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The National Safety and Quality Health Service (NSQHS) Standards were designed to drive improvements in safety and quality in health care across Australia. The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with state, territory and Australian Government health departments, technical experts and a wide range of stakeholders, including health professionals and consumers.

The primary aim of the NSQHS Standards is to protect the public from harm and to improve the quality of health service provision. The Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme commenced in January 2013 and accreditation to the NSQHS Standards became mandatory for acute hospitals and day procedure services, and the majority of public dental services. Many organisations that provide acute care services also provide community health services and these services are now also implementing and being accredited to the NSQHS Standards.

Purpose

The purpose of this guide is to support health service organisations, such as Local Health Networks and private hospital ownership groups, to implement the National Safety and Quality Health Service (NSQHS) Standards across all of the services they provide.

This guide is designed primarily for community health services included in an accreditation assessment as part of a Local Health Network or private hospital ownership group. It will help community health services implement safety and quality improvements in line with the NSQHS Standards.

This guide provides community health services with:

- an overview of the intent of the NSQHS Standards
- suggested strategies to meet the requirements of the NSQHS Standards
- examples of evidence to meet the NSQHS Standards
- lists of key resources to support implementation of these strategies.

Safety and quality risks in community health services

Community health services are largely delivered under the umbrella of primary health care. In Australia, in any two-week period, almost one in five people visit a general practitioner and one in 10 visits an allied health professional. A broad range of professional quality improvement activities takes place in primary and community healthcare settings. However, information about consumer safety and the effectiveness of consumer safety solutions in these settings is not nationally or routinely available.

Understanding the safety and quality risks associated with community care is largely drawn from the broader risks identified in primary care. Community health services need to consider their local context and the specific risks they face when implementing the systems, tools, policies and procedures to meet the NSQHS Standards.

The strategies included in this guide are particularly relevant for community health services; however, they should not be interpreted as being mandatory or exhaustive.

Community health services can choose alternative improvement actions that are specific to their local context, the scope or type of services provided, consumer needs, the risk profile of the population being served and designated areas for improvement. The evidence that is generated through quality improvement activities may vary from the types of evidence used during an accreditation assessment in other parts of the health service organisation.

Other resources

The information in this guide complements the Hospital Accreditation Workbook (2012) and the series of Safety and Quality Improvement Guides (2012), and should be used in conjunction with these documents. In addition, an Electronic Monitoring Tool has also been developed specifically for community health services.

The aim of the NSQHS Standards is to ensure that systems are in place to protect the public from harm and to improve the quality of care provided by health services.

The NSQHS Standards provide:
- quality framework for health services to ensure minimum standards of safety and quality are met
- quality improvement mechanism that allows health services to realise developmental goals.

There are 10 NSQHS Standards:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Governance for Safety and Quality in Health Service Organisations which describes the quality framework required for health service organisations to implement safe systems.</td>
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<tr>
<td>2</td>
<td>Partnering with Consumers which describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care.</td>
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<tr>
<td>3</td>
<td>Preventing and Controlling Healthcare Associated Infections which describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.</td>
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<tr>
<td>4</td>
<td>Medication Safety which describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.</td>
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<tr>
<td>5</td>
<td>Patient Identification and Procedure Matching which describes the systems and strategies to identify patients and correctly match their identity with the correct treatment.</td>
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<tr>
<td>6</td>
<td>Clinical Handover which describes the systems and strategies for effective clinical communication whenever accountability and responsibility for some or all aspects of a patient’s care is transferred on a temporary or permanent basis.</td>
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<tr>
<td>7</td>
<td>Blood and Blood Products which describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe.</td>
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<tr>
<td>8</td>
<td>Preventing and Managing Pressure Injuries which describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.</td>
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<tr>
<td>9</td>
<td>Recognising and Responding to Clinical Deterioration in Acute Health Care which describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.</td>
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<tr>
<td>10</td>
<td>Preventing Falls and Harm from Falls which describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.</td>
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Understanding the broad context of accreditation systems

The NSQHS Standards have been implemented nationally as part of the accreditation reforms. Many state and territory health departments have coordinated the development of jurisdictional policies and data collections and have developed tools and resources to support health service organisations implement improvement activities in-line with the NSQHS Standards.

If your community health service is part of a larger health service organisation, such as a Local Health Network or private hospital group, you should apply these systems and processes to your local context to meet the requirements of the NSQHS Standards. There may be operational directives that outline the safety and quality systems and processes for monitoring your community health service as well as examples of evidence that may be produced by your quality improvement activities.

In some cases, you may need to develop locally-specific quality improvement programs and systems to help you meet the requirements of the NSQHS Standards. In these cases, it may be useful for these systems to be aligned with those of your overarching health service organisation, local referral hospitals or other relevant health service providers — for example, adapting or aligning policies and procedures from local referral hospitals may be useful.

The Commission has developed a number of resources to support health service organisations implement safety and quality systems to meet the NSQHS Standards. These resources are available from the Commission’s web site at www.safetyandquality.gov.au.

Applying the NSQHS Standards to community health services

There are multiple definitions used to describe ‘community health services’. This guide focuses on community health services and in-home care provided as part of a continuum of care by a Local Health Network or private hospital ownership group, which already require their acute services to be accredited to the NSQHS Standards.

The guide may however have broader application in other community health services.

There may be a range of different types of services that form part of the continuum of care services provided by a Local Health Network or private hospital ownership group, and the NSQHS Standards are not expected to apply to all services uniformly. For some services, parts of one NSQHS Standards may not be applicable, while for others an entire Standard may not be applicable.

Table 1 describes different types of community health services that may be included in an accreditation assessment of a Local Health Network or private hospital ownership group as well as the broad applicability of the 10 NSQHS Standards to each service type. If your community health service is not specifically identified in this list, you should select a similar type of service to guide your understanding of the applicability of the NSQHS Standards to your particular community health service. If you provide a number of different types of services, you should use the most comprehensive set of actions.

NSQHS Standard 7: Blood and Blood Products and Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care, have limited applicability to community health services. If either of these NSQHS Standards are applicable to your community health service, please refer to the relevant Safety and Quality Improvement Guide, which can be found on the Commission’s web site at www.safetyandquality.gov.au.

Note: State and territory governments use different descriptions of the governance structures for providing health services, which include Local Health Networks, districts, boards or area health services. For the purpose of this document, the term ‘Local Health Network’ includes the terminology applicable in all other jurisdictions.
### Table 1: Applicability of NSQHS Standards to community health services

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<thead>
<tr>
<th>Health service type</th>
<th>Definition</th>
<th>Standards</th>
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<tr>
<td><strong>Aboriginal and Torres Strait Islander health services</strong></td>
<td>A comprehensive, integrated primary healthcare service that includes clinical care, communicable disease, environmental health, pharmaceuticals, counselling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care and other specific programs and support services.(^2)</td>
<td>All items applicable</td>
</tr>
<tr>
<td><strong>Allied health care</strong></td>
<td>Services include a range of therapies offered by qualified clinicians such as physiotherapy, occupational therapy, dietetics and nutrition, speech pathology and optical services.(^3)</td>
<td>All items applicable</td>
</tr>
<tr>
<td><strong>Cancer screening services</strong></td>
<td>Screening and diagnostic services that help to detect cancer. This includes breast, skin, bowel and cervical cancer.(^4)</td>
<td>All items applicable</td>
</tr>
<tr>
<td><strong>Community mental health</strong></td>
<td>‘Community mental health care’ refers to government-operated specialised mental health care provided by community mental healthcare services and hospital-based ambulatory care services, such as outpatient and day clinics.(^5)</td>
<td>All items applicable</td>
</tr>
<tr>
<td><strong>Community nursing</strong></td>
<td>Nursing practice that combines public health care, health promotion and primary health care delivered in partnerships with patients and their communities to prevent illness and promote health. Services may be delivered through centre-based care or via home-visiting service.(^6)</td>
<td>All items applicable</td>
</tr>
<tr>
<td><strong>Community rehabilitation programs</strong></td>
<td>Programs that seek to equip, empower and provide education and training to rehabilitation clients, carers, family and community members. Programs focus on client environments, networks for care and personal engagement in rehabilitation.(^7)</td>
<td>All items applicable</td>
</tr>
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</table>
### Health service type

