Australian Commission on Safety and Quality in Health Care

NSQHS Standards

Patient and Consumer Requirements Summary

NSQHS Standards (third edition) consultation

The initial draft of the National Safety and Quality Health Service (NSQHS) Standards (third edition) has been released for consultation.

More than half of the requirements in the third edition explicitly reference involving and partnering with patients, families, carers, consumers and communities. To assist with providing feedback on these requirements, the Commission has prepared a Patient and Consumer Requirements Summary.

Overview

The NSQHS Standards are reviewed periodically to ensure they are fit for purpose and responsive to the health system. Following the first consultation in 2025, the initial draft of the NSQHS Standards (third edition) has been developed to address emerging risks and issues in healthcare and reflect the foundations needed for patients to receive high-quality care now and into the future.

Consultation feedback

The feedback from the first public consultation reinforced that high-quality care is defined not only by clinical excellence, but also by how care is experienced. Consumers emphasised the importance of communication, respect, continuity of care and meaningful relationships as essential components of safety and quality.

Participants highlighted opportunities to strengthen coordination and integration across services, improve communication, and support greater consumer and carer involvement in decision-making. There was strong support for recognising carers as valued partners in care and ensuring their perspectives are consistently included.

Feedback also underscored the importance of advancing equity, inclusion and culturally safe care for all people. First Nations peoples, people with disability, culturally and linguistically diverse communities, and LGBTIQA+ populations highlighted the need for care that is responsive to their diverse needs, identities and experiences.

Consumers identified the importance of fostering environments where everyone feels respected, heard, safe and treated with dignity. This included strengthening cultural safety, reducing barriers to access and participation, and ensuring services are equipped to provide tailored support for priority populations.

Participants recognised the critical role of a supported and sustainable workforce in delivering high-quality care and positive consumer experiences.

Overall, consultation feedback called for the third edition of the Standards to embed genuine consumer partnerships, strengthen coordination across services, advance equity and cultural safety, and recognise patient experience as a fundamental measure of safety and quality.

Draft NSQHS Standards (third edition)

The third edition of the NSQHS Standards aims to equip health services to adapt to an ever-changing healthcare landscape by embedding continuous learning and improvement in everyday organisational culture. The NSQHS Standards (third edition):

- respond to known system pressures and gaps
- prioritise how patients experience care
- measure care outcomes
- move towards building a culture across the whole organisation to support the consistent delivery of high-quality care.

There is a need for an integrated whole-of-system approach that recognises everyone has a role to play in delivering high-quality care. The eight Standards in the second edition have been streamlined into three Standards in the draft third edition. They are designed to strengthen the link between clinical governance, workforce capability and patient outcomes, so there is a single system for safety and quality.

The initial draft consists of the following Standards.

Clinical Governance Standard - outlines the responsibilities of the board, executive and leaders for fostering an organisational culture and environment where everyone in the health service works together in delivering care that is consistently high-quality and improving.

Person-Centred Practice Standard - outlines the systems that support clinicians to provide high-quality care, so that patients receive care that is person-centred, safe, effective, accessible and integrated.

Safe Clinical Systems Standard - outlines the high-priority systems, policies and processes that keep people safe, prevent avoidable harm and support high-quality and sustainable care.

Requirements to meet the specific needs of patients and consumers

The NSQHS Standards are applied by health services. Forty-one of the requirements are about meeting the specific needs of patients, their family and carers, consumers and community. These requirements have been embedded throughout the Standards to strengthen expectations of genuine partnership at every level of the health service. A summary of the requirements is provided in **Table 1**, so you can see them back-to-back and assess their suitability.

