Risk Management and NSQHS Standard 3

- This presentation outlines how the principles of risk management will support an organisation’s response to NSQHS Standard 3
- For each element of risk management discussed in this presentation, relevant examples from NSQHS Standard 3 have been included
IP&C and Governance

- Policies and procedures should utilise a risk management approach and
- Demonstrate evidence of regular review, monitoring, audit and assessment of infection prevention and control activities
- Determine priorities based on risk assessment
- Evaluate effectiveness at least annually
- Minimise risks to patients of HAIs
Prioritising risk

• Scope of activity and services offered will influence risk
• Is the origin of the risk internal or external or both?
• What are the risks and opportunities for transmission?
• What existing controls are in place?
• Identify the opportunities for transmission
• Identify those risks that are high so they can be prioritised both for likelihood and consequence
Collaboration to reduce risk

- Recognition of how infection prevention and control risks impacts upon other areas – WH&S, HR, education, consumers and clinicians
- Utilising a standardised tool for identification and analysis of risk
- Evaluation of risk management strategies will require collaboration
- Minimise duplication
Evaluating the risks

• To identify how this can happen in your organisation
• When evaluating the risk how are you going to prioritise activities?
  – identify where the risks are high
  – the simplest intervention
  – greatest impact in the shortest time period.

What is the balance between likelihood and consequences?
How will we know how likely it is to happen?

From the risk assessment - are the risks
  - common or rare
  - severe or mild

How likely will risk occur?
  - monitoring and audit results
  - surveillance
  - complaints
  - observation

Establish a context for the clinical environment
Establishing a context – what do we need to consider?

• The scope of the services provided
• Availability of policies and procedures relevant to the intended audience?
• Consultation with HCW during development and review?
• Literacy issues and comprehension of risk
• Do HCW understand what the risks are and what actions will minimise those risks?
Communication and consultation

- Be proactive when developing protocols and procedures.
- Identify regular intervals for revision and updating – this can also be a reactive response.
- Consider clinicians, managers and non-clinical staff when communicating how policies, procedures and protocols apply to them.
- Target the audience when providing information on the risk of infectious agents.
How can communication and consultation support the risk management process?

• Provide a plan and systems for risk notification, assessment, management and resolution
• Celebrate achievements
• Encourage and facilitate collaboration
• Utilise appropriate message media including signage, websites, posters, charts, agenda items
• Provide patient and consumer information in areas where it is accessible
• Education is provided for HCW on infectious agents, means of transmission and interventions that need to be applied
Monitor and review

- Are the interventions making a difference to the corporate and/or clinical risk?
- Is risk being reduced?
- How do we know?
  - mechanisms are implemented to ensure identification of risks
  - methods of demonstrating how good care is including surveillance, quality improvement activity results, audit results, education
In Summary

- Infection prevention and control needs:
  - effective governance
  - resources
  - risk management to ensure a safe environment for both HCW and patients
- Prevent preventable infections
- Success can be measured by addressing risks with a standardised framework

"Breaking the chain of infection transmission"
To find out more, go to:


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