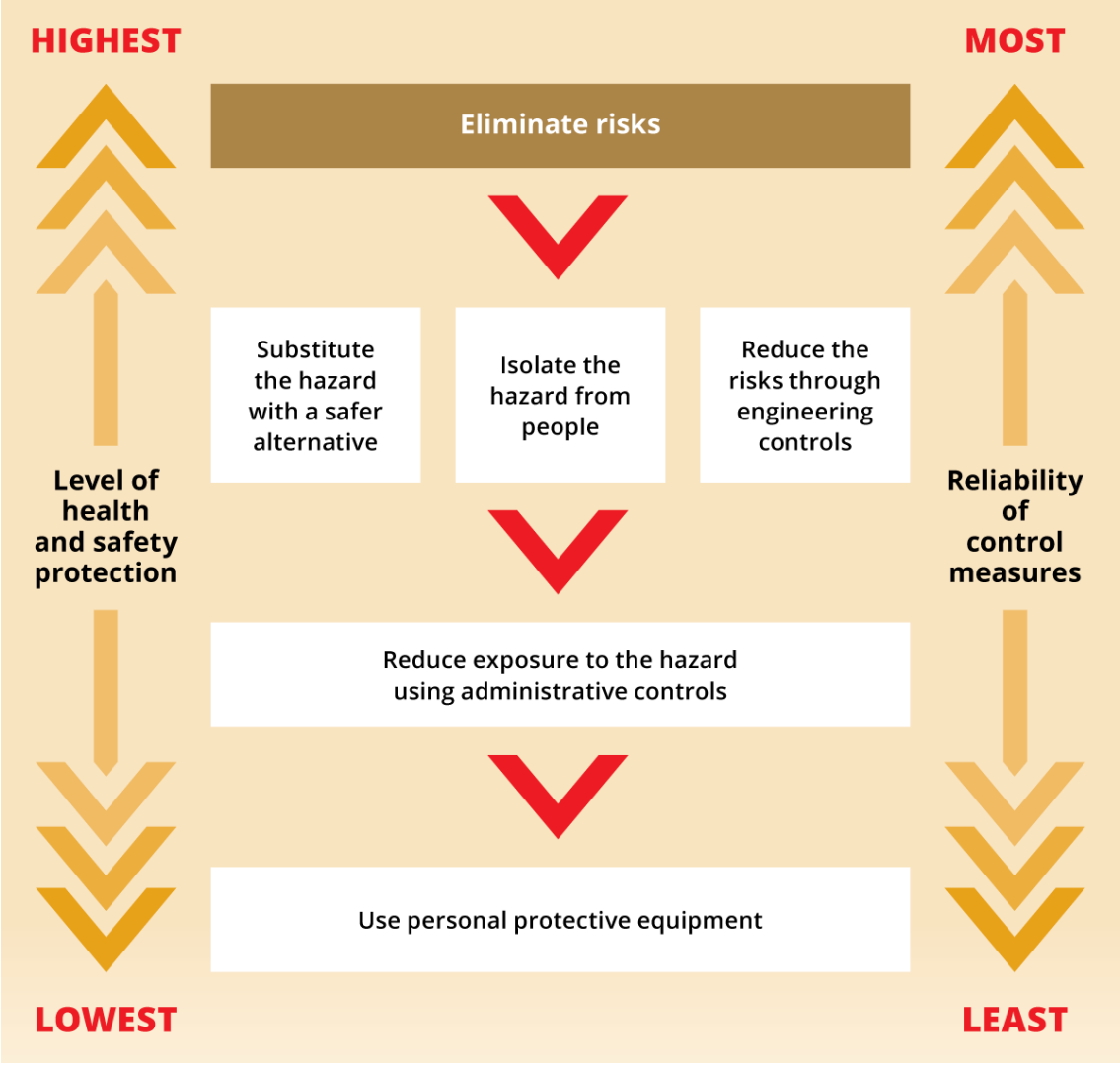
Antimicrobial stewardship is the ongoing effort by a Service to optimise antimicrobial use among patients to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae

of antimicrobial use (including antimicrobial resistance). An antimicrobial stewardship program involves strategies and interventions that aim to reduce unnecessary antimicrobial use and promote the use of agents that are less likely to select for resistant microorganisms.[11]

Reduce the risk of infection

The Preventing and Controlling Infections Standard requires a Service to use evidence-based systems to reduce the risk of infection using the hierarchy of controls in conjunction with infection prevention and control systems. The hierarchy of controls is a model used in work health and safety management to control hazards that ranks controls from most to least reliable (**Figure 3**). If it is not reasonably practical to eliminate risks, then risks must be minimised, as far as is reasonably practicable, by using one or a combination of substitution, isolation, or engineering controls, followed by administrative controls and personal protective equipment.[12]

Figure 3: The hierarchy of controls[13]



Source: Safe Work Australia

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

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

Consumer outcome

I am confident that the Service is clean and hygienic.