Table 1 – Patient and consumer specific requirements in the initial draft of the NSQHS Standards (third edition)

Page	Key area	Purpose	Requirements
1 – Clinical Governance Standard			
12	Leading systems and organisational culture	The board is accountable for high-quality care	**1.01:** The board governs organisational systems that: d. identify and eliminate systemic, structural and institutional bias, racism and discrimination
12	Leading systems and organisational culture	The board is accountable for organisation-wide culture, systems and structures	**1.02:** The board governs organisational systems to: d. build partnerships with *consumers*, including those with lived experience, who reflect the diverse communities it serves, and incorporate their perspectives into strategic planning, priority-setting and decision-making
13	Leading systems and organisational culture	The board, executive, and leaders are accountable for digitally enabled care	**1.04:** The board, executive and the leaders have organisational systems to: f. cultivate partnerships with the workforce, *consumers and community* in the design, implementation and governance of digitally enabled care
13	Leading systems and organisational culture	The board, executive and leaders are accountable for the environmental sustainability of health care	**1.06:** The board, executive and leaders address environmental sustainability and climate resilience with strategies for: a. setting priorities and targets that align with jurisdictional requirements, and are developed in partnership with the workforce, *consumers* and the community
14	Leading systems and organisational culture	The board, executive and leaders are accountable for minimising unwarranted variation and low-value care	**1.07:** The board, executive and leaders work with clinicians, the broader workforce and *patients and consumers* to: a. identify and reduce care that provides little benefit or disproportionate harms b. minimise waste in the delivery of care c. reduce inequities in the provision of high-quality care d. investigate reported instances of unwarranted clinical variation
14	Leading systems and organisational culture	The board, executive and leaders are accountable for the quality of health care provided in clinical research activities	**1.08:** The board, executive and leaders have organisational systems to: b. integrate clinical research within the clinical governance framework to promote partnerships with *consumers*, ethical

Page	Key area	Purpose	Requirements
			practice, transparency, clinical safety and effectiveness c. assure the quality of care for *patients* participating in clinical research
15	Partnering with consumers	Effective partnerships with consumers build a culture of person-centred care	**1.09:** The board, executive and leaders have organisational systems to partner with *consumers* to: a. plan, design (including co-design), measure and review systems, services and models of care to support equitable experiences and outcomes of care b. recruit, train, support and empower *consumers* in governance roles c. design, develop and review resources that are responsive to *patients'* needs, culturally safe, and free from bias, discrimination and racism d. incorporate the views and experience of *consumers* into training and education for the workforce e. measure and review the effectiveness of partnerships with *consumers* and the engagement of the health service with the *community*, and use this information to improve care f. govern, design and implement clinical research which addresses the health care needs of the *community*
15	Partnering with consumers	Patient rights underpin how health care is provided	**1.10:** The board, executive and leaders have organisational systems to: a. adopt and make available a charter of rights that is consistent with the *Australian Charter of Healthcare Rights* to *patients*, their *family* and *carers*, *consumers* and the workforce b. educate the workforce on *patient* rights consistent with the *Australian Charter of Healthcare Rights*, and embed these rights in the organisational culture and in the provision of clinical care c. provide equitable access to health care for *people with a disability* and identify and action the need for reasonable adjustments d. measure *patient* experiences of how their healthcare rights are respected by the workforce and act to improve care

Page	Key area	Purpose	Requirements
16	Partnering with consumers	Health care is improved through patient and consumer feedback	**1.12:** The board, executive and leaders have organisational systems for healthcare delivery, including clinical research, to: a. encourage and support *patients, families, carers and consumers* to speak up for safety and report when they have concerns b. embed a feedback and complaints system that is easy to access, transparent, culturally safe and free from bias, discrimination and racism c. integrate feedback, complaints and *patient* reported experience measures with incident management systems and the processes for clinical review and credentialing d. involve *patients, their family, carers and advocates*, and the workforce in the investigation and resolution of complaints and provide feedback on action taken e. analyse feedback, complaints and *patient* reported experience measures; use the findings to inform risk management and quality improvement activities; and provide feedback to *consumers* on the actions taken f. regularly review the effectiveness of the system for feedback and complaints
17	Building a healthy workforce culture	The workforce is supported, engaged and empowered to provide high-quality care	**1.13:** The executive and leaders have organisational systems to: c. respond to risks to *patient* care arising from workforce gaps or pressures
17	Building a healthy workforce culture	The workforce understands their responsibilities for high-quality care	**1.14:** The executive and leaders have organisational systems in place to: c. enable the workforce to escalate concerns about deterioration in a *patient's* condition
18	Building a healthy workforce culture	Teams are supported to be high-functioning	**1.15:** The executive and leaders have organisational systems to: e. sustain a culture that focuses teams on *person-centred care*
21	Enabling high-quality and integrated clinical practice	Health care is coordinated and connected across the health service and with other providers and settings	**1.23:** The executive and leaders have organisational systems to: a. collaborate with *consumers* and clinicians to design and improve integrated models of care within the health service and across the continuum of care, including with providers in other settings

