



## Governance for Safety and Quality in Health Service Organisations

### **Standard 1: Governance for Safety and Quality in Health Service Organisations**

Health service organisation leaders implement governance systems to set, monitor and improve the performance of the organisation and communicate the importance of the patient experience and quality management to all members of the workforce. Clinicians and other members of the workforce use the governance systems.

#### **The intention of this Standard is to:**

Create integrated governance systems that maintain and improve the reliability and quality of patient care, as well as improve patient outcomes.

#### **Context**

This Standard provides the safety and quality governance framework for health service organisations. It is expected that this Standard will apply to the implementation of all other Standards in conjunction with Standard 2, 'Partnering with Consumers'.

#### **Criteria to achieve the Governance for Safety and Quality in Health Service Organisations Standard:**

- Governance and quality improvement systems
- Clinical practice
- Performance and skills management
- Incident and complaints management
- Patient rights and engagement

**Criterion: Governance and quality improvement system**

There are integrated systems of governance to actively manage patient safety and quality risks.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
<b>C</b>	1.1 Implementing a governance system that sets out the policies, procedures and/or protocols for: <ul style="list-style-type: none"> <li>establishing and maintaining a clinical governance framework</li> <li>identifying safety and quality risks</li> </ul>	1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols are in place for items listed in 1.1</li> <li>Organisational risk register or log of safety and quality risks and actions</li> <li>Register or log of completed policy, procedure and/or protocol reviews, including dates policies, procedures and/or protocols were amended and prioritised schedules for future reviews</li> <li>The organisation's strategic and operational governance frameworks that include organisational and committee structures</li> <li>Agenda papers, meeting minutes and/or reports of committees that oversee policy, procedure and/or protocol reviews</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>	<ul style="list-style-type: none"> <li>collecting and reviewing performance data</li> <li>implementing prevention strategies based on data analysis</li> <li>analysing reported incidents</li> <li>implementing performance management procedures</li> <li>ensuring compliance with legislative requirements and relevant industry standards</li> <li>communicating with and informing the clinical and non-clinical workforce</li> <li>undertaking regular clinical audits</li> </ul>	1.1.2 The impact on patient safety and quality of care is considered in business decision making	<ul style="list-style-type: none"> <li>Business plans outlining the potential impact on patient safety and quality of care</li> <li>Policies, procedures and/or protocols assessing risk from the introduction of new services</li> <li>Protocols, templates and forms that outline the process for assessing safety and quality in business decision making</li> <li>Agenda papers, meeting minutes and/or reports of relevant committees which may include finance and audit committees, and strategic planning committees</li> <li>Register or log of incident reports, adverse events and near misses</li> <li>Workforce communications used to promote safety and quality in decision making</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>	1.2 The board, chief executive officer and/or	1.2.1 Regular reports on safety and quality indicators and other	<ul style="list-style-type: none"> <li>Agenda papers, meeting minutes and/or reports of relevant committees relating to safety and quality indicators and data</li> <li>Safety and quality information presented to the senior executive</li> </ul>	<input type="checkbox"/> <b>MM</b>

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
	other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care	safety and quality performance data are monitored by the executive level of governance	<ul style="list-style-type: none"> <li>Annual report where it includes information on safety and quality performance</li> </ul>	<input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>		1.2.2 Action is taken to improve the safety and quality of patient care	<ul style="list-style-type: none"> <li>Risk register or log that includes actions to address identified risks</li> <li>Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken</li> <li>Quality improvement plan that includes actions to address issues identified</li> <li>Examples of improvement activities that have been implemented and evaluated</li> <li>Communication material developed for the workforce and/or patients</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>	1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for: <ul style="list-style-type: none"> <li>patient safety and quality in their delivery of health care</li> <li>the management of safety and quality specified in each of these Standards</li> </ul>	1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols that outline the delegated safety and quality roles and responsibilities for the workforce</li> <li>Descriptions of delegated safety and quality roles, responsibilities and accountabilities included in position descriptions, staff duty statements and/or employment contracts</li> <li>Orientation and ongoing training resources on safety and quality roles and responsibilities across clinical areas</li> <li>Records of attendance at training by the workforce</li> <li>Orientation handbooks, education resources, organisational structure charts and e-learning or web based learning packages</li> <li>Feedback from the workforce on safety and quality roles and responsibilities</li> <li>Memos or other forms of documentation communicated to the workforce relating to their roles and responsibilities</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>		1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards	<ul style="list-style-type: none"> <li>Position descriptions, staff duty statements and/or employment contracts that include the workforce roles and responsibilities</li> <li>Education resources for orientation and ongoing training of the workforce in their roles and responsibilities</li> <li>National guidelines, legislation and standards that are accessible to the workforce to meet their delegated responsibilities</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
		(i) Appendix 3 summarises the actions in the NSQHS Standards that require workforce training		