Item	Action
Integrating clinical governance	3.01 The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks
	3.02 The Service: a. Identifies and manages 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 the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Has resources and 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 the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks

Item	Action
Applying quality improvement systems	3.03 The Service 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 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 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
Surveillance	3.04 The Service has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the Service c. Monitors, assesses and uses surveillance data, where available, to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, patients and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the Service f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, patients and other relevant groups

Infection prevention and control systems

Evidence-based processes are used to prevent and control 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 Service implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

Consumer outcome

My risk of getting or spreading an infection is assessed and minimised.

Item	Action
Standard and transmission-based precautions Standard precautions include hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or bodily fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management. Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.	3.05 The 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*,[14] and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws.
	3.06 The Service has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions h. Processes for appropriate storage and management of clinical waste and linen
	3.07 The workforce applies standard and transmission-based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; workflow design; service design; surface finishes e. Precautions required when a patient is moved within the Service or between external Services f. The need for additional environmental cleaning or disinfection processes and resources g. The type of procedure being performed h. Equipment required for routine care
	3.08 The Service has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection

Item	Action
Hand hygiene	3.09 The Service 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. Supports the workforce and consumers to practice hand hygiene
Aseptic technique	3.10 The Service has processes for aseptic technique that: a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency of aseptic technique d. Monitor compliance with the organisation's policies on aseptic technique
Invasive medical devices	3.11 The Service has processes for the appropriate selection, use, management and removal of invasive medical devices that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[14]
Clean and safe environment	3.12 The 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*[14] and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy
	3.13 The Service has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the Service b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of 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
Workforce screening and immunisation	3.14 The Service 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*[15] b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients

Item	Action
Infections in the workforce	3.15 The 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 and safety regulation and the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[14] b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and ongoing services, including for novel infections d. Promote non-attendance for staff at work if unwell and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and Services f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection
Reprocessing of reusable medical devices	3.16 When reusable equipment and devices are used, the 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 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
Antimicrobial stewardship	3.17 The Service has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence-based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current *Antimicrobial Stewardship Clinical Care Standard*[16] e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement

Item	Action
	3.18 The Service's antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding: – compliance with the antimicrobial stewardship policy and guidance – areas of action for antimicrobial resistance – areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing – the Service's performance over time for use and appropriateness of use of antimicrobials

Medication Safety Standard

Systems are in place to support the safe, appropriate, and effective use of medicines, reduce the risks associated with adverse events involving medicines and improve the safety and quality of medicine use.

Consumer outcome

My risks from adverse events involving medicines are assessed and minimised. I am supported to understand and make decisions about my medicines.

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.

Explanatory notes

Medicines are the most common treatment used in clinical care. Although appropriate use of medicines contributes to significant improvements in health, medicines can also be associated with harm.[17]

Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events when compared with other clinical interventions. Some of these adverse events are costly, and up to 50% are potentially avoidable.[18] Errors affect both clinical outcomes for consumers and healthcare costs.[19]

Standardising and systemising processes can improve medication safety by preventing medication incidents.

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.

Consumer outcome

My risks from adverse events involving medicines are assessed and minimised.

Item	Action
Integrating clinical governance	4.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management
Applying quality improvement systems	4.02 The Service 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
Medicines scope of clinical practice	4.03 The Service has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians

Documentation of patient information

The Service records and makes available the best possible medication history, including information relating to medicine allergies and adverse events involving medicines when commencing an episode of care.

Consumer outcome

My medication history is recorded and referred to during my care.

Item	Action
Medication reconciliation	4.04 Clinicians take a best possible medication history as part of the assessment of a patient's suitability for cosmetic surgery and reconfirm the history as early as possible in the provision of cosmetic surgery and at transitions of care
Adverse events involving medicines	4.05 The Service has processes for documenting a patient's history of medicine allergies and adverse events involving medicines and medical devices in the record for cosmetic surgery on presentation
	4.06 The Service has processes for documenting adverse events involving medicines and medical devices experienced by patients during an episode of care in the healthcare record and in the Service's incident reporting system
	4.07 The Service has processes for reporting adverse events involving medicines and medical devices experienced by patients to: a. Relevant clinicians involved in the patient's care b. The Therapeutic Goods Administration, in accordance with its requirements

Continuity of medication management

The Service reviews a patient's medicines, and information is provided to the patient about their medicine needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.

Consumer outcome

I receive a medicines list and am supported to understand and make decisions about my medicines.

Item	Action
Information for patients	4.08 The Service has processes to support clinicians to provide patients with information about their individual medicines needs and risks
	4.09 The Service has processes to: a. Support patients to maintain a current and accurate medicines list b. Encourage patients to share their medicines list with receiving clinicians at transitions of care and/or does so on a patient's behalf with their consent c. Use information on a patient's medication history to minimise risks in the planning and delivery of cosmetic surgery

Medication management processes

A Service procures medicines for safety. Clinicians are supported to supply, store, compound, manufacture, prescribe, dispense, administer, monitor and safely dispose of medicines.

Consumer outcome

The medicines I need are available and safely administered when I need them.