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			b. coordinate *patient* care across providers and settings, including sharing information at transitions of care
22	Managing and reducing risk	There is a strategic and systematic approach to manage risks across the organisation	**1.24:** The board, executive and leaders have organisational systems to: g. use information from the risk management system to improve *patient* care, workflows, service design and policy
22	Managing and reducing risk	Effective risk management supports high-quality care	**1.25:** The board, executive and leaders have organisational systems to: a. identify *populations* at risk of poorer health outcomes and act to improve care
22	Managing and reducing risk	The incident management system draws together findings from across the organisation to develop effective responses	**1.26:** The executive and leaders have organisational systems to: b. transparently and promptly investigate and report all incidents, contributing factors and *patient* safety system failures, including those related to digitally enabled care and the use of digital tools and technologies d. engage *patients, families, carers, consumers* and the workforce to review incidents, actions taken to reduce harm and contribute to safety system improvements
24	Using data for better care	The right data are collected and used to assess and improve healthcare quality	**1.29:** The board, executive and leaders have organisational systems to review and use clinical quality and risk data that: c. engage with *consumers* in analysing and reviewing data to improve care
2 – Person-centred Practice Standard			
28	Partnering with patients in their healthcare	Patients are understood and able to have trust in their care	**2.01:** Clinicians: a. use the Charter of Health Care Rights to guide therapeutic relationships b. communicate with *patients, their family and carers* in a manner that upholds a person's dignity and is culturally safe, and free from bias, racism and discrimination c. use validated techniques to confirm that relevant information has been effectively communicated, understood and likely to be recalled by *patients, their family and carers* d. use qualified interpreters, translated materials, communication tools, and culturally appropriate communication

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			methods in line with the needs of the *patient* e. implement reasonable adjustments to ensure equitable care
28	Partnering with patients in their healthcare	Patients understand their condition, treatment or intervention options and their potential benefits, risks and consequences	**2.02:** Clinicians: a. are trained by the health service in *person*-centred care, shared decision making and consent d. tailor communication to the *patient* and provide information about the *patient's* condition, care options and what to expect e. use supports, reasonable adjustments and culturally responsive approaches where needed to enable *patient* participation in care decision-making f. inform *patients* of the right to decline, defer or consider a second opinion g. support a *patient's* right to include their family and carers in decision-making h. ensure a suitably qualified clinician assesses a *patient's* capacity, supports *patients* to participate in decision-making, and only uses substitute decision-makers where the *patient* is unable to make decisions despite these supports
29	Partnering with patients in their healthcare	Patients make informed decisions about their care	**2.03:** Clinicians: a. engage *patients* throughout the episode of care in establishing what matters to them in decisions about their care, and documents them in the healthcare record b. ensure *patients* have access to appropriate health information and decision support tools before discussions about investigations, interventions, treatment and care decisions d. involve the patient's family and carers in discussions about their care, investigations, treatments and care decisions
30	Caring for the whole person	Clinical assessment and evidence informed decision-making underpin the planning and coordination of care across the multidisciplinary care team	**2.04:** The multidisciplinary care team: b. considers the *patient's* cultural identity, personal circumstances and social context, including the social determinants of health, relevant to the care setting, when planning and coordinating care c. identifies and responds to risks of domestic and family violence, supporting safe