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C		1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols address the roles and responsibilities of locum and agency staff</li> <li>• Contracts for locum and agency workforce that specify designated roles and responsibilities, including for safety and quality</li> <li>• Position descriptions, staff duty statements and/or employment contracts for locum and agency workforce specify designated roles and responsibilities</li> <li>• Orientation and training resources for locum and agency workforce</li> <li>• Records of attendance at training by the locum and agency workforce</li> <li>•</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
D	1.4 Implementing training in the assigned safety and quality roles and responsibilities	1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	<ul style="list-style-type: none"> <li>• National guidelines, legislation and standards that are accessible to the workforce</li> <li>• Education resources for orientation and ongoing training of staff</li> <li>• Records of attendance at training by the workforce</li> <li>• Feedback from the workforce on training opportunities</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
D		1.4.2 Annual mandatory training programs to meet the requirements of these Standards	<ul style="list-style-type: none"> <li>• Schedule of annual mandatory education and training sessions which includes the requirements of the NSQHS Standards</li> <li>• Education resources for mandatory training sessions accessible by the workforce</li> <li>• Records of attendance at training by the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
D		1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols accessible to locum and agency staff</li> <li>• Policies procedures and/or protocols for clinical supervision of the locum and agency workforce</li> <li>• Education resources for orientation and ongoing training for locum and agency workforce such as orientation handbook, e-learning or web based learning packages</li> <li>• Position descriptions, staff duty statements and/or employment contracts that detail the safety and quality roles and responsibilities for agency workforce</li> <li>• Feedback mechanisms for the locum and agency workforce on their safety and quality roles and responsibilities</li> <li>• Register of locum and agency workforce credentials</li> <li>• Feedback data from the locum and agency workforce training</li> <li>• Internal communications accessible to locum and agency workforce related to safety and quality such as memos, intranet messages</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
D		1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality	<ul style="list-style-type: none"> <li>Report on assessment of competency-based training needs</li> <li>Education and training programs related to the organisation's training needs</li> <li>Schedule of clinical workforce education and competency-based training</li> <li>Education resources for competency-based training</li> <li>Records of attendance at training by the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality	1.5.1 An organisation-wide risk register is used and regularly monitored	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols for implementing and monitoring the risk management system</li> <li>Agenda papers, meeting minutes and/or reports of relevant committees that oversee the risk management system</li> <li>Risk register or log that includes actions to address identified risks</li> <li>Orientation and training resources regarding the organisation's risk management system</li> <li>Records of attendance at training by the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.5.2 Actions are taken to minimise risks to patient safety and quality of care	<ul style="list-style-type: none"> <li>Risk register or log that includes actions to address identified risks</li> <li>Records of comments, complaints and incidents from patients, carers and the workforce</li> <li>Improvement plan that outlines preventative measures and strategies</li> <li>Reports or information on safety and quality performance trends</li> <li>Agenda papers, meeting minutes and/or reports from relevant committees include data analysis for identified risks</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice	1.6.1 An organisation-wide quality management system is used and regularly monitored	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols on the quality management system</li> <li>Audit of compliance with policies, procedures and/or protocols</li> <li>Improvement plan that outlines preventative measures and strategies</li> <li>Reports on the safety and quality of patient care</li> <li>Agenda papers, meeting minutes and/or reports from relevant committees include data analysis for identified risks</li> <li>Staff feedback data</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.6.2 Actions are taken to maximise patient quality of care	<ul style="list-style-type: none"> <li>Register or log of incident reports, adverse events and near misses</li> <li>Results of patient satisfaction survey and organisational responses recorded</li> <li>Results of clinical audit and performance indicators identify areas requiring action</li> <li>Evaluation report and/or review of strategies implemented</li> <li>Re-audits of identified deficiencies and/or areas requiring action</li> <li>Agenda papers, meeting minutes and/or reports from relevant committees include strategies and actions taken in response to identified risks</li> <li>Quality improvement plan includes actions to address issues identified</li> <li>Examples of improvement activities that have been implemented and evaluated</li> <li>Information communicated to the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