Item	Action
Information and decision support tools for medicines	4.10 The Service ensures that information and decision support tools for medicines are available to clinicians
Safe and secure storage and distribution of medicines	4.11 The Service complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines
High-risk medicines	4.12 The Service: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, supply and administer high-risk medicines safely

Comprehensive Care Standard

Comprehensive care is the coordinated delivery of the total clinical care required with regard for a patient's preferences. It may be a discrete episode of care or part of an ongoing comprehensive care plan.

Consumer outcome

My clinical care is safe, of high-quality and is tailored to meet my needs and preferences.

Intention of this standard

To ensure patients receive comprehensive care.

Comprehensive care is defined as the coordinated delivery of the total clinical care required with regard for a patient's preferences. This clinical care is planned and delivered in collaboration with the patient. It considers the effect of the patient's health issues on their life and wellbeing and is clinically appropriate.

Explanatory notes

Safety and quality gaps are often reported as failures to provide adequate care for specific conditions, or in specific situations or settings, or to achieve expected outcomes in certain populations. The actions relating to comprehensive care aim to address the underlying issues related to many adverse events, which often include failures to:

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

Clinical governance and quality improvement to support comprehensive care

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

Consumer outcome

The services delivered to me are safe, high-quality and comprehensive.

Item	Action
Integrating clinical governance	5.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care
Applying quality improvement systems	5.02 The Service 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 the delivery of comprehensive care
Designing systems to deliver comprehensive care	5.03 The Service has systems for comprehensive care that: a. Provide care to patients in the setting that best meets their clinical needs b. Ensure timely referral of patients with specialist healthcare needs to relevant services c. Identify, at all times, the clinician with overall accountability for a patient's care
Collaboration and teamwork	5.04 The Service has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team
	5.05 Clinicians work collaboratively to plan and deliver comprehensive care
	5.06 The Service facilitates reporting to other relevant clinicians involved in a patient's ongoing care

Planning and delivering comprehensive care

Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop and deliver on a goal-directed comprehensive care plan.

Consumer outcome

My care is delivered in partnership with me and is tailored to meet my needs and preferences.

Item	Action
Suitability for cosmetic surgery	5.07 The Service has processes to assure itself that clinicians conducting cosmetic surgery assess a patient's suitability for the cosmetic surgery and is informed by: a. A patient's general health, including psychological health and other medical conditions that may impact suitability for cosmetic surgery b. Where available, information from a patient's referring clinician c. The patient's goals d. Outcomes of independent psychological assessments when further assessment is undertaken
Screening and assessment	5.08 The Service has processes relevant to the patient accessing cosmetic surgery for integrated and timely screening and assessment
Planning and delivering comprehensive care	5.09 The Service has processes to assure itself that clinicians conducting cosmetic surgery: a. Develop and agree to a plan for the cosmetic surgery with the patient b. Deliver cosmetic surgery in accordance with the agreed plan for cosmetic surgery c. Monitor patients following cosmetic surgery d. Provide post-operative discharge instructions to the patient, including when to seek emergency assistance e. Schedule follow-up health care when required
Minimising patient harm from falls	5.10 The Service has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-falls management
	5.11 The Service ensures that equipment, devices and tools are available to promote safe mobility and manage risks of falls
	5.12 Clinicians providing care to patients at risk of falls provide patients with information about reducing falls risks and fall-prevention strategies

Communicating for Safety Standard

Communicating for safety aims to ensure timely, purpose-driven, effective communication and documentation that supports continuous, coordinated and safe clinical delivery of services for patients.

Consumer outcome

The people involved in my care communicate with each other about my care, so I receive the clinical care I need.

Intention of this standard

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

Explanatory notes

Communication is a key safety and quality issue in clinical care. The actions relating to communicating for safety recognise the importance of effective communication and its role in supporting continuous, coordinated and safe patient care.

Communication is inherent to patient care, and informal communication will occur throughout clinical care delivery. It is not intended these actions will apply to all communications within a Service. Rather, the intention is to ensure that systems and processes are in place at key times when effective communication is critical to patient safety, for example, during transitions of care.

Clinical governance and quality improvement to support comprehensive care

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

Consumer outcome

People involved in my care are able to communicate with each other about my care.

Item	Action
Integrating clinical governance	6.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication
Applying quality improvement systems	6.02 The Service 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
Organisational processes to support effective communication	6.03 The Service has clinical communications processes to support effective communication when: a. Patient identification and procedure matching should occur b. All or part of a patient's care is transferred within a Service, between multidisciplinary teams, between clinicians or between Services, and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes

Correct identification and procedure matching

Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.

Consumer outcome

My Service is able to identify who I am, so I receive the clinical care I need.

Item	Action
Correct identification and procedure matching	6.04 The Service: 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 cosmetic surgery is provided; and when clinical handover, transfer or discharge documentation is generated
	6.05 The Service specifies the: a. Processes to correctly match patients to their care b. Information that is documented about the process of correctly matching patients to their intended care

Communication at clinical handover

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

Consumer outcome

The people involved in my care share the right information about my care to ensure my care is safe.