Page	Key area	Purpose	Requirements
			disclosure and appropriate care and referral d. uses relevant structured clinical assessment processes tailored to the *patient's* needs, care goals and preferences, including when there are changes in the *patient's* condition, risk and care setting e. uses clinical assessments, including relevant input from *patients, their family and carers, to:* i. identify *patient* clinical needs and functional ability ii. identify treatments and therapy appropriate to the *patient's* condition, preferences and care setting iii. identify opportunities for interventions that optimise the *patient's* condition and functional ability before treatment or as care needs change iv. identify and address *patient*-specific risks that may affect their safety, clinical outcomes or functional ability during care
30	Caring for the whole person	The plan for care is developed, documented, reviewed and used to guide and coordinate ongoing care	**2.05:** The multidisciplinary care team: a. documents the plan for care and clinical decisions in the healthcare record, including: i. clinical assessment findings, provisional and confirmed diagnoses ii. care goals, *patient* healthcare needs, treatments and therapies iii. critical information, medication and allergy alerts, risks and participation in clinical research iv. time frames and the actions required by clinicians, *the patient, their family and carers* v. plans for discharge b. assesses and updates the plan for care when there are changes in diagnosis, the *patient's* condition or setting, incorporating input from the *patient, their family and carers* where appropriate d. monitors the *patient's* condition and response to care to evaluate the effectiveness of the plan for care, and acts

Page	Key area	Purpose	Requirements
			on opportunities to improve outcomes and reduce harm
30	Caring for the whole person	Care is delivered safely	**2.06:** The multidisciplinary care team: a. uses best practice interventions to identify and mitigate *patient* risks on admission and whenever their condition changes
30	Caring for the whole person	Advance care planning is considered when appropriate	**2.07:** The multidisciplinary care team use the health service's policy and processes to initiate, consider or escalate and provide advance care planning when: b. requested by a *patient* c. a *patient* has repeated unplanned presentations within a 12-month period
30	Caring for the whole person	End-of-life care is compassionate and coordinated	**2.08:** Clinicians: a. reevaluate a *patient's* care preferences at each admission or when a *patient's* condition changes or deteriorates
32	Care environment	Practice is inclusive and culturally respectful	**2.10:** Clinicians and the non-clinical workforce: a. demonstrate culturally respectful behaviours in everyday care b. avoid assumptions, bias, discrimination and racism in all interactions
33	Care environment	Behaviours of concern are managed safely and effectively	**2.12:** Clinicians and the non-clinical workforce contribute to the safe and effective management of behaviours of concern by working in partnership with each other and with *patients at risk, their family and carers* to identify triggers and develop preferred de-escalation approaches
34	Effective communication and teamwork	Effective communication supports person-centred care	**2.13:** The health service has organisational systems to: d. support communication and information sharing with *patients, their family and carers*, and across clinicians, clinical and non-clinical teams and other providers to enable coordinated care e. identify and respond to communication needs and preferences of *patients* across the episode of care, including accessibility needs, and provide communication resources and adapted methods to support shared decision making
34	Effective communication and teamwork	Multidisciplinary care teams support	**2.14:** The multidisciplinary care team and non-clinical workforce:

Page	Key area	Purpose	Requirements
		coordinated and high-quality care	e. communicate their role in care and responsibilities to the *patient, their family and carers* and all members of the team
36	Recognising and responding to acute deterioration	Clinicians respond appropriately to concerns raised by patients, their families and carers	**2.16:** Clinicians: a. ensure that *patients, their family and carers* are informed and supported to escalate concerns about care and deterioration or changes in the *patient's* condition b. follow organisational systems to routinely ask *patients, their family or carers* to share key information and observations, including changes in condition or concerns, to support early recognition of deterioration c. ensure that concerns raised by *patients, families or carers* are taken seriously, promptly and thoroughly investigated, clinically assessed, acted upon and documented as per the local escalation policy and process
36	Recognising and responding to acute deterioration	Patient safety is supported by recognition and timely, appropriate escalation of care	**2.17:** The multidisciplinary care team: b. implements vital sign monitoring plans that are tailored to the care setting and adapted to the *patient's* condition d. provides a timely clinical response to deterioration, by clinicians with the skills required to manage the *patient's* condition, including rapid referral to services that can definitively manage acute deterioration
37	Recognising and responding to acute deterioration	Early recognition of deterioration in a patient's mental state is escalated in a timely and appropriate manner	**2.18:** The multidisciplinary care team: b. monitors *patients* identified as being at risk of acute mental state deterioration c. includes the *patient's* known early mental health deterioration warning signs in their individualised monitoring plan d. safely and effectively responds to *patients* experiencing suicidal distress or thoughts of self-harm, including those who have self-harmed while in hospital, and supports appropriate follow-up care
38	Coordinated and connected care	Patients receive coordinated care	**2.19:** Clinicians: a. implement and maintain strategies that support coordinated and connected care across the care continuum in partnership with *patients, their family and carers* b. use systems and tools to support timely and effective sharing of information, including shared plans for care, between