**Criterion: Clinical practice**

Care provided by the clinical workforce is guided by current best practice.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
C	1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols for access and use of clinical guidelines and/or pathways</li> <li>• Observational audit of clinical guidelines and/or pathways that are available in clinical areas (hard copy or electronic)</li> <li>• List of web addresses for accessing electronic copies of clinical guidelines and/or pathways</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored	<ul style="list-style-type: none"> <li>• List of procedures with agreed clinical pathways available to the workforce staff</li> <li>• Clinical guidelines and/or pathways accessible to the workforce</li> <li>• Audit of patient clinical records related to the use of clinical guidelines and/or pathways</li> <li>• Audit of compliance with available clinical guidelines and/or pathways</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm	1.8.1 Mechanisms are in place to identify patients at increased risk of harm	<ul style="list-style-type: none"> <li>• Patient clinical records that show risk assessments completed on admission and during an episode of care</li> <li>• Organisational risk profile that details patient safety and quality risks and their potential impact</li> <li>• Register or log of incident reports, adverse events, critical incidents and near misses includes actions to address issues identified</li> <li>• Data on complaints and consumer feedback identifying patient safety and quality risks</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.8.2 Early action is taken to reduce the risks for at-risk patients	<ul style="list-style-type: none"> <li>• Risk management and action plans implemented for patients identified at increased risk of harm</li> <li>• Education resources related to the identification of at-risk patients for the workforce</li> <li>• Records of attendance at training by the workforce</li> <li>• Analysis of the causes of incident reports, adverse events and near misses and the actions taken to address the identified risks</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
		1.8.3 Systems exist to escalate the level of care when there is an unexpected deterioration in health status	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols regarding escalation of care</li> <li>• Observation that signs, posters and/or stickers on how to call for assistance are clearly displayed in areas where care is provided</li> <li>• Orientation and ongoing education resources related to escalation of care</li> <li>• Records of attendance at training by the workforce</li> <li>• Record of operational and mechanical call device testing</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
			<b>Link with Standard 9</b>	
<b>C</b>	1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care	1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols for ensuring patient clinical records are available at the point of care when a patient is transferred within the organisation and between organisations</li> <li>Policies, procedures and/or protocols for obtaining patient clinical records from storage and other areas of the organisation</li> <li>Audit of the accuracy, integration and currency of patient clinical records</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>		1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards.	<ul style="list-style-type: none"> <li>Audit results of patient clinical records content against the requirements of the NSQHS Standards</li> <li>Completed audit of patient clinical records</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>



**Criterion: Performance and skills management**

Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
<b>C</b>	1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce	1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols regarding the scope of practice for the clinical workforce</li> <li>• Audit of policies, procedures and/or protocols and position descriptions, staff duty statements and/or employment contracts, against the requirements and/or recommendations of clinical practice and professional guidelines</li> <li>• Audit of policies, procedures and/or protocols against scope of practice defined by credentialing bodies</li> <li>• Agenda papers, meeting minutes and/or reports of relevant committees such as credentialing committees include information on the roles, responsibilities, accountabilities and scope of practice for the clinical workforce</li> <li>• Staff performance appraisal and feedback records show a review of the scope of practice for clinical workforce</li> <li>• Peer review reports</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>		1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	<ul style="list-style-type: none"> <li>• Register or log of staff qualifications and areas of credentialled practice</li> <li>• Audit of clinical workforce who have a documented performance appraisal</li> <li>• Reports and/or reviews of clinical workforce key performance indicators</li> <li>• Observational audit of clinical practice</li> <li>• Audit of signatures and role designation in patient clinical records</li> <li>• Audit of compliance with policies, procedures and/or protocols</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>		1.10.3 Organisational clinical service capability, planning, and scope of practice is directly linked to the clinical service roles of the organisation	<ul style="list-style-type: none"> <li>• Strategic plan that outlines the organisation's overall objectives and services provided</li> <li>• Register of workforce qualifications suitable for clinical service roles of the organisation</li> <li>• Annual report that details the clinical service capability and clinical services provided</li> <li>• Reports from clinical information systems</li> <li>• Benchmarking reports</li> <li>• Reports from inspections from regulators</li> <li>• Evaluations of the organisation's clinical services targets</li> <li>• Evaluations of the safety and quality of clinical services and programs</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>