Item	Action
Clinical handover	6.06 The Service, 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 the patient c. Clinicians who are to be involved in the clinical handover
	6.07 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 information, responsibility and accountability for care

Communication of critical information

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

Consumer outcome

The people and the Service involved in my care are able to escalate care when required and in a timely way.

Item	Action
Communicating critical information	6.08 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, to patients and clinicians who make decisions about ongoing healthcare
	6.09 The Service ensures there are communication processes for patients to directly communicate critical information and risks about care to clinicians

Documentation of information

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

Consumer outcome

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

Item	Action
Documentation of information	6.10 The Service 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 patient's care plan

Recognising and Responding to Acute Deterioration Standard

A Service has systems in place to recognise and respond to serious deterioration in patients and escalate clinical care appropriately.

Consumer outcome

If my health deteriorates, I know I will receive the clinical care I need, in a timely way.

Intention of this standard

To ensure that a person's acute deterioration is recognised promptly, and appropriate action is taken.

Explanatory notes

Serious adverse events are often preceded by observable physiological and clinical abnormalities.[20] Other serious events such as suicide or aggression are also often preceded by observed or reported changes in a person's behaviour or mood that can indicate a deterioration in mental state. Early identification of deterioration may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates.[21]

The *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*,[22] has been endorsed by Australian Health Ministers as the national approach for recognising and responding to clinical deterioration in acute care facilities in Australia. It provides a consistent national model to support clinical, organisational and strategic efforts to improve recognition and response systems.

The *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*[23] outlines the principles that underpin safe and effective responses to deterioration in a person's mental state, and provides information about the interrelated components that a Service can implement to deliver this care.

Further information on recognising and responding to acute deterioration is available on the Commission's website.

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.

Consumer outcome

The people involved in my care are able to recognise and respond in a timely way if my health deteriorates.

Item	Action
Integrating clinical governance	7.01 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
Applying quality improvement systems	7.02 The Service 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

Detecting and recognising acute deterioration, and escalating care

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

Consumer outcome

If my health deteriorates, it will be recognised, and I will receive the clinical care I need.

Item	Action
Recognising acute deterioration	7.03 The Service has processes 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
	7.04 The Service has processes to recognise acute deterioration in mental state during or following cosmetic surgery that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation for a patient at risk of acute deterioration in mental state e. Document and communicate observed or reported changes in mental state
Escalating care	7.05 The Service supports the workforce to: a. Use protocols that specify criteria and pathways for escalating care to call for emergency assistance in a timely way b. Notify a patient's other care providers, family and carers when their care is escalated
	7.06 The Service has processes for patients, carers or families to directly escalate care

Responding to acute deterioration

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

Consumer outcome

If my health deteriorates, timely clinical care that meets my needs will be provided.

Item	Action
Responding to deterioration	7.07 The Service has processes that support a timely response by clinicians with the skills required to manage episodes of acute deterioration
	7.08 The Service 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
	7.09 The Service has processes for rapid referral to services that can provide definitive management of acute physical deterioration
	7.10 The Service has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated

Glossary

Where appropriate, glossary definitions from external sources have been adapted to fit the context of the Cosmetic Surgery Standards.

acute deterioration: means physiological, psychological or cognitive changes that may indicate a worsening of the patient's health status; this may occur across hours or days.

advanced life support: means the preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.[22]

adverse event: means an incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. *See also* **near miss**

adverse event involving medicines: means a response to a medicine that is noxious and unintended and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.[24] An **allergy** is a type of **adverse event involving medicines**.

Adverse events involving medicines include issues with medicines such as:

- Underuse
- Overuse
- Use of inappropriate medicines (including therapeutic duplication)
- Interactions (medicine–medicine, medicine–disease, medicine–nutrient, medicine–laboratory test)
- Non-compliance.

alert: means warning of a potential risk to a patient.

allergy: means when a person's immune system reacts to allergens in the environment that are harmless for most people.[25] Typical allergens include some medicines, foods and latex.[25,26] An allergen may be encountered through inhalation, ingestion, injection or skin contact.[25] A medicine allergy is one type of adverse event involving medicines.

antimicrobial: means chemical substances that inhibit the growth of, or destroy, bacteria, fungi, viruses or parasites. They can be administered therapeutically to humans or animals.[11]

antimicrobial resistance: The ability of microorganisms to adapt and survive in the presence of antimicrobials, and to pass this trait on to other microorganisms.[11]

antimicrobial stewardship: means an ongoing effort by a Service to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It may incorporate a broad range of strategies, including monitoring, reviewing and promoting appropriate antimicrobial use.[11]

approved identifiers: means items of information accepted for use in identification, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier. Services and clinicians are responsible for specifying the approved items for identification and procedure matching. Identifiers such as room or bed number should not be used.