<table>
<thead>
<tr>
<th>Health service type</th>
<th>Definition</th>
<th>Standards</th>
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</table>
| Crisis or emergency | Services for people in need of urgent assistance. This includes assessment, information, referral, counselling, help lines and 24-hour telephone support.  
                                                                                      | All items applicable | All items applicable | Not applicable except for item 3.15 | Not applicable | All items applicable except Action 5.3.1 | All items applicable | Not applicable | Not applicable | Not applicable |
| Dental and oral health programs | Practice providing dental care including minor surgery under local anaesthetic or sedation.  
                                                                                      | All items applicable | All items applicable | Some items may not be applicable | All items applicable except Action 5.3.1 | All items applicable | All items applicable only for blood products used | All items applicable | All items applicable | Not applicable | Not applicable | Not applicable |
| Drug and alcohol services | Any service or facility established or maintained primarily for the care, treatment or rehabilitation of people with alcohol and other drug issues, whether conducted independently or in conjunction with any other service or facility.  
                                                                                      | All items applicable | All items applicable | Some items may not be applicable | All items applicable except Action 5.3.1 | All items applicable | All items applicable only for blood products used | All items applicable | All items applicable | Not applicable | Not applicable | Not applicable |
| Hearing services | Includes hearing assessment and hearing rehabilitation provided by a qualified hearing service provider.  
                                                                                      | All items applicable | All items applicable | Not applicable | All items applicable except Action 5.3.1 | All items applicable | Not applicable | Not applicable | Not applicable | Some items may be applicable |
| Maternal and child community health services | Health services for children from birth to school age and their families, focusing on promotion of health and development, prevention, early detection of, and intervention for physical, emotional and social factors affecting young children and their families.  
                                                                                      | All items applicable | All items applicable | Some items may not be applicable | All items applicable except Action 5.3.1 | All items applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable |
| Men's health | Management of health conditions and risks that are most common or specific to men in order to promote optimal physical, emotional and social health, which extends beyond sexual or reproductive health.  
                                                                                      | All items applicable | All items applicable | Some items may not be applicable | All items applicable except Action 5.3.1 | All items applicable | Not applicable | Not applicable | Not applicable | Not applicable | Not applicable |
| Offender health services | The provision of primary health care services, including assessment and ongoing chronic disease management, and access to secondary and tertiary services for offenders serving custodial sentences in the care of the state.  
                                                                                      | All items applicable | All items applicable | Some items may not be applicable | All items applicable except Action 5.3.1 | All items applicable | Not applicable | Not applicable | Not applicable | Some items may be applicable | Some items may be applicable | Some items may be applicable |
### Accreditation processes for community health services (continued)

<table>
<thead>
<tr>
<th>Health service type</th>
<th>Definition</th>
<th>Standards</th>
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<tr>
<td><strong>Palliative care</strong></td>
<td>Care that aims to improve the quality of life for individuals with an eventually fatal condition, and their families, by reducing their suffering through early identification, assessment and treatment of pain, physical, psychological, social, cultural and spiritual needs.¹⁵</td>
<td>All items applicable except Action 5.3.1</td>
</tr>
<tr>
<td><strong>Primary healthcare centre</strong></td>
<td>A primary healthcare centre brings together a wide range of community and rural health services to meet local community needs using a community nursing model, some centres may have some inpatient sub-acute beds or provide residential aged care and emergency services, if required.⁹</td>
<td>All items applicable except Action 5.3.1</td>
</tr>
<tr>
<td><strong>Royal Flying Doctor’s Service and other aerial transport services</strong></td>
<td>The Royal Flying Doctor Service supports sustainable delivery of primary care services to people in rural and remote communities, including the provision of aeromedical evacuations, primary and community health clinics, medical checks and remote consultations.³</td>
<td>All items applicable except Action 5.3.1</td>
</tr>
<tr>
<td><strong>Sexual abuse services</strong></td>
<td>Support services offer confidential counselling, advocacy and referral to sexual abuse victims including children, men and women.²⁶</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Women’s health</strong></td>
<td>Management of the physical, emotional and mental health of women, their families and their relationships, with focused importance on their psychosocial and cultural environment in treatment.¹³</td>
<td>Not applicable</td>
</tr>
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</table>
The accreditation cycle and processes
Accreditation is one tool in a range of strategies that can be used to improve safety and quality in a health service organisation. It is a way of verifying:

- actions are being taken
- system data is being used to inform activity
- improvements are made in safety and quality.

To be eligible for an accreditation award, a health service organisation may undergo:

- periods of self-assessment
- organisation-wide assessment to the NSQHS Standards that includes an assessment to all 10 NSQHS Standards
- interim or mid-cycle assessment to some of the NSQHS Standards that includes an assessment of NSQHS Standards 1, 2 and 3.

Health service organisations or accrediting agencies may agree to the assessment of additional standards at the accreditation review.

Figure 1 illustrates key points in the accreditation cycle.

Timeframes for implementation
Mandatory accreditation to the NSQHS Standards commenced on 1 January 2013 for all hospitals and day procedure services. For community health services included in an accreditation assessment as part of a Local Health Network or private hospital ownership group, you may also be required to be accredited from this date.

If your state or territory health department requires community health service accreditation to the NSQHS Standards, it will nominate the timeframe for implementation. Alternatively, community health services may choose to proceed with accreditation without notification.

Approved accrediting agencies
The Commission approves accrediting agencies to assess health service organisations to the NSQHS Standards.

Approved agencies must:

- be accredited by an internationally recognised body
- work with the Commission to ensure the consistent application of the NSQHS Standards
- provide data on accreditation outcomes to state and territory health departments and the Commission.

A list of all approved accrediting agencies is available on the Commission’s web site at www.safetyandquality.gov.au.

Enrolling in an accreditation program
Approved accrediting agencies have varying assessment approaches. The accreditation cycle ranges from three to four years, and the frequency and style of the mid-cycle assessment varies between agencies. By selecting an approved accrediting agency, community health services will be selecting the style and timing of assessment to the NSQHS Standards.

Core and developmental actions
The NSQHS Standards apply to a wide variety of health service organisations. Due to the variation in size, structure and complexity of health service delivery models, a degree of flexibility is required to apply the NSQHS Standards.

This flexibility is achieved by designating actions within the NSQHS Standards as either:

- **Core actions**, which are critical for safety and quality. All core actions must be met before a health service organisation can achieve accreditation to the NSQHS Standards, or
- **Developmental actions**, where health service organisations should focus their future efforts and resources to improve consumer safety and quality. Activity in these areas is still required, but the actions do not need to be fully met in order to achieve accreditation.

State, territory and Australian government health departments require health service organisations to meet all core actions in order to achieve accreditation to the NSQHS Standards.

The developmental actions for community health services are shaded grey throughout this guide.

A full list of core and developmental actions is provided in Table 2.
Non-applicable standards, criteria or actions

In some circumstances, an individual NSQHS Standard, criteria, item or action may be considered non-applicable. ‘Non-applicable actions’ are those that are inappropriate in a specific service context or for which assessment would be meaningless.

There are two ways to classify actions as non-applicable:

1. The Commission has designated non-applicable actions for community health services by category. Table 1 summarises non-applicable actions by the type of service.

2. During the accreditation process, an individual community health service may consider an action to be non-applicable. A community health service can apply to their accrediting agency to have either core or developmental actions classified as non-applicable. The process for applying for non-applicable actions is outlined in Appendix 3.

Further clarification on non-applicable actions can be obtained from Advisory A13/07: Advice provided to accrediting agencies on non-applicable actions available on the Commission’s website at www.safetyandquality.gov.au.

Assessment and rating scale

Accrediting agencies may use their own rating scales when assessing community health services, but will be required to use the following three-point rating scale to report accreditation outcomes to state and territory health departments and the Commission:

- **Not met** — the actions required have not been achieved.
- **Satisfactorily met** — the actions required have been achieved.
- **Met with merit** — in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the community health service in relation to the action or NSQHS Standard under review.

This rating scale can be used to rate individual actions and to rate the NSQHS Standards overall. A decision support tool is provided in Appendix 4. This can be used as a guide for making an assessment of evidence against each action.
### Enrol with accrediting agency
Enrolled health service organisations can access information on processes, timing and resources available from their accrediting agency and the Commission. An accreditation process involves self-assessment and external assessments (organisation-wide assessment and mid-cycle assessment).

### Self assessment
An assessment conducted by the health service organisation to review its processes and practices and determine the extent to which it meets the NSQHS Standards. **Timing**: Specified by accrediting agency.

### Assessment
Assessment can be organisation-wide or mid-cycle. Organisation-wide assessment is undertaken as an external visit. Mid-cycle assessment generally involves an external visit. The collated evidence is reviewed to determine if the actions required in the NSQHS Standards have been met. **Timing**: Length of onsite assessment agreed between accrediting agency and health service.

### Core actions met
Routine reporting by accrediting agencies to health departments and the Commission. Accreditation awarded when all core actions are ‘met’. **Timing**: Within 30 days of final assessment.

### Core actions NOT met
Health service organisations have 90 days to implement quality improvement strategies to address ‘not met’ actions. **Timing**: Approximately 90 days from receipt of assessment report.

### Re-assessment
Evidence of improvement of ‘not met’ actions provided by health service organisation to accrediting agency. **Timing**: Health service and regulator notified within five working days.

### Notify regulators
Health service organisations and regulators are advised by the accrediting agency if a significant risk has been identified. **Timing**: Within 48 hours of the assessment.

### Response
Health service organisations implement improvements. Regulators take action appropriate to the issue identified. **Timing**: Specified by jurisdiction.

### Remediation and re-accreditation
Health service organisation to implement improvements and recommence accreditation process. **Timing**: Specified by the health department.

### Report on assessment
Following assessment, the accrediting agency will provide a written report on their assessment. The report will specify all ‘not met’ actions and provide detail of why the action is ‘not met’. **Timing**: Within 7 days of the assessment.