C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
C		1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols and bylaws regarding scope of practice</li> <li>• Planning documents to introduce new services (including staffing, equipment, procedures, scope of practice applications and approval for licensing)</li> <li>• Defined competency standards for new services, procedures and technology</li> <li>• Education resources and ongoing training for new clinical services, procedures and technologies are available to the clinical workforce</li> <li>• Records of attendance at training by the workforce</li> <li>• Staff meeting minutes, memos, intranet messages and/or other methods of staff communication that define the scope of practice for new clinical services, procedures or other technology</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role	<ul style="list-style-type: none"> <li>• Descriptions of roles and responsibilities for designated clinical leaders included in position descriptions, staff duty statements and/or employment contracts</li> <li>• Documented review of qualifications and competencies for clinical staff</li> <li>• Individual performance reviews documented for all the clinical workforce</li> <li>• Observational audit of individual's clinical practice</li> <li>• Register of staff qualifications and areas of credentialed practice</li> <li>• Audit of clinical workforce who have completed performance reviews</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice	1.11.1 A valid and reliable performance review process is in place for the clinical workforce	<ul style="list-style-type: none"> <li>• Policies, protocols and/or procedures on the performance review process for clinical workforce</li> <li>• A documented performance development system that meets professional development guidelines and credentialing requirements</li> <li>• Audit of compliance with policies, protocols and/or procedures on the performance review process for clinical workforce</li> <li>• Agenda papers, meeting minutes and/or reports of credentialing committees or similar groups</li> <li>• Audit of compliance with policies, protocols and/or procedures on the performance review process for clinical workforce</li> <li>• Peer review reports</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
		1.11.2 The clinical workforce participates in regular performance reviews that support individual development and improvement	<ul style="list-style-type: none"> <li>• Individual performance reviews documented for the clinical workforce</li> <li>• Workforce training and competency records consistent with organisational policies and credential requirements</li> <li>• Observational audit of clinical practice</li> <li>• Workforce development plans and programs document training needs identified through individual performance reviews</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.12 Ensuring that systems are in place for ongoing safety and quality education and training	1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal	<ul style="list-style-type: none"> <li>• Education resources and ongoing training for safety and quality</li> <li>• Records of attendance at training by the workforce</li> <li>• Safety and quality resources and materials readily available to the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
		development		to action plan
			(i) Action 1.4.2 relates to all 10 NSQHS Standards, whereas 1.12.1 relates to an individual's specific training in relation to safety and quality	
C	1.13 Seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation	1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems	<ul style="list-style-type: none"> <li>Agenda papers, meeting minutes and/or reports of relevant committees responsible for safety and quality systems</li> <li>Records of workforce feedback regarding the use of safety and quality systems</li> <li>Analysis of staff survey results regarding the use of safety and quality systems</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems	<ul style="list-style-type: none"> <li>Succession plans for key safety and quality positions</li> <li>Risk register or log that includes actions to address identified risks</li> <li>Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken</li> <li>Quality improvement plan includes actions to address safety and quality issues</li> <li>Examples of improvement activities that have been implemented and evaluated</li> <li>Communication material developed for the workforce and/or patients</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