aseptic technique: means a set of practices aimed at minimising contamination and is particularly used to protect the patient from infection during procedures.[14]

assessment: means a clinician's evaluation of a disease or condition based on the patient's subjective report of the symptoms and course of the illness or condition, and their objective findings. These findings include data obtained through laboratory tests, physical examination and medical history; and information reported by carers, family members and other members of the workforce. The assessment is an essential element of a comprehensive care plan.[27]

audit (clinical): means a systematic review of clinical care against a predetermined set of criteria.[28]

Australian Charter of Healthcare Rights: means the key rights of patients when seeking or receiving clinical care. The second edition was published in August 2019.[9]

Australian Open Disclosure Framework: means the document endorsed by health ministers in 2013, which provides a framework for Services and clinicians to communicate openly with patients when clinical care does not go to plan.[4]

best possible medication history: means a list of all the medicines a patient is using at presentation. The list includes the name, dose, route and frequency of the medicine, and is documented on a specific form or in a specific place. All prescribed, over-the-counter and complementary medicines should be included. This history is obtained by a clinician working within their scope of clinical practice who interviews the patient (and/or their carer) and is confirmed, where appropriate, by using other sources of medicines information.[29]

best practice: means when the clinical care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients.

best-practice guidelines: means a set of recommended actions that are developed using the best available evidence. They provide clinicians with evidence-informed recommendations that support clinical practice, and guide clinician and patient decisions about appropriate care in specific clinical practice settings and circumstances.[30]

business decision-making: means decision-making regarding service planning and management for a Service. It covers the purchase of equipment, fixtures and fittings; program maintenance; workforce training for safe handling of equipment; and all issues for which business decisions are taken that might affect the safety and wellbeing of patients, visitors and the workforce.

care pathway: means a complex intervention that supports mutual decision-making and organisation of care processes for a well-defined group of patients during a well-defined period.[31]

carer: means a person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, volunteer for an organisation, or provide care as part of a training or education program.[32]

clinical care standards: means nationally relevant standards developed by the Australian Commission on Safety and Quality in Health Care, and agreed by health ministers, that identify and define the health care people should expect to be offered or receive for specific conditions.

clinical communication: means the exchange of information about a person's care that occurs between treating clinicians, patients, carers and families, and other members of a multidisciplinary team. Communication can be through several different channels, including face-to-face meetings, telephone, written notes or other documentation, and electronic means. *See also* **effective clinical communication, clinical communication process**.

clinical communication process: means the method of exchanging information about a person's care. It involves several components and includes the sender (the person who is communicating the information), the receiver (the person receiving the information), the message (the information that is communicated) and the channel of communication. Various channels of communication can be used, including verbal (face to face, over the phone, videoconference), written and electronic.[33] Sending and receipt of the information can occur at the same time, such as verbal communication between two clinicians, or at different times, such as non-verbal communication during which a clinician documents a patient's goals, assessments and comprehensive care plan in the healthcare record, which is later read by another clinician.

clinical governance: means the set of relationships and responsibilities established by a Service between regulators and funders, owners and managers and governing bodies (where relevant), clinicians, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes.[3] It ensures that:

- The community can be confident there are systems in place to deliver safe care

- There is a commitment to continuously improve services
- Everyone is accountable to patients and the community for ensuring the delivery of safe, effective care. This includes clinicians, other members of the workforce and managers, owners and governing bodies (where they exist).

Depending on the size of the Service, multiple roles may be carried out by the same individual.

clinical governance framework: means the processes and structures that are needed to deliver safe and high-quality clinical care.[3] These include:

- Governance, leadership and culture
- Patient safety and quality systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers.

clinical handover: means the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.[34]

clinical information system: means a computerised healthcare record and management system that is used by clinicians in clinical settings. Clinical information systems are typically organisation-wide, have high levels of security and access, and have roles and rights (for example, prescribing medicines, reviewing laboratory results, administering intravenous fluids) specified for each clinical and administrative user. Clinical information systems enable electronic data entry and data retrieval by clinicians.[35]

clinical practice: the assessment, diagnosis, treatment and clinical care delivered to a patient.

clinical leaders: means clinicians with management or leadership roles in a Service who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

clinical waste: means waste material that consists wholly or partly of human or animal tissue, blood or body substances, excretions, drugs or other pharmaceutical products, swabs/dressings, syringes, needles or other sharp instruments.[14]

clinician: means a registered health practitioner who practices a profession relating to the provision of clinical care, including cosmetic surgery.[36] A clinician may also be referred to as a health professional, health practitioner, healthcare provider or practitioner or profession-specific description, for example ‘medical practitioner’, ‘surgeon’, ‘nurse’, or ‘psychologist’. Clinicians are responsible for the safety and quality of their own professional practice, codes of ethics and codes of conduct such as *Good medical practice: a code of conduct for doctors in Australia*.[37]

cognitive impairment: means deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person’s understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Cognitive impairment can be a result of several conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines.[27]

cold chain management: means the system of transporting and storing temperature-sensitive medicines and vaccines, within their defined temperature range at all times, from point of origin (manufacture) to point of administration, to ensure that the integrity of the product is maintained.

communicable: means an infection that can be transferred from one person or host to another.