### Repeat all processes for mid-cycle assessment and full assessment to all NSQHS Standards across the organisation

<table>
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<tr>
<th>Standard</th>
<th>Core actions</th>
<th>Developmental actions</th>
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<tr>
<td><strong>Standard 1</strong></td>
<td>Governance for Safety and Quality in Health Service Organisations</td>
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<td><strong>Subtotal</strong></td>
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<td><strong>Standard 2</strong></td>
<td>Partnering with Consumers</td>
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<td><strong>Standard 3</strong></td>
<td>Preventing and Controlling Healthcare Associated Infections</td>
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Approaches to meeting NSQHS Standards

Flexible standardisation

‘Standardisation’ is a fundamental concept in safety and quality and there is strong evidence that outcomes improve when standard processes are implemented. However, the standardisation of any process must be designed to fit the context in which the health service organisation operates. Health services vary widely and have different functions, sizes, locations, structures and service delivery models.

In considering how a community health service puts in place systems to meet the NSQHS Standards, and provides evidence as part of their accreditation process, community health services need to consider their local context and the risks facing the consumers it serves. The strategies used may be different to the strategies put in place for an associated hospital or other health service organisation.

Systems, tools, processes and protocols when used should:
- be based on best available evidence
- be aligned with internal and external policy and legislative requirements, such as those from a Local Health Network, private hospital ownership group, or state or territory health department
- reflect an awareness and understanding of the key risks facing the community health service
- consider the needs and preferences of consumers and the broader community
- reflect an awareness that the community health service is part of a broader health system with which it must work to ensure the delivery of integrated and coordinated care
- be adapted for the local context.

Continuous quality improvement approach

The NSQHS Standards require monitoring and improvement strategies to be put in place. This guide should be used in the context of the community health service’s overall approach to quality improvement. The NSQHS Standards are structured according to a quality improvement cycle. Information about quality improvement is included in Appendix 1.

Risk management approach

The risks across health service organisations vary. Factors that influence the risk profile of an organisation include the type of services provided, the population being served, the location, the size, and the complexity of care provided. Not all of the NSQHS Standards will present the same level of risk for all of the different types of community health services. Each community health service will need to develop a risk profile to be used in their organisation. Information about using a risk management approach is included in Appendix 2.

Overlap with other standards

Many community health services are already accredited. Participation in accreditation may be voluntary or it may be required by:
- a funding agreement
- legislation
- state, territory or Australian Government health department programs or directives
- private health service organisations.

There may be a general requirement for a community health service to be accredited, or there may be a specific requirement to implement a nominated set of standards. Some community health services require assessment to more than one set of standards.

It is important that you understand the accreditation requirements for your community health service. You may need to look at the terms of your funding agreement or contact your relevant state or territory health department or governing body if you are uncertain about your accreditation requirements.

You should also contact your accrediting agency to determine the most efficient way to incorporate your requirements into an accreditation assessment. Community health services may choose to be assessed to additional standards.
**Accreditation**: A status that is conferred on an organisation or an individual when they have been assessed as having met particular standards. The two conditions for accreditation are an explicit definition of quality (in this case, the NSQHS Standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.¹⁷

**Advance care directive**: Instructions that consent to, or refuse the future use of specified medical treatments (also known as a healthcare directive, advance plan or another similar term).¹⁶

**Adverse drug reaction**: A drug response that is noxious and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.¹⁹

**Adverse event**: An incident that results in harm to a consumer.

**Agreed tool**: An instrument that has been approved for use within a health service organisation.

**Antibiotic**: A substance that kills or inhibits the growth of bacteria.²⁰

**Antimicrobial**: A chemical substance that inhibits or destroys bacteria, viruses and fungi, including yeasts or moulds.²⁰

**Antimicrobial stewardship**: A program implemented in a health service organisation to reduce the risks associated with increasing microbial resistance and to extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies including the monitoring and reviews of antimicrobial prescribing and use.

**Approved patient identifiers**: Items of information accepted for use in patient identification, including patient name (family and given names), date of birth, gender, address, medical record number and/or Individual Healthcare Identifier. Health service organisations and clinicians are responsible for specifying the approved items for patient identification. Identifiers such as room or bed number are not to be used.

**Aseptic technique**: A technique that aims to prevent microorganisms on hands, surfaces and equipment from being introduced to susceptible sites. Therefore, unlike sterile techniques, aseptic techniques can be achieved in typical ward and home settings.

**Audit**: A systematic review of clinical care against a pre-determined set of criteria.²¹

**Basic life support**: The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an automated external defibrillator.²¹

**Best possible medication history**: A list of all the medicines a consumer is using at presentation (including all prescribed, over-the-counter and complementary medicines) obtained by interviewing the consumer (and/or their carer) and that is confirmed, where appropriate, by using a number of different sources of information.

**Blood**: Includes homologous and autologous whole blood. Blood includes red blood cells, platelets, fresh frozen plasma, cryoprecipitate and cryodepleted plasma.²²

**Blood products**: Blood products include fresh blood products such as red blood cells, platelets, fresh frozen plasma, cryoprecipitate and cryodepleted plasma as well as plasma derived and recombinant blood products.

**Carers**: People who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty.²³ Carers include parents and guardians caring for children.

**Care plan**: An integrated and individualised plan of care that includes medical, nursing, allied health and other information necessary for providing comprehensive care to the consumer.

**Clinical audit**: A quality improvement process that seeks to improve consumer care and outcomes through systematic review of care against explicit criteria and the implementation of change.²⁴

**Clinical communication**: An exchange of information that occurs between treating clinicians. Communication can be formal (when a message conforms to a predetermined structure; for example in a health record or stored electronic data) or informal (when the structure of the message is determined solely by the relevant parties; for example, in a face-to-face or telephone conversation).²⁵

**Clinical governance**: A system through which health service organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards, and by allowing excellence in clinical care to flourish.²⁶

**Clinical handover**: The transfer of professional responsibility and accountability for some or all aspects of care for a consumer, or group of consumers, to another person or professional group on a temporary or permanent basis.²⁷

**Clinical workforce**: The nursing, medical and allied health workforce who provide consumer care and students who provide consumer care under supervision. This may also include laboratory scientists.²⁸,²⁹
**Terminology (continued)**

**Clinician**: A clinician, trained as a health practitioner, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed clinician, or under other working arrangements not specified here. They may include nurses, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision. The term ‘clinician’ has been used throughout this guide to refer to individuals who provide consumer care.

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

**Communication material**: For consumers and carers this may include brochures, fact sheets, letters, newsletters, presentations, posters, social media, trusted web sites and videos. For the workforce this may include agenda papers, letters, meeting papers, memos, minutes and actions items, terms of reference and reports.

**Community health service**: There are multiple definitions used to describe community health services. This guide focuses on community health services and in-home care provided as part of a continuum of health care by a Local Health Network or private hospital ownership group as these groups already have a requirement for their acute services to be accredited to the NSQHS Standards.

**Competency-based training**: An approach to training that places emphasis on what a person can do in the workplace as a result of training completion.

**Complementary medicines**: Vitamin, mineral, herbal, aromatherapy and homeopathic products, also known as ‘traditional’ or ‘alternative’ medicines.\(^{30}\)

**Consumer (health)**: A person who uses, or may potentially use health services. Depending on the nature of the health service organisation, this person may be referred to as a patient, a client, a consumer, a customer or some other term. Consumers also include families, carers, friends and other support people, as well as representatives of consumer groups.

**Consumer-centred care**: An approach to the planning, delivery and evaluation of health care that is founded in mutually beneficial partnerships among clinicians and consumers.\(^{31}\)

**Consumer engagement**: This involves different types and levels of engagement with consumers that reflect the different goals, audiences and purposes for seeking engagement. Different types of consumer engagement range from processes to inform or disseminate information, which have a low level of engagement, to formal partnerships with a high level of public involvement and influence. Aiming to have active and informed consumers as equal partners in decision-making processes at all levels of the healthcare system is therefore the central concept for both consumer engagement and consumer-centred care. Examples of different strategies that can be used to engage consumers are included in the NSQHS Standard 2: Safety and Quality Improvement Guide.\(^{32}\)

**Consumer clinical record**: Information about a consumer held in hard or soft copy that includes, but is not limited to, a record of the consumer’s medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. For community health services, consumer clinical records may also include administrative and financial information related to episodes of care.

**Consumer information**: Formal information that is provided by health services to a consumer. Consumer information ensures the consumer is informed before making decisions about their health care.

**Consumer medicines information**: Brand-specific leaflets produced by a pharmaceutical company, in accordance with the Therapeutic Goods Regulations (Therapeutic Goods Act 1989), to inform consumers about prescription and pharmacist-only medicines. These are available from a variety of sources: for example, a leaflet enclosed within the medication package or supplied by a pharmacist; or a computer printout, provided by a doctor, nurse or hospital, and obtained from the pharmaceutical manufacturer or from the Internet.\(^{19}\)

**Continuous improvement**: A systematic, ongoing effort to raise a health service organisation’s performance as measured against a set of standards or indicators.\(^{33}\)

**Contractor**: A person or firm that undertakes a contract to provide materials or labour to perform a service or do a job.\(^{34}\)

**Credentialing**: Refers to the formal process conducted by a health service organisation used to verify the qualifications, experience, professional standing and other relevant professional attributes of clinicians for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.\(^{35}\)

**Critical friends group**: A small group of consumers, carers and/or clinicians with experience and/or expertise relevant to a health service organisation. The group is convened to provide advice and feedback to that health service organisation on specific issues, including safety and quality improvement activities.