**Criterion: Incident and complaints management**

Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those examples that show that you have met the Standards</i>	Self assessment
C	1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents, (including near misses), which all result in corrective actions	1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols for reporting, investigating and analysing incidents and near misses</li> <li>• Risk assessment, incident and near miss reporting forms</li> <li>• Register or log of incident reports, adverse events and near misses that may include actions to address identified risks</li> <li>• Orientation and ongoing training on recognising, reporting, investigating and analysing incidents, adverse events and near misses</li> <li>• Records of attendance at training by the workforce</li> <li>• Documented support from senior executive promoting incident reporting systems</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.14.2 Systems are in place to analyse and report on incidents	<ul style="list-style-type: none"> <li>• A current register of incident reports, adverse events and near misses that includes actions to address identified risks</li> <li>• Data that reports trends in incidents, adverse events and near misses are recorded such as in meeting minutes or annual reports</li> <li>• Agenda papers, meeting minutes and/or reports of relevant committees include information and data from incident reports</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.14.3 Feedback on the analysis of reported incidents is provided to the workforce	<ul style="list-style-type: none"> <li>• Meeting minutes of relevant committees that contain an analysis of incidents and near misses are available to workforce</li> <li>• Material distributed to the workforce on incidents and trends</li> <li>• Incident reports are available to the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.14.4 Action is taken to reduce risks to patients identified through the incident management system	<ul style="list-style-type: none"> <li>• Same evidence options as 1.13.2</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
		1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation	<ul style="list-style-type: none"> <li>• Record or report of evidence-based interventions that have been initiated for identified risks</li> <li>• Risk assessments and action plans</li> <li>• Agenda papers, meeting minutes and/or reports of relevant committees that detail strategies and actions to address risks</li> <li>• Information on incidents presented to the senior executive and/or relevant committees</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
C	1.15 Implementing a complaints management system that includes partnership with patients and carers	1.15.1 Processes are in place to support the workforce to recognise and report complaints	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols detail processes for recording and reporting patient and carers' complaints and complaints management</li> <li>• Comments and complaints forms for patients to complete</li> <li>• Secure patient comments and complaints 'box', or similar device, in publicly accessible places</li> <li>• Patient brochure, fact sheet, or equivalent, that outlines internal and external complaints mechanisms</li> <li>• Orientation and ongoing training on the complaints management system</li> <li>• Agenda papers, minutes and reports of relevant complaints management committees</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.15.2 Systems are in place to analyse and implement improvements in response to complaints	<ul style="list-style-type: none"> <li>• Observation that mechanisms are in place to promote and gain patient feedback such as posters, comments and suggestions box</li> <li>• A current complaints register or log which includes responses and actions to address identified issues</li> <li>• Agenda papers, meeting minutes and/or reports of relevant committees or groups with responsibility for complaints management</li> <li>• Reports or briefings on analysis of complaints</li> <li>• Quality improvement plan that includes actions to address issues identified</li> <li>• Examples of improvement activities that have been implemented and evaluated</li> <li>• Audit of compliance with policy, protocols and/or procedures</li> <li>• Education resources and ongoing training on communication and interpersonal skills</li> <li>• Records of attendance at training by the workforce</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.15.3 Feedback is provided to the workforce on the analysis of reported complaints	<ul style="list-style-type: none"> <li>• Complaints data recorded in agenda papers, meeting minutes and/or reports of relevant committees</li> <li>• Material provided to workforce on complaints and trends in complaints</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation	<ul style="list-style-type: none"> <li>• Agenda papers, meeting minutes and/or reports of relevant committees or groups with responsibility for complaints management</li> <li>• Safety and quality information presented to the senior executive and/or relevant committees</li> <li>• Data that reports trends in safety and quality issues included in meeting minutes or annual reports</li> <li>• Risk management plan that includes strategies for managing complaints</li> <li>• Evaluation reports note the effectiveness of responses and improvements in service delivery</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
C	1.16 Implementing an open disclosure process based on the national open disclosure standard	1.16.1 An open disclosure program is in place and is consistent with the national open disclosure standard	<ul style="list-style-type: none"> <li>Policies, procedures and/or protocols are consistent with the principles and processes outlined in the national open disclosure standard</li> <li>Reports on open disclosure are produced in the organisation</li> <li>Information and data on open disclosure presented to the senior executive and/or relevant committees</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
			(i) <i>Open Disclosure Standard: A National Standard for Open Communication in Public and Private Hospitals, following an Adverse Event in Health Care.</i> Australian Council for Safety and Quality in Health Care, 2005	
C		1.16.2 The clinical workforce are trained in open disclosure processes	<ul style="list-style-type: none"> <li>Orientation and ongoing training resources on the open disclosure processes</li> <li>Records of attendance at training by the workforce</li> <li>Report on the evaluation of the open disclosure training program</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