community: means the people living in a defined geographic region or from a specific group who receive clinical care from a Service.

comprehensive care: means clinical care that is based on identified goals for the episode of care. These goals are aligned with the patient’s expressed preferences and healthcare needs, consider the impact of the patient’s health issues on their life and wellbeing, and are clinically appropriate. Care is planned and delivered in partnership with a multidisciplinary team.

comprehensive care plan: means a document describing agreed goals of care, and outlining planned medical, nursing and allied health activities for a patient. Comprehensive care plans reflect shared decisions made with patients, carers and families about the tests, interventions, treatments and other activities needed to achieve the goals of care. The content of comprehensive care plans will depend on the setting and the service that is being provided and may be called different things by different Services. For example, a health care or clinical pathway for a specific intervention may be considered a comprehensive care plan.

consumer: means a person, or carer of a person, who has or may potentially use a Service where cosmetic surgery is performed.

consumer advocate: *see* **consumer representative**

consumer representative: means a consumer who has taken up a specific role to provide advice on behalf of consumers, with the overall aim of improving clinical care.[38]

contemporaneously (documenting information): means recording information in the healthcare record as soon as possible after the event that is being documented.[39]

cosmetic surgery: means an invasive surgical procedure, such as physical removal or readjustment of organs or tissues to revise or change the appearance, colour, texture, structure or position of normal bodily features and often involving cutting beneath the skin, with the dominant purpose of achieving what the patient perceives to be a more desirable appearance. It is not used to prevent, diagnose or treat medical diseases or conditions.

Cosmetic surgery does not encompass:

- Non-surgical cosmetic procedures such as cosmetic injectables, thread lifts and cryolipolysis (fat freezing)
- Upper eyelid blepharoplasty without sedation and which does not breach the orbital septum
- Mole removal
- Reconstructive surgery
- Gender affirmation surgery
- Surgery that has a medical justification even if it leads to improvements in appearance.[40]

credentialing: means the formal process used by a Service to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality care within specific organisational environments.[41]

critical equipment: means items that confer a high risk for infection if they are contaminated with any microorganism and must be sterile at the time of use. They include any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.[14]

critical information: means information that has a considerable impact on a patient's health, wellbeing or ongoing care (physical or psychological). The availability of critical information may require a clinician to reassess or change a patient's comprehensive care plan.

current medicines list: *see* **medicines list**

decision support tools: means tools that can help clinicians and consumers to draw on available evidence when making clinical decisions. The tools have a number of formats. Some are explicitly designed to enable shared decision-making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about decisions (for example, communication frameworks, question prompt lists).[42] *See also* **shared decision making**

definitive management: means the treatment plan for a disease or disorder that has been chosen as the best one for the patient after all other choices have been considered.[43]

delirium: means a disturbance of consciousness, attention, cognition and perception that develops over a short period of time (usually hours or days) and tends to fluctuate during the course of the

day. Recovery is expected to be complete if the underlying cause (e.g. physical illness, drug toxicity) is promptly corrected or self-limited.[44]

deterioration: *see* **serious deterioration**

deterioration in mental state: means a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Changes can be gradual or acute; they can be observed by members of the workforce, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state can be related to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and responses to social context and environment.

effective clinical communication: means two-way, coordinated and continuous communication that results in the timely, accurate and appropriate transfer of information. Effective communication is critical to, and supports, the delivery of safe patient care.

emergency assistance: means clinical advice or assistance provided when a patient's condition has deteriorated severely. This assistance is provided as part of the rapid response system, and is additional to the care provided by the attending clinician or team.[22]

environment: means the context or surroundings in which clinical care is delivered. Environment can also include other patients, consumers, visitors and the workforce.

episode of care: means a health problem from its first encounter with a clinician through to the completion of the last encounter.[45]

goals of care: means clinical and other goals for a patient's episode of care that are determined in the context of a shared decision making process.

governance: means the set of relationships and responsibilities established by a Service between its management, workforce and stakeholders (including patients and consumers). Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. Governance structures will be tailored to the size and complexity of an organisation.

governing body: means a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a Service.

guidelines: means clinical practice guidelines which are systematically developed statements to assist clinician and consumer decisions about appropriate clinical care for specific circumstances.[46]

hand hygiene: means a general term applying to processes aiming to reduce the number of microorganisms on hands. This includes: application of a waterless antimicrobial agent (e.g. alcohol-based hand rub) to the surface of the hands; and use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled) followed by patting dry with single-use towels.[14]

healthcare identifiers: means unique numbers assigned and used in health-related information to clearly identify the patient, the treating professional and the organisation where clinical care is provided to reduce the potential for errors with clinical information and communication.[47,48]

healthcare-associated infections: means infections that are acquired in Services (nosocomial infections) or that occur as a result of clinical interventions (iatrogenic infections). Healthcare associated infections may manifest after people leave the Service.[14]

health care: means the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians.[4]

health practitioner: *see* **clinician**

healthcare provider: *see* **clinician**

healthcare record: means a record of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

healthcare record system: means a healthcare record and management system (that may be paper-based or electronic) that is used by clinicians in a Service. Healthcare record information must be properly managed and safeguarded from start (record generation) to finish (record destruction) and the entire time in between.[49]

health literacy: means both individual health literacy and the health literacy environment.

Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and clinical care, and take appropriate action.

The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services.[50]

hierarchy of controls: means a model used in work health and safety management to control hazards that ranks controls from most to least reliable. If it is not reasonably practical to eliminate risks, then risks must be minimised, as far as is reasonably practicable, by using one or a combination of substitution, isolation, or engineering controls, followed by administrative controls and personal protective equipment.[12]

high-risk medicines: means medicines that have an increased risk of causing significant patient harm or death if they are misused or used in error. High-risk medicines may vary between Services, depending on the types of medicines used and patients treated. Errors with these medicines are not necessarily more common than with other medicines. Because they have a low margin of safety, the consequences of errors with high-risk medicines can be more devastating.[51,52] At a minimum, the following classes of high-risk medicines should be considered:

- Medicines with a narrow therapeutic index
- Medicines that present a high risk when other system errors occur, such as administration via the wrong route
- Schedule 8 medicines.

hygienic environment: means an environment in which practical prevention and control measures are used to reduce the risk of infection from contamination by microbes.

incident: means an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. *See also* **near miss**

infection: means when a microorganism enters the body, increases in number and causes a reaction in the body.[52] This may cause tissue injury and disease.[53]

informed consent: means a process of communication between a patient and clinician about options for treatment, clinical processes or potential outcomes.[54] This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care.[54] The communication should ensure that the patient has an understanding of the clinical care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.[55]

informed financial consent: means the provision of cost information to patients, including notification of likely out-of-pocket expenses (gaps), by all relevant Services, preferably in writing, prior to admission or treatment.[56]

injury: means damage to tissues caused by an agent or circumstance.[57]

invasive medical devices: means devices inserted through skin, mucosal barrier or internal cavity, including central lines, peripheral lines, urinary catheters, chest drains, peripherally inserted central catheters and endotracheal tubes.

invasive surgical procedure: means physical removal or readjustment of organs or tissues to revise or change the appearance, colour, texture, structure or position of normal bodily features and often involving cutting beneath the skin.[58]

jurisdictional requirements: means systematically developed statements from state and territory governments about appropriate clinical care or service delivery for specific circumstances.[46] Jurisdictional requirements encompass a number of types of documents from Australian state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: means having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people, and can negotiate for resources and other support to achieve goals.[59]

mandatory: means required by law or mandated in regulation, policy or other directive; compulsory.[60]

medical practitioner: *see* **clinician**

medication management: means practices used to manage the provision of medicines. Medication management has also been described as a cycle, pathway or system, which is complex and involves a number of different clinicians. The patient is the central focus. The system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. It also includes decision-making, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines.

medication reconciliation: means a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines, and matching the medicines the patient should be prescribed to those they are actually prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented and communicated when care is transferred.

medicine: means a chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered.[61]

medicines list: means a way to keep all the information about medicines a person takes together.[62] A medicines list contains, at a minimum:

- All medicines a patient is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included[63]
- Any medicines that should not be taken by the patient, including those causing allergies and adverse events involving medicines reactions.

Ideally, a medicines list also includes the intended use (indication) for each medicine.[64]

mental state: *see* **deterioration in mental state**

minimum information content: means the content of information that must be contained and transferred in a particular type of clinical handover. What is included as part of the minimum information content will depend on the context and reason for the handover or communication.[65]

multidisciplinary collaboration: means a process where clinicians from different disciplines and/or Services share clinical information to optimise the delivery of comprehensive care for a patient.[66]

near miss: means an incident or potential incident that was averted and did not cause harm but had the potential to do so.[67]

open disclosure: means an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving clinical care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and

the steps taken to manage the event and prevent recurrence.[4] *See* **Australian Open Disclosure Framework**

orientation: means a formal process of informing and training a worker starting in a new position or beginning work for a Service, which covers the policies, processes and procedures applicable to the organisation.

outcome: means the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.[57]

partnership: means a situation that develops when patients and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in clinical care processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in a Service, including at the level of individual interactions; at the level of a Service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the Service is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the Service.

patient: means a person or group considering or receiving cosmetic surgery. 'Client' and all other relevant terms used by the cosmetic surgery industry are encompassed by the term 'patient'.

patient identifiers: means items of information for use in identification of a patient, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier.

person-centred care: means an approach to the planning, delivery and evaluation of clinical care that is founded on mutually beneficial partnerships among clinicians and patients.[68] Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.[6] Also known as patient-centred care or consumer-centred care.

point of care: means the time and location of an interaction between a patient and a clinician for the purpose of delivering clinical care.

policy: means a set of principles that reflect the service's mission and direction.

practice: means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.[2] *See also* **clinician**

procedure: means the set of instructions to make policies and protocols operational, which are specific to a Service.

procedure matching: means the processes of correctly matching patients to their intended care.