Page	Key area	Purpose	Requirements
			patients, families and carers, clinicians, teams and services
38	Coordinated and connected care	Continuity of care is supported through structured and effective clinical handover	**2.20:** The multidisciplinary care team: e. actively involves the *patient, their family and carers*, during clinical handover, including asking questions or raising concerns
39	Coordinated and connected care	Information exchanged at transitions of care is accurate, complete, timely and useful	**2.22:** The multidisciplinary care team ensures that information exchanged at transitions of care: c. provides *patients, their family and carers* with clear information about what to expect following discharge, what to look for, and what actions to take, including if their condition changes or does not progress as anticipated d. includes supporting information about a *patient's* cultural identity, obligations and practices and any relevant communication, accessibility or support needs
40	Communicating about clinical research	To ensure participation in clinical research is informed and transparent	**2.23:** The clinical research teams: a. offer *patients* access to approved clinical research healthcare options b. provide *patients, their family and carers* with access to health information and decision support before discussing research, investigations, interventions and treatment options c. obtain informed consent for participation in clinical research d. in accordance with ethical, regulatory and organisation requirements document in the *patient's* healthcare record i. the decision-making process for investigations, interventions, treatments and care decisions, next steps and review points ii. discussions of potential risks, benefits and alternatives to clinical research iii. the *patient's* informed consent to participate in clinical research and their reasoning
3 – Safe Clinical Systems Standard			
43	Safe environments	Care environments are safe, culturally	**3.01:** The health service maximises the provision of high-quality care:

Page	Key area	Purpose	Requirements
		welcoming and therapeutic	a. through designing the environment in consultation with *patients, consumers, communities*, clinicians and relevant experts
49	Medicines safety and quality	Accurate and safe medication management is provided throughout care	**3.10:** Clinicians use a structured approach to: a. take and document the Best Possible Medication History (BPMH) on a *patient's* presentation, or as early as possible when it is not practical at presentation b. verify and use the BPMH to reconcile the *patient's* medicines against their medication management plan c. review and update the reconciled medicines throughout the *patient's* care d. communicate medicine changes to the *patient, their family and carers*, all relevant clinicians, including primary care teams, when there is a transition of care
49	Medicines safety and quality	Medicines information is communicated clearly and accurately	**3.13:** Clinicians: a. provide *patients* with information about their individual medicine needs, risks and benefits b. routinely generate and update a *patient's* medicines list c. document why the *patient's* medication regimen has changed and inform the patient, their family and carers, all relevant clinicians including primary care teams d. provide an updated medicines list and relevant information to the *patient, their family and carers* at discharge, in a form they understand, and transmit the medicines list to the primary care teams at transitions of care
52	Medical devices	Reusable medical devices are safely reprocessed and are traceable	**3.19:** The health service demonstrates processes: e. that identify and trace the *patient*, their procedure and the critical and semi-critical medical devices used
53	Blood management	Blood and blood products are used safely and appropriately	**3.22:** Clinicians use national guidance and criteria to: a. optimise, in consultation with the *patient*, a *patient's* own red cell mass, haemoglobin and iron stores b. identify and manage *patients* with, or at risk of, bleeding

Page	Key area	Purpose	Requirements
			d. discuss potential blood and blood product requirements with *patients, their family and carers*, including risks and alternatives, before use and document these discussions in the healthcare record

The Commission recognises that culturally safe and responsive health care is critical to improving equitable access and outcomes for patients, their family, carers and communities.

How to have your say

The initial draft of the third edition of the NSQHS Standards has now been released for public consultation. The consultation is open from **20 July to midnight, 25 September 2026**.

You can participate by:

- making a written submission
- completing a consumer survey
- taking part in a consumer or consumer advocate forum.

Your feedback is critical in shaping the third edition of the Standards and the future of health care in Australia.

For more information

Please visit: safetyandquality.gov.au/nsqhss-thirdedition