**Decision support tools**: These tools can help clinicians and consumers to draw on available evidence when making clinical decisions. The tools take a number of formats. Some are explicitly designed to facilitate shared decision making (e.g. decision aids). Others provide some of the information needed for some components of the shared decision-making process (e.g. risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about health decisions (e.g. communication frameworks, question prompt lists).\(^{36}\)

**Emergency assistance**: Clinical advice or assistance provided when a consumer’s condition has deteriorated acutely. This assistance is provided as part of the rapid response system, and is additional to the care provided by the attending medical officer or team.\(^{37}\)
**Terminology (continued)**

**Environment**: The overall surroundings where health care is being delivered, including the building, fixtures, fittings and services such as air and water supply. ‘Environment’ can also include other consumers, visitors and the workforce.

**Evaluation**: A systematic analysis of the merit, worth or significance of an object, system or program.21

**Event summary**: A record of key health information about significant healthcare events that are relevant to the ongoing care of an individual — for example, to indicate a clinical intervention or improvement in a condition, or to show that a treatment has been started or completed. An event summary may contain information on: allergies and adverse reactions; medicines diagnoses; interventions; immunisations; and diagnostic investigations.27

**Fall**: An event that results in a person coming to rest inadvertently on the ground or floor or another lower level.38

**Governance**: The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation to achieve the organisation’s objectives. In these Standards, governance includes both corporate and clinical governance.

**Guidelines**: Clinical practice guidelines are ‘systematically developed statements to assist practitioner and decisions about appropriate health care for specific circumstances’.39

**Hand hygiene**: A general term referring to any action of hand cleansing.

**Health care**: The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians such as medical, nursing and allied health professions.40

**Healthcare associated infections**: Infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare associated infections may manifest after people leave the healthcare facility.41

**Healthcare Provider Identifier**: Allocated to clinicians involved in providing care.

**Health service organisation**: A separately constituted health service that is responsible for the clinical governance, administration and financial management of a service unit(s) or community health service providing health care. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to consumers and can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, consumers’ homes, community settings, practices and clinicians’ rooms.

**High-risk medicines**: Medicines that have a high risk of causing serious injury or death to a consumer if they are misused. Examples of high-risk medicines are anticoagulants, insulin, opioids, chemotherapy medicines, concentrated electrolytes, intra-venous digoxin, and neuromuscular blocking agents.42

**Hospital**: A healthcare facility licensed by the respective regulator as a hospital or declared as a hospital.

**Indicators**: An indicator is a measure that contains data elements which can be observed or generated.43 There are three types of indicators:

- Structure indicators address whether a physical facility, equipment, human resource, or organisational characteristic is in place.
- Process indicators measure the extent to which recommended care is given, known as the appropriateness of health care.
- Outcome indicators measure the rate of achievement of a given health outcome, or the effectiveness of health care.

Specifying indicators of appropriateness and effectiveness requires a numerator and a denominator and a clear outline of inclusion and exclusion criteria.44

**Incident**: An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a consumer and/or a complaint, loss or damage.

**Individual Healthcare Identifier**: Allocated to all individuals enrolled in the Medicare program or those who are issued with a Department of Veterans’ Affairs treatment card, and others who seek health care in Australia.45

**Infection**: The invasion and reproduction of pathogenic or disease-causing organisms inside the body. This may cause tissue injury and disease.46

**Infection control**: Actions to prevent the spread of pathogens between people in a healthcare setting. Examples of infection control measures are targeted surveillance of healthcare associated infections, infectious disease monitoring, hand hygiene and personal protective equipment.40

**Informed consent**: A process of communication between a consumer and their medical officer that results in the consumer’s authorisation or agreement to undergo a specific medical intervention.46 This communication should ensure the consumer has an understanding of all the available options and the expected outcomes such as the success rates and/or side effects for each option.47

**Injury**: Damage to tissues caused by an agent or circumstance.48
**Invasive devices**: 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.\(^{48,50}\)

**Jurisdictional requirements**: Systematically developed statements from state or territory governments about appropriate healthcare or service delivery for specific circumstances. Jurisdictional requirements encompass a number of types of documents from state and territory governments, including regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.\(^{59}\)

**Local Health Network**: A large health service organisation with a single governance structure. The mix of services may vary between networks, but would generally include acute, sub-acute and community health services. State and territory health departments use different terms to describe these networks such as local health districts, boards or area health services. In this document, the term ‘Local Health Network’ is used to apply to all of these organisations.

**Mandatory training**: Compulsory training designed to ensure healthcare workers have the required knowledge and skills to practice safely in their areas of responsibility.

**Medication**: The use of medicine for therapy or for diagnosis, its interaction with the consumer and its effect.

**Medication authorities**: A health service organisation’s formal authorisation of an individual, or group of individuals, to prescribe, dispense or administer medicines or categories of medicine consistent with their scope of practice.

**Medication incident (or error)**: Any preventable event that may cause or lead to inappropriate medication use or consumer harm while the medication is in the control of the healthcare professional or consumer.\(^{51}\)

**Medication history**: An accurate recording of a consumer’s medicines. It comprises a list of all current medicines including prescription and non-prescription medicines, complementary medicines and medicines used intermittently; recent changes to medicines; past history of adverse drug reactions including allergies; and recreational drug use.\(^{52}\)

**Medication management plan (MMP)**: A form that contains a comprehensive medication history form with space for recording information, prompts for obtaining consumer information, dedicated space for documenting medication issues during the care episode and a medication discharge checklist.

**Medication management (action) plan**: A continuing plan for the use of medicines, developed by the healthcare professional in collaboration with the consumer, to identify and document (in a working document):

- actual and potential medication management issues (problems and needs, including risk assessment) identified during the assessment process
- medication management goals
- actions or strategies needed to address the issues and achieve the medication management goals.

**Medication management**: Practices used to manage the provision of medicines to consumers. This system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, distributing and monitoring the effects of medicines. It also includes the rules, guidelines, decision-making and support tools, policies and procedures that are in place to direct the use of medicines. The system is specific to a healthcare setting.

**Medication management pathway**: The processes for prescribing, dispensing, administering and monitoring medicines are complex and involve a number of different health professionals. The system has been described as a medication management pathway or cycle. The pathway comprises nine activities and three background or system processes that are required in order to manage safe and effective use of medicines for consumers at each episode of care. The pathway provides a framework for identifying weaknesses and responding with strategies to improve medication management. The consumer is the central focus of the pathway.\(^{53,54}\)

**Medication reconciliation**: A formal process of obtaining and verifying a complete and accurate list of each consumer’s current medicines, and matching the medicines the consumer should be prescribed to those they are actually prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented. When care is transferred (e.g. between wards, hospitals or home), a current and accurate list of medicines, including reasons for change, is provided to the person taking over the consumer’s care.

**Medication review**: A critical review of all prescribed, over-the-counter and complementary medications undertaken to optimise therapy and minimise medication-related problems.

**Medication safety system**: Describes a system that is implemented and monitored to reduce the occurrence of medication incidents and improve the safety and quality of medication management.

**Medicine**: A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental welfare of people. Prescription, non-prescription and complementary medicines, irrespective of their administration route, are included.\(^{55}\)

**Medicines list**: A complete list of all medicines, with sufficient information to fully identify all products (prescription and non-prescription medicines, including over-the-counter and complementary medicines), prepared by the clinician. Key components include the name of the medicine, the form of the dose, the strength, and directions for use.\(^{56}\) It is expected that the medicines list is updated and correct at the time of transfer (including clinical handover), or when services cease.

**Minimum data set**: The minimum set of information and content that must be contained and transferred in a particular type of clinical handover.\(^{57}\) Many minimum datasets are possible; the type will depend on the context and reason for the handover.

**Monitoring plan**: A written plan that documents the type and frequency of observations to be recorded, as referred to in Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care.\(^{58}\)
Near miss: An incident or potential incident that was averted and did not cause harm, but had the potential to do so.⁵⁸

Open disclosure: An open discussion with a consumer about an incident(s) that resulted in harm to that consumer while receiving health 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.⁶⁰

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

Outcome: The status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.⁴⁹

Patient: A person receiving health care. Synonyms for ‘patient’ include ‘consumer’ and ‘client’. This guide uses the term ‘consumer’ to refer to individuals who receive care.

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

Performance review: A form of appraisal and evaluation of an employee’s performance of assigned duties and responsibilities. It is any form of activity that provides a way to help identify areas for performance enhancement and to help promote professional growth. It can be formal or informal, through discussion or in writing. Evidence may include reports on compliance with a structured performance management system; records of individual performance improvement discussions and plans; records of training undertaken to address identified gaps in skills and knowledge; and use of probation programs, or records of regular feedback sessions between a supervisor and their team member(s) such as diary records.