**Criterion: Patient rights and engagement**

Patient rights are respected and their engagement in their care is supported.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
C	1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights	1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols regarding the implementation and use of a charter of patients rights</li> <li>• A charter of patient rights consistent with the <i>Australian Charter for Healthcare Rights</i> is available</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.17.2 Information on patient rights is provided and explained to patients and carers	<ul style="list-style-type: none"> <li>• A patient charter of rights displayed in areas accessible to the public</li> <li>• Brochures, information sheets or other documents that explain the charter of rights are given to patients</li> <li>• Patient charter of rights available in a range of languages and formats, consistent with the patient profile</li> <li>• Admission checklist that includes provision and explanation of patient charter of rights</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights	<ul style="list-style-type: none"> <li>• A register of interpreters and other advocacy and/or support services available to the workforce and patients and/or carers</li> <li>• Patient clinical records and case notes that reflect assessment of need and support provided</li> <li>• Analysis of consumer feedback regarding healthcare rights</li> <li>• Results of patient and/or carer satisfaction surveys regarding healthcare rights</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.18 Implementing processes to enable partnership with patients in decision about their care, including informed consent to treatment	1.18.1 Patients and carers are partners in the planning for their treatment	<ul style="list-style-type: none"> <li>• Patient clinical records include:               <ul style="list-style-type: none"> <li>○ information provided to patient and/or carer about their proposed treatment</li> <li>○ patient and/or carer involvement in pre operative assessment</li> <li>○ patient and/or carer involvement in discharge planning</li> <li>○ case conference records with patients and/or carers</li> <li>○ completed consent forms</li> </ul> </li> <li>• Observational audit of consumers participating in making decisions about their care</li> <li>• Analysis of patient and/or carer feedback regarding consumer participation in making decisions about their care</li> <li>• Results of patient and/or carer satisfaction surveys regarding consumer participation in making decisions about their care</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
		1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent	<ul style="list-style-type: none"> <li>• Policies, protocols and/or procedures on the use of plain language in the production of patient information resources</li> <li>• Patient information packages or resources about treatments</li> <li>• Audit of patient clinical records and informed consent forms</li> <li>• Results of patient and/or carer satisfaction surveys and actions taken to address issues identified regarding informed consent</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols on the use of plain language in the production of patient information resources</li> <li>• Consumer involvement on committee(s) or group(s) responsible for developing patient information resources</li> <li>• Patient information resources evaluated by consumers</li> <li>• Consumer feedback data analysed</li> <li>• Translated patient information resources available (depending on the patient profile of the service)</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols on advanced care and end of life that are consistent with jurisdictional guidelines and directives</li> <li>• Patient information packages or resources about advanced care directives</li> <li>• A register of interpreter and other advocacy and support services available to the workforce and patients and/or carers</li> <li>• Patient clinical records that note information provided to patients on advanced care or end of life directives</li> <li>• Audit of patient clinical records that contain advanced care directives or end of life plans</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information	1.19.1 Patient clinical records are available at the point of care	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols for retrieving archived clinical records</li> <li>• Observational audits of patient clinical records availability at the point of care</li> <li>• Computer access to electronic records available to the clinical workforce in clinical areas including access for multidisciplinary team information such as pathology reports</li> </ul>	<input type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan



C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. <i>This is not a checklist. Use only those <b>examples</b> that show that you have met the Standards</i>	Self assessment
<b>C</b>		1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information	<ul style="list-style-type: none"> <li>• Policies, procedures and/or protocols on sharing patient information by telephone, electronically and other methods, consistent with federal and state or territory privacy legislation and department and insurers' requirements</li> <li>• Code of conduct that includes privacy and confidentiality of patient information</li> <li>• Secure archival storage system</li> <li>• Secure storage system in clinical areas</li> <li>• Workforce confidentiality agreements</li> <li>• Computers that are password protected</li> <li>• Patient clinical records that include consent for transfer of information to other service providers or national health related registers</li> <li>• Record of ethics approval for research activities</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>
<b>C</b>	1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance	1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation	<ul style="list-style-type: none"> <li>• Data analysis and reports of consumer feedback</li> <li>• Results of patient and/or carer satisfaction surveys</li> <li>• Register of patient comments and complaints</li> <li>• Quality improvement plans that include actions to address issues identified</li> <li>• Strategic, business and quality improvement plans describe how patient and/or carer feedback used to evaluate the health service performance</li> </ul>	<input type="checkbox"/> <b>MM</b> <input type="checkbox"/> <b>SM</b> <input type="checkbox"/> <b>NM → add to action plan</b>

### Additional information and resources

*Australian Charter of Healthcare Rights.* Australian Commission on Safety and Quality in Health Care:  
[http://www.health.gov.au/internet/safety/publishing.nsf/content/com-pubs\\_ACHR](http://www.health.gov.au/internet/safety/publishing.nsf/content/com-pubs_ACHR)

*National Safety and Quality Framework.* Australian Commission on Safety and Quality in Health Care: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

*Open Disclosure Standard: A National Standard for Open Communication in Public and Private Hospitals, following an Adverse Event in Health Care.* Australian Council for Safety and Quality in Health Care, 2005:  
[http://www.health.gov.au/internet/safety/publishing.nsf/Content/C3D94BA657FEE027CA2573E00000B3FA/\\$File/opendiscfact.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/C3D94BA657FEE027CA2573E00000B3FA/$File/opendiscfact.pdf)

*Standard for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners.* Australian Council for Safety and Quality in Health Care:  
[http://www.health.gov.au/internet/safety/publishing.nsf/Content/a-zpublicationss-u/\\$File/credentl.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/a-zpublicationss-u/$File/credentl.pdf)