process: means a series of actions or steps taken to achieve a particular goal.[69]

program: means an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: means an established set of rules used to complete tasks or a set of tasks.

purpose-driven communication: means communication in which all the parties involved in the communication process have a shared understanding of why the communication is taking place (for example, to gather, share, receive or check information), what action needs to be taken and who is responsible for taking that action.

quality improvement: means the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes

that will lead to better patient outcomes (health), better system performance (care) and better professional development.[70] Quality improvement activities may be undertaken in sequence, intermittently or continually.

regularly: means occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the Cosmetic Surgery Standards, the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

reports (on patients): means documentation and information relating to a patient's health care e.g. patient records, referrals and scans.

respiratory hygiene and cough etiquette: means a combination of measures designed to minimise the transmission of respiratory pathogens via droplet or airborne routes in Services.[14]

responsibility and accountability for care: means accountability includes the obligation to report and be answerable for consequences. Responsibility is the acknowledgement that a person has to take action that is appropriate to a patient's care needs and the Service.[71]

reusable device: means a medical device that is designated by its manufacturer as suitable for reprocessing and reuse.[72]

risk: means the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: means assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future and minimising their likelihood and consequences.[73]

risk management: means the design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the Service.

safety culture: means a product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of a Service's health and safety management. Positive patient safety cultures have strong leadership that drives and prioritises safety[74] as well as:

- Shared perceptions of the importance of safety
- Constructive communication
- Mutual trust
- A workforce that is engaged and always aware that things can go wrong
- Acknowledgement at all levels that mistakes occur
- Ability to recognise, respond to, give feedback about, and learn from, adverse advents.

scope of clinical practice: means the extent of an individual healthcare provider's approved clinical practice, based on the individual's skills, knowledge, professional registration (where applicable), performance and professional suitability, and the needs and service capability of the organisation.[41] *Distinct from* **practice**

screening: means a process of identifying patients who are at risk, or already have a disease or injury. Screening requires enough knowledge to make a clinical judgement.[75]

semi-critical equipment: means items that come into contact with mucous membranes or non-intact skin and should be single use or sterilised after each use. If this is not possible, high-level disinfection is the minimum level of reprocessing that is acceptable.[14]

serious deterioration: means physiological, psychological or cognitive changes that may indicate a worsening of the patient's health status.

service context: means the particular context in which clinical care is delivered. Service delivery occurs in many different ways, and the Service context will depend on the organisation's function, size and organisation of care regarding service delivery mode, location and workforce.[76]

service: means the physical setting where cosmetic surgery is performed. A Service is a separately constituted organisation that is responsible for implementing clinical governance, administration and financial management of the physical setting where cosmetic surgery is

performed. A Service ranges from small day-only Services, where the clinical, administrative and management operations of the organisation are the responsibility of a single person or small number of people, to complex organisations comprised of many clinicians who may not be directly employed, a supporting workforce, management and an overarching governing body.

shared decision making: means a consultation process in which a clinician and patient jointly participate in making a clinical decision, having discussed the options, and their benefits and harms, and having considered the patient's values, preferences and circumstances.[42]

standard: means agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.[57]

standard national terminologies: means a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Clinicians around the world use specialised vocabulary to describe diseases, operations, clinical procedures, findings, treatments and medicines. In Australia, terminologies include SNOMED CT-AU and Australian Medicines Terminology.[47] Standard national terminologies are also referred to as clinical terminologies.

standard precautions: means work practices that provide a first-line approach to infection prevention and control and are used for the care and treatment of all patients.[14] Standard precautions include: hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or bodily fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management.[14]

surgeon: *see* **clinician**

surveillance: means an epidemiological practice that involves monitoring the spread of disease to establish progression patterns. The main roles of surveillance are to predict and observe spread; to provide a measure for strategies that may minimise the harm caused by outbreak, epidemic and pandemic situations; and to increase knowledge of the factors that might contribute to such circumstances.[53]

system: means the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.

timely (communication): means communication of information within a reasonable time frame. This will depend on how important or time critical the information is to a patient's ongoing clinical care or wellbeing, the context in which the service is provided and the clinical acuity of the patient.

training: means the development of knowledge and skills.

transitions of care: means situations when all or part of a patient's care is transferred between Service locations, clinicians, or levels of care within the same location, as the patient's conditions and care needs change.[77]

transmission-based precautions: means extra work practices used in situations when standard precautions alone may not be enough to prevent transmission of infection. Transmission-based precautions are used in conjunction with standard precautions and include droplet, contact and airborne precautions or a combination of these precautions based on the route of transmission of infection.[14]

unwarranted variation: means where variation is not due to difference in patients' clinical needs or preferences. Unwarranted variation represents an opportunity for improvement.

variation: means a difference in clinical processes or outcomes, compared to peers or to a standard such as an evidence-based guideline recommendation.[78]

workforce: means all people working in a Service, including clinicians and any other (medical or non-clinical) employed, credentialled or contracted, locum, agency, trainee, student, volunteer or peer workers. The workforce can be members of the Service or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the Service*. See also* **clinician**

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