Point of care: The time and location where an interaction between a consumer and clinician occurs for the purpose of delivering care.

Policy: A set of principles that reflect the health service organisation’s mission and direction. All procedures and/or protocols are linked to a policy statement.

Population: The people living in a defined geographic region who receive services from a health service organisation.

Prescription medicine: Any medicine that requires a prescription before it can be supplied. A prescription must be authorised by an appropriately registered clinician.⁶¹

Pressure injuries: Injuries of the skin and/or underlying tissue, usually over a bony prominence and caused by unrelieved pressure, friction or shearing. Pressure injuries occur most commonly on the sacrum and heel but can develop anywhere on the body. ‘Pressure injury’ is a synonymous term for ‘pressure ulcer’.

Procedure: The set of instructions to make policies and protocols operational. These are specific to an organisation.

Program: An initiative or series of initiatives designed to address a particular issue, with resources, timeframe, objectives and deliverables allocated to it.

Protocol: An established set of rules used to complete tasks or a set of tasks.

Quality improvement: The combined and unceasing efforts of everyone — clinicians, consumers and their families, researchers, payers, planners and educators — to make the changes that will lead to better consumer outcomes (health), better system performance (care) and better professional development.⁴¹

Regular: Occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In these Standards, the time period should be consistent with best practice, be risk based, and be determined by the subject and nature of the review.

Relevant documentation: This may include emails, file notes, information posted on workforce notice boards, message books, notes, memos, minutes, records of workforce meetings, reports, workforce emails or written notes of ad hoc meetings. See Communication material.

Risk: The chance of something happening that will have a negative impact. It is measured by consequences and likelihood.

Risk assessment: The process of identifying the presence and impact of factors that contribute to the likelihood of an event occurring.

Risk management: The design and implementation of a program to identify and avoid or minimise risks to consumers, employees, volunteers, visitors and the health service organisation.

Scope of practice: The extent of an individual clinician’s approved clinical practice within a particular organisation based on the clinician’s skills, knowledge and professional suitability, and the needs and service capability of the health service organisation.⁵⁶

Screening: A process of identifying consumers who are at risk or already have a disease or injury. Screening requires sufficient knowledge to make a clinical judgment.⁶²

Single use: The medical device is intended to be used on an individual consumer during a single procedure and then discarded. It is not intended to be reprocessed and used on another consumer. Some single-use devices are marketed as ‘non-sterile’ and these require processing to make them sterile and ready for use. The manufacturer of the device will include appropriate processing instructions to make it ready for use.⁴¹
Standard precautions: Work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all consumers.41

Surveillance: An epidemiological practice that involves monitoring the spread of disease to establish progression patterns. The main role of surveillance is to predict, observe and provide a measure for strategies that may minimise the harm caused by outbreak, epidemic and pandemic situations, as well as to increase knowledge of the factors that might contribute to such circumstances.20

System: The resources, policies, procedures and/or protocols that are organised, integrated, regulated and administered to accomplish the objective of the Standard. The system:
- brings together risk management, governance, operational processes and procedures, including orientation, education and training
- deploys an active implementation plan; feedback mechanisms including agreed protocols and guidelines; decision support tools and other resource material
- employs a range of incentives and sanctions to influence behaviours and encourage compliance with policy, procedures and/or protocols, and regulation.

Tall Man lettering: Enhancement of unique letter characters of medicines names by use of upper case characters to improve differentiation of look-alike medicines names. Australia has nationally standardised application of Tall Man lettering to those medicines names pairs and groups which are at high risk of confusion and are likely to cause serious or catastrophic consumer harm if confused.63

Training: The development of knowledge and skills.

Transition of care: Situations when a consumer’s care is transferred between healthcare locations or providers, or when levels of care within the same location change in response to a consumer’s condition and care needs.64

Transmission-based precautions: Extra work practices in situations where standard precautions alone may be insufficient to prevent infection (for example, for consumers known or suspected to be infected or colonised with infectious agents that may not be contained with standard precautions alone).

Treatment-limiting orders: Orders, instructions or decisions that involve the reduction, withdrawal or withholding of life-sustaining treatment. These may include ‘no cardiopulmonary resuscitation’ or ‘not for resuscitation’.

Workforce: All people working in a health service organisation, including clinicians (see Clinician) and any other employed, contracted, locum, agency, student or volunteer members of the health service organisation who have assigned roles and responsibilities for care of, administration of, support of or involvement with consumers in the health service organisation.
This guide is designed primarily for community health services included in an accreditation assessment as part of a Local Health Network or private hospital ownership group. It will help community health services to implement safety and quality improvements in line with the NSQHS Standards.

Structure of the guide
For each standard there is:
- a description of the standard
- a statement of intent or the desired outcome for the standard
- the context in which the standard must be applied
- key criteria of the standard
- a series of actions relevant to each criterion.

To achieve accreditation, you will need to provide evidence that your community health service has met each relevant action listed within the NSQHS Standards.

Overview of what is required
An overview is provided, stating the key principles that community health services need to consider when implementing each of the relevant actions within the NSQHS Standards. This information helps to clarify the intent and requirements of each action.

Suggested approach
Suggested approaches outline possible strategies to implementing each action within a community health service. The purpose of the suggested approaches list is to assist you in determining whether you are implementing the action — that you have the safety and quality systems and processes in place; that they are reviewed and evaluated; and that practice is changed when necessary. The list also provides an overview of the steps community health services can take to implement relevant actions if there are identified gaps.

Examples of evidence
The evidence you provide to show that you are working towards or have met each relevant action within the NSQHS Standards would typically come from the usual quality improvement and operational processes of your community health service — rather than from evidence created specifically for accreditation. The examples of evidence provided here are simply to prompt you to think about the evidence you may already have. The types of evidence that you choose to use will depend upon the service you provide — there is no generic list of evidence required to achieve accreditation.

Terms used in the guide
The term ‘health service organisation’ has been used throughout this guide to refer to a health service that is responsible for the clinical governance, administration and financial management of a service unit(s) or community health service providing care. This could be a Local Health Network, private hospital ownership group or state or territory health department.

The term ‘community health service’ has been used throughout the guide to refer to a stand-alone service or a service unit that sits within a larger health service organisation. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to consumers and can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, consumers’ homes, community settings, practices and clinicians’ rooms.

There are sections throughout the guide where community health services are encouraged to check whether systems and processes for meeting the standards are already implemented by their overarching health service organisation. Where there are established directives for safety and quality systems and processes, community health services are encouraged to adapt or align these to fit their local context. This may not be applicable for stand-alone community health services.

The term ‘clinician’ has been used throughout the guide to refer to any individual involved in providing care to consumers. A clinician is defined as a trained health practitioner, including registered and non-registered practitioners. A clinician may provide care within a community health service as an employee, a contractor or a credentialed clinician, or under other working arrangements not specified here. They may include nurses, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision. Synonyms for ‘clinician’ in the context of this guide include ‘healthcare provider’ or ‘care worker’.

Community health services provide a range of services to support consumers’ health and wellbeing that may not include the provision of direct clinical care. Services may include cleaning a consumer’s home or preparing meals. These services fall outside the scope of the NSQHS Standards and their application to these services may not be appropriate.
Figure 2: Format of the guide

Standard 2: Partnering with Consumers (continued)

Consumer partnership in service measurement and evaluation

<table>
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<tr>
<th>Overview of what is required</th>
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<tr>
<td>2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans</td>
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<tr>
<td>These actions relate to the formation of partnerships with consumers for the purpose of improvement, with a particular focus on safety and quality performance. These actions relate to the involvement of consumers in both the review of organisational safety and quality performance information (Action 2.8.1), and the development of improvements based on this information (Action 2.8.2).</td>
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<tr>
<td>• If the review of safety and quality performance information and development of quality improvements is carried out by the overarching health service organisation, you should encourage and support people who receive care in your community health service to participate in these processes. If your community health service is responsible for the review of safety and quality performance information and development of quality improvements, you should ensure there are opportunities for consumers to participate in this process. You can do this by:</td>
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<tr>
<td>• incorporating questions into a consumer experience survey about your community health service’s safety and quality performance</td>
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<td>• inviting consumers to be part of the committee that reviews safety and quality performance reports</td>
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<td>• inviting consumers not involved in the complaint to review de-identified complaints and complaints in relation to safety and quality performance.</td>
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<tr>
<td>• See Action 2.2.1 for more strategies that could be used to involve consumers at a local level.</td>
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<td>• Records of safety and quality performance information published in annual reports, newsletters, newspaper articles, radio items, web site or other local media.</td>
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<td>• Records of focus groups, meetings with consumers and committee meetings that have discussed appropriateness and accessibility of safety and quality performance information.</td>
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<td>• Records of improvements made to information presentation and dissemination based on feedback from consumers, carers and community groups.</td>
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An overview of the intent of the items and actions in the NSQHS Standards.

Suggestions for strategies that could be used to meet the requirements of the NSQHS Standards.

Items describe how a criterion is to be met.

Actions describe what must be done.

An action can be linked with similar actions elsewhere in this or other Standards.
This Standard provides the safety and quality governance framework for community health services. Its intention is to create integrated governance systems that maintain and improve the reliability and quality of consumer care, as well as to promote improved consumer outcomes.

Together with NSQHS Standard 2: Partnering with Consumers, this Standard sets the overarching requirements for the effective application of the other clinical NSQHS Standards (Standards 3 to 10) by requiring systems to be established and maintained that ensure accountability and responsibility for the delivery of safe and high quality care.

This guide does not specify ‘how’ a community health service should develop or implement its governance system, but suggests an approach that community health services may take. It recognises that community health services are often part of a larger health service organisation, such as a Local Health Network or private hospital ownership group. They, therefore, may receive direction and oversight from a district, cluster or group owner, and responsibilities for actions are often distributed between different parts of the larger health service organisation.

The criteria to achieve this standard are:

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

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<th>Overview of what is required</th>
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<tbody>
<tr>
<td><strong>1.1 Implementing a governance system that sets out the policies, procedures and/or protocols for:</strong></td>
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<tr>
<td>- establishing and maintaining a clinical governance framework</td>
<td>- implementing performance management procedures</td>
<td>- Policies, procedures and/or protocols that address the areas identified in Item 1.1.</td>
</tr>
<tr>
<td>- identifying safety and quality risks</td>
<td>- ensuring compliance with legislative requirements and relevant industry standards</td>
<td>- Register or list of policies, procedures and/or protocols that details implementation date, date policy documents were amended or due for review, a prioritised schedule for future reviews and persons/position or committee responsible.</td>
</tr>
<tr>
<td>- collecting and reviewing performance data</td>
<td>- communicating with and informing the clinical and non-clinical workforce</td>
<td>- Relevant documentation of committee structures and roles with responsibilities for policy, procedure and protocol development.</td>
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<tr>
<td>- implementing prevention strategies based on data analysis</td>
<td>- undertaking regular clinical audits</td>
<td>- Memos, newsletters or other communication material provided to the workforce about new or revised policies, procedures or protocols.</td>
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<tr>
<td>- analysing reported incidents</td>
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1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols

This action relates to all policies, procedures and/or protocols for the NSQHS Standards.

Policies, procedures and/or protocols may be developed at different levels within your community health service, but need to be integrated into a single system to ensure their utility.

Your community health service should ensure that policies, procedures and/or protocols:
- are based on evidence and good practice
- are regularly reviewed and updated
- incorporate any legislative requirements or industry standards that must be met.

Your community health service should have:
- procedures in place that comply with the organisation’s policies
- mechanisms to monitor the use of procedures by the workforce
- mechanisms to report compliance to the relevant individual and/or committee providing oversight and the governing body.

1.1.2 The impact on patient safety and quality of care is considered in business decision making

Strategic planning should include consideration of safety and quality strategies, initiatives and performance.

When developing a new business proposal, your community health service should consider the impact of the proposal on safety and quality.

- Where strategic planning is conducted by the overarching health service organisation, consider ways that your community health service could be involved in setting strategies, goals and objectives and decision making at this level — for example, by providing input into and comment on organisational strategic planning; having board membership; participating in joint planning committees; or, developing a guide for decision making.65

- Documentation related to strategic, business and operational planning that outlines the potential impact on consumer safety and quality of care.

- Completed risk assessments for business proposals or implementation of new services.

- Documented decision making processes for new business proposals that identify safety and quality risks and issues.
Governance and quality improvement systems

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<tbody>
<tr>
<td>• If the overarching health service organisation has developed a strategic plan you should:</td>
<td>• Identify to whom safety and quality performance information will be reported. This should include the highest level of governance locally, and may also include individuals or governance bodies in your Local Health Network, private hospital ownership group and state or territory health department.</td>
<td>• Relevant documentation from committees and other meetings where strategic planning and safety and quality of care were discussed.</td>
</tr>
<tr>
<td>• consider how it can be applied to your community health service</td>
<td>• Develop reporting templates and a schedule for reporting data.</td>
<td>• The community health service’s strategic and operational governance framework identifies the positions and committees responsible for strategic and operational planning.</td>
</tr>
<tr>
<td>• consider the allocation of resources for safety and quality of care</td>
<td>• Consider the format, scope and quality of the information provided to the governing body. For example, information could be reported through committee meetings, newsletters or memos.</td>
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<tr>
<td>• identify safety and quality risks and opportunities.</td>
<td>• Responsibilities for reviewing safety and quality performance information could also be documented in the committees’ terms of reference.</td>
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<tr>
<td>• If your community health service is responsible for developing its own strategic plan, the plan needs to include safety and quality strategies, goals and objectives.</td>
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<tr>
<td>• Educate managers, clinicians and corporate services to consider safety and quality strategies, goals and objectives when developing a business proposal.</td>
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1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care

1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance

Your community health service should map out the safety and quality indicators and other data you will provide to the governing body and set a schedule for reporting this information.

You should regularly review the safety and quality data submitted to ensure it:

• covers all services provided and all major risks
• provides a comprehensive picture of your community health service’s safety and quality performance.
### Governance and quality improvement systems

**1.2.2 Action is taken to improve the safety and quality of patient care**

Your community health service should review the:
- program of audit for safety and quality data to ensure it is providing you with information that is useful for measuring and making changes to improve the safety and quality of care
- information collected on safety and quality, including that provided to the governing body, to see if it covers all aspects of quality, major risks in your service and all services that are provided.

Feedback should be provided to the workforce on the actions taken to improve safety and quality performance.

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<tr>
<td>• Identify local manager(s) with responsibility for oversight of clinical safety and quality risks management.</td>
<td>• Allocate time to conduct quality audits and share the results in meetings with the workforce.</td>
<td>• Relevant documentation from committees and other meetings where safety and quality performance and improvement strategies are discussed.</td>
</tr>
<tr>
<td>• Allocate time to conduct quality audits and share the results in meetings with the workforce.</td>
<td>• Implement an action plan that records who, what, where, when and the date for reviewing actions to be completed.</td>
<td>• A risk register in line with <strong>Action 1.5.1</strong> that includes actions to address identified risks.</td>
</tr>
<tr>
<td>• Identify the resources required to address identified safety and quality risks in your community health service.</td>
<td>• Allocate time to review safety and quality systems, delegations, and information provided on safety and quality performance.</td>
<td>• Examples of improvement activities that have been implemented and evaluated to improve the safety and quality of consumer care.</td>
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<td></td>
<td>• Relevant documentation from committees and other meetings where safety and quality performance and improvement strategies are discussed.</td>
<td>• Memos, newsletters or other communication material provided to the workforce and consumers about quality improvement activities.</td>
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**1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for:**
- patient safety and quality in their delivery of health care
- the management of safety and quality specified in each of these Standards

**1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities**

The overarching health service organisation should have a clearly described governance structure and these accountabilities should be reflected in the organisational structure of your community health service.

Your community health service should ensure that for all members of the workforce, position descriptions and contract templates clearly define the roles, responsibilities and accountabilities for safety and quality of care.

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<tr>
<td>• If the overarching health service organisation has specified the governance structure and accountabilities for your community health service, ensure they are put in place locally.</td>
<td>• If your community health service is responsible for implementing its own governance structure you should ensure that members of the workforce are aware of their delegated safety and quality roles, responsibilities and accountabilities. You can do this by:</td>
<td>• Organisational chart and delegations policy demonstrating clinical governance reporting lines and relationships.</td>
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<tr>
<td>• Discussing safety and quality responsibilities in routine performance management processes</td>
<td>o reviewing position descriptions and contract templates for members of the workforce</td>
<td>• Positions descriptions, duty statements and employment contracts that describe safety and quality roles, responsibilities and accountabilities.</td>
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<tr>
<td>• Providing education and training to members of the workforce about safety and quality, and their roles and responsibilities.</td>
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<td>• A performance review system that includes reference to safety and quality roles and responsibilities for the workforce.</td>
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<td>• Orientation manuals, education resources or records of attendance at training by the workforce on their safety and quality roles and responsibilities.</td>
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<td>• Memos, newsletters or other communication material provided to the workforce on their safety and quality roles and responsibilities.</td>
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### Governance and quality improvement systems

#### 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

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<tr>
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<tr>
<td>Your community health service should ensure:</td>
<td>- Educate and train members of the workforce in their governance roles, responsibilities and accountabilities.</td>
<td>- Orientation manuals, education resources or records of attendance at training by the workforce, specifically for those with delegated responsibilities for safety and quality.</td>
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<td>- Schedule training in clinical governance for managers and senior clinicians. This training may be delivered locally, by the overarching health service organisation or by an external provider.</td>
<td>- Training attendance records or education resources for local board members, health service executives and managers on their safety and quality and clinical governance responsibilities.</td>
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<td>- Ensure members of the workforce are aware of and have access to policies, procedures and/or protocols to guide clinical practice.</td>
<td>- Performance reviews that include feedback to the workforce on delegated safety and quality roles and responsibilities.</td>
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<td>- Review and provide feedback on managers and senior clinician’s performance of safety and quality roles and responsibilities.</td>
<td>- Succession plans for key clinical governance positions.</td>
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#### 1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities

The contract for services with locum, agency and other contracted members of the workforce outlines responsibilities for local safety, quality and clinical governance requirements and identifies the skills and experience required of staff. Your community health service should provide an effective orientation to safety, quality and clinical governance systems for clinicians engaged via agency and locum arrangements. Your community health service should ensure that policies and procedures clearly describe the responsibilities for the agency or locum workforce to comply with safety, quality and clinical governance requirements and that these are available to locum and agency staff on or before commencement of duties.

- If the overarching health service organisation has responsibility for contract management of the agency and locum workforce, ensure the contractual arrangements are put in place locally.
- If your community health service is responsible for informing agency or locum staff of their safety and quality roles, responsibilities and accountabilities:
  - outline the roles and responsibilities for agency and locum staff in contractual arrangements
  - verify that credentialing and scope of clinical practice is undertaken prior to or on commencement of duties
  - provide agency and locum staff with an orientation to safety, quality and clinical governance that includes access to policies, procedures and/or protocols
  - provide support material to assist with orientation of agency and locum staff.

- Policies, procedures and/or protocols for the recruitment of locum and agency workforce.
- Contracts for locum and agency workforce that specify designated roles, responsibilities and accountabilities, including for safety and quality.
- Position descriptions, duty statements and employment contracts for locum and agency workforce specify designated roles and responsibilities.
- Orientation manuals, education resources or records of attendance at training by the workforce, specifically for those with delegated responsibilities for safety and quality.
**Governance and quality improvement systems**

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<tr>
<td><strong>1.4 Implementing training in the assigned safety and quality roles and responsibilities</strong></td>
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| **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** | Review your education and training policies and programs to ensure the workforce have access to appropriate orientation, education and training in safety, quality and clinical governance. | Implement an orientation program for new members of the workforce. While this may be conducted by the overarching health service organisation, local orientation to your community health service is also needed to ensure that new members of the workforce understand local systems.  
- Provide education and training for members of the workforce based on:  
  - a review of your local safety and quality risks  
  - the requirements set out in operational and strategic plans  
  - the training needs of the workforce.  
- Managers and senior clinicians assist junior staff to identify individual training needs and provide supervision. | Evidence of the assessment of training needs through review of incidents, performance data, workforce feedback, workforce reviews, system audits and policy.  
- Orientation manuals, education resources and records of attendance at training by the workforce on safety and quality roles, responsibilities and accountabilities.  
- Review and evaluation reports of education and training.  
- Feedback from the workforce regarding their training needs.  
- Policies, procedures and/or protocols for the supervision of new members of the workforce. |
| **1.4.2 Annual mandatory training programs to meet the requirements of these Standards** | A policy should be in place that outlines the annual mandatory training requirements for the workforce. Throughout the NSQHS Standards there are actions that require the workforce to participate in education and training and be competent in areas such as aseptic technique (**Action 3.10.1**) and consumer-centred care (**Action 2.6.2**) to meet the requirements of the NSQHS Standards. Your community health service should ensure that training undertaken is reconciled with the skills needed. Further training for the workforce, including agency and locum workforce, should be offered by your community health service based on identified needs and risks within the organisation. | Education and training may involve:  
- tutorial sessions that may be combined with general administrative meetings  
- dedicated time for teaching, supervision and assessment of new skills  
- locally managed and run professional development sessions  
- formal training provided by the workforce or external providers.  
- Maintain a register of training provided or records of attendance and achievement at mandatory training programs by the clinical workforce. | Evidence of the assessment of training needs through review of incidents, performance data, workforce feedback, workforce reviews, system audits and policy.  
- Schedule of planned annual mandatory training that addresses the requirements of the NSQHS Standards.  
- Education resources and records of attendance at mandatory training by the workforce.  
- Evaluation survey or report on training programs on workforce safety and quality roles, responsibilities and accountabilities.  
- Memos, newsletters or other communication material provided to the workforce regarding annual mandatory training requirements. |
| **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** | All agency and locum staff should undergo orientation prior to or upon commencement of work in your community health service. Your community health service should ensure there is a process in place to orientate locum or agency staff to your organisation and that adequate supervision and support is available to fulfil their safety and quality roles and responsibilities. | Document the orientation program and participation by locum and agency workforce.  
- Assess the need for training in safety and quality and risk assessment at orientation.  
- Provide access to training or include training requirements in contractual arrangements with locum and agency providers. | Orientation manuals and education resources for locum and agency workforce.  
- Position descriptions, duty statements and employment contracts that detail the safety and quality roles, responsibilities and accountabilities for locum and agency workforce. |
1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality

The NSQHS Standards mandate that the clinical workforce are competent in:
- aseptic technique (see Action 3.10.1)
- basic life support (see Action 9.6.1).

Your community health service may also need to consider other areas of training that are necessary for members of the workforce to effectively perform their roles. This may include:
- hand hygiene
- clinical handover
- standard and transmission-based precautions
- administering screening and assessment tools
- incident reporting and investigation.

Ensure the clinical workforce are competent in these areas, where relevant.

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<tr>
<td>Policies, procedures and/or protocols for clinical supervision and support of the locum and agency workforce.</td>
<td>Identify competency-based training needs of the workforce. Provide access to competency-based training. Competency-based training may be provided by suitably qualified members of the workforce or an external provider.</td>
<td>Evidence of the assessment of competency-based training needs of the workforce.</td>
</tr>
<tr>
<td>Skills appraisals and record of competencies for locum and agency workforce.</td>
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<td>Education resources and records of attendance at competency-based training by clinicians and other members of the workforce.</td>
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<tr>
<td>Memos, newsletters or other communication material provided to locum and agency workforce regarding their safety and quality roles, responsibilities and accountabilities.</td>
<td></td>
<td>Schedule of planned workforce education and competency-based training.</td>
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<tr>
<td>Feedback from locum and agency workforce on training and education provided on safety and quality.</td>
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<td>Memos, newsletters or other communication material provided to clinicians and other members of the workforce regarding competency-based training requirements.</td>
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<td>Evaluation of competency-based training courses.</td>
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</table>
## Governance and quality improvement systems

<table>
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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality</strong></td>
<td><strong>1.5.1 An organisation-wide risk register is used and regularly monitored</strong></td>
<td><strong>1.5.2 Actions are taken to minimise risks to patient safety and quality of care</strong></td>
</tr>
<tr>
<td>As part of a risk management approach, your community health service should have a risk register that captures information about consumer safety and quality of care and processes in place to ensure it is regularly monitored. Responsibilities for risk management may be shared between the health service organisation and your community health service. Policies, procedures and/or protocols implemented to manage risks locally should clearly identify responsibilities for the management of the risk register and for taking actions in response to identified risks. Your community health service should review the risk register regularly to ensure: • it is kept up to date • it includes all relevant information • members of the workforce with roles and responsibilities in its use maintain the register and are accountable • the risk management system is effective.</td>
<td>• Identify if there is a risk management system for the overarching health service organisation and the responsibilities of your community health service in this system. • Policies, procedures and/or protocols for use of the risk management system, including the use of a risk register, should be adapted and implemented locally. • Engage the workforce in identifying, assessing, recording and managing clinical and non-clinical risks. • Identify individuals or committees with responsibility for managing each of the risks identified. • Regularly audit the risk management system, review results locally and submit summary information to the relevant committee and/or governing body. • Assess the environmental risks that may be associated with providing services in a consumer’s home or other non-clinical setting. • Implement systems to respond to risks identified by external organisations, such as coroners, health complaints commissions and safety and quality commissions.</td>
<td>• Policies, procedures and/or protocols for implementing and monitoring the risk management system. • A risk register in line with <strong>Action 1.5.1</strong> that includes actions to address identified risks. • Relevant documentation from committee and other meetings where the risk register is reviewed and action plans agreed. • A quality improvement plan in line with <strong>Action 1.6.1</strong> that includes actions to address the issues identified. • Results from environmental assessments and health and safety risk audits. • Examples of improvement activities that have been implemented and evaluated to minimise risks to consumer safety and quality of care.</td>
</tr>
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</table>
### Governance and quality improvement systems

**Overview of what is required**

- Define ‘good quality’ for your organisation and identify strategies to achieve this.
- Include a schedule of performance monitoring activities such as audits of clinical and organisational systems.
- Determine what reports your organisation needs in order to understand its performance, and the reports to be provided to the organisation’s governing body (see Action 1.2.1).
- Have processes in place to enable action to be taken in response to the organisation’s performance.
- Involve the workforce in the development, monitoring and improvement of these systems.
- Evaluate improvement strategies.

The overarching health service organisation may have operational directives regarding the organisation-wide quality improvement system, such as quality statements or service targets, which your community health service may need to implement locally.

**Suggested approach**

- If the overarching health service organisation has an organisation-wide quality management system, identify the strategies needed to put this in place locally by your community health service.
- If your community health service is responsible for developing and implementing a quality management system then you should:
  - Include health service executives, clinicians, consumers (see Standard 2: Partnering with Consumers) and other key stakeholders in the process.
  - Develop a set of organisational safety and quality measures and identify how these will be met.
  - Develop a schedule of monitoring activities and performance reporting.
  - Collect feedback from consumers about their satisfaction and the quality of services on an ongoing basis (see Action 1.20.1 and Standard 2: Partnering with Consumers).
  - Implement an organisation-wide quality improvement plan that identifies actions to address identified issues.

**Examples of evidence**

- An organisation-wide quality framework or quality improvement plan with timeframes and responsibilities for improvement activities.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- Examples of improvement activities that have been implemented and evaluated to maximise quality of consumer care.
- Relevant documentation from committees and other meetings that include analyses of data on safety and quality of consumer care, and actions identified.
- Schedule of regular reviews and performance reports submitted to relevant committees and/or the governing body.
- Reports, presentations and analysis of performance data.
- Analysis of consumer experience surveys and suggestions for service improvement.
### Clinical practice

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<tr>
<td><strong>1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence</strong></td>
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<tr>
<td><strong>1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce</strong></td>
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</table>
| Your community health service should adopt those clinical guidelines and pathways relevant to the services being provided, from authoritative sources and based on the best available evidence. Your community health service should be aware of any clinical guidelines or pathways that are required by the overarching health service organisation, to ensure that continuity of care is maintained when implementing these locally. | - If the overarching health service organisation has specified the clinical guidelines and pathways to be implemented, engage clinicians to put these in place locally.  
- If your community health service needs to determine the clinical guidelines and pathways to be used locally, then you should:  
  - identify, in collaboration with the clinicians, the evidence-based clinical guidelines and pathways appropriate for use in your service  
  - allocate resources and provide support for the use of the agreed clinical guidelines and pathways  
  - facilitate easy access to clinical guidelines and pathway documents by the clinical workforce. | - Policies, procedures and/or protocols that outline access and use of clinical guidelines and pathways by the clinical workforce  
- Relevant documentation from committee and other meetings where clinical guidelines and pathways are reviewed, discussed and agreed.  
- List of web addresses for the workforce to access electronic copies of clinical guidelines and pathways.  
- Observation of clinical practice in relation to the use clinical guidelines and pathways. |

| **1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored** | | |
| Your community health service will need to review:  
- the clinical guidelines and pathways to ensure they remain current and continue to reflect current evidence and best practice  
- practices that vary from the agreed clinical guidelines or pathways. Using a risk-based approach, you should review high volume and high-risk conditions more frequently. | - Monitor the use of the clinical guidelines and pathways and provide the clinicians with information on variations in practice.  
- Support clinicians to undertake peer-based review of the feedback. | - Observational audits of care provided in relation to the agreed clinical guidelines or pathways.  
- Audit of adherence to available clinical guidelines and pathways via an audit of consumer clinical records. |

| **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** | | |
| Your community health service needs to implement mechanisms to identify and protect consumers at high risk of harm. Consumers should be screened for factors that contribute to adverse events when care is provided such as pre-existing conditions or circumstances that may affect their recovery from a procedure. | - Use validated and/or best practice screening tools or clinical judgement to identify factors that contribute to consumers being at risk.  
- Make available the screening tools needed to identify risk areas specific to your community health service, such as those for cognitive impairment, medication safety, pressure injuries or falls.  
- Identify consumers, procedures or treatment environments known to be high risk. | - Policies, procedures and/or protocols are available to guide the workforce in identifying consumers at increased risk of harm.  
- Organisational risk profile that details safety and quality risks for consumers, procedures and treatment environments, and their potential impact.  
- Orientation manuals, education resources or records of attendance at training by the workforce on the identification of at-risk consumers and use of screening tools. |
### Clinical practice

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| • Agree the timeframe in which risk assessments are to be undertaken for consumers accepted into your community health service. | • Implement an individualised prevention or management plan for consumers identified as being at risk.  
• Monitor compliance with completion of risk screening tools and adherence to monitoring plans.  
• Monitor the clinical outcomes for high-risk consumer groups.  
• Provide the workforce with information on the management and outcomes of consumers and consumer groups at high risk. | • Consumer clinical records that demonstrate that risk assessments are completed upon entry to your community health service and during an episode of care.  
• Audit of consumer clinical records to demonstrate that consumers identified at high risk of harm are assessed and managed appropriately.  
• Risk profile or management plan for consumers or consumer groups identified at high risk of harm that includes an evaluation of risks and methods of eliminating or reducing identifiable risks.  
• Access to printed or electronic copies of clinical guidelines for the management of consumers at high risk of harm, for members of the clinical workforce. |

1.8.2 *Early action is taken to reduce the risks for at-risk patients*

Your community health service should ensure that the audit program includes routine auditing of the mechanisms for identifying consumers at high risk of harm. The incident reporting system should trigger routine auditing of cases when events occur.

- Implement an individualised prevention or management plan for consumers identified as being at risk.
- Monitor compliance with completion of risk screening tools and adherence to monitoring plans.
- Monitor the clinical outcomes for high-risk consumer groups.
- Provide the workforce with information on the management and outcomes of consumers and consumer groups at high risk.

1.8.3 *Systems exist to escalate the level of care when there is an unexpected deterioration in health status*

Your community health service will need to systematically review the policies, procedures and/or protocols for recognising and responding to consumers whose condition is deteriorating to ensure these are operating effectively.

- Policies, procedures and/or protocols for recording physiological observations and assessments
- Policies, procedures and/or protocols for escalating care and providing emergency assistance when unexpected clinical deterioration occurs including agreed thresholds for triggering an escalation in care
- Processes to receive and communicate advance care directives
- Processes to communicate with consumers and carers about the possibility of a consumer’s condition deteriorating
- Training to ensure the workforce know how to recognise unexpected clinical deterioration when it occurs and the triggers and processes for escalating care
- Processes to evaluate and monitor the effectiveness of your systems for escalating care when unexpected clinical deterioration occurs.

- Develop and implement, in collaboration with clinicians, policies, procedures and/or protocols for recording physiological observations, thresholds for triggering a response and processes for escalating care.
- Develop care plans in line with individual consumers’ clinical needs and identified clinical risks that include:
  - physiological monitoring and assessment requirements
  - triggers and pathways for escalation of care
  - the provision of information to consumers, families and carers when there is a risk that clinical deterioration may occur, or when it has occurred.
- Ensure clinicians complete orientation and participate in ongoing training about local systems for recognising and responding to unexpected deterioration including competency-based training for basic life support (see Action 1.4.1)
- Consider accessing formal training to increase the capacity of the workforce to provide appropriate emergency care when unexpected clinical deterioration occurs.
- Policies, procedures and/or protocols regarding escalation of care.
- Orientation manuals, education resources and records of attendance at training by the workforce on local systems for recognising and responding to unexpected deterioration.
- Instructions on when and how to call for assistance are made available to the workforce.
- Results of an audit of clinical deterioration incidents and responses.
## Clinical practice

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<tr>
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<tbody>
<tr>
<td>• Routinely audit consumer clinical records to ensure that unexpected clinical deterioration is recognised and care is escalated in line with relevant policies, procedures and/or protocols and in accordance with the individual care plan.</td>
<td>• If the overarching health service organisation has specified the policies, procedures and/or protocols for use of the consumer clinical records, engage clinicians to put these requirements in place locally.</td>
<td>• Policies, procedures and/or protocols for ensuring consumer clinical information is available at the point of care, including when a consumer is transferred within or between health service organisations.</td>
</tr>
<tr>
<td>1.9 Using an integrated patient clinical record that identifies all aspects of the patient’s care</td>
<td>• If your community health service is required to implement a consumer clinical records system locally, then you should:</td>
<td>• Policies, procedures and/or protocols for obtaining consumer clinical records from storage and other areas of the organisation.</td>
</tr>
<tr>
<td>1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care</td>
<td>• identify a local manager(s) with responsibility for and skills in clinical records management</td>
<td>• Audit of the accuracy, integration and currency of consumer clinical records.</td>
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<td>• adopt, adapt or develop standardised processes for management of clinical records for retention, access at point of care, consent and disposal of records. You may need to review best practice in community settings or benchmark against what other community health services have implemented for accessing clinical records at the point of care.</td>
<td>• Audit of the availability of consumer clinical information to the clinical workforce at the point of care.</td>
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<td>• develop and implement policies, procedures and/or protocols that authorise and standardise documentation in consumer clinical records</td>
<td>• Standardised templates or forms for consumer clinical records, either electronic or paper-based.</td>
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<td>• ensure all legislative requirements for the documentation and management of consumer clinical records are met</td>
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<td>• include in orientation and training for team members processes for accessing and documenting information in consumer clinical records.</td>
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<td>1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards</td>
<td>• Review the design of the consumer clinical record to enable the collection of consumer clinical data to monitor the performance of your community health service.</td>
<td>• Evidence of change to the design of the consumer clinical record that improves its auditability.</td>
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Your community health service should have in place a consumer clinical records system that is accessible to clinicians when they are providing care. This will require a clinical record that will allow for documentation of all clinical events. The clinical record system will need to take into consideration the context in which services are provided, for example in a consumer’s home environment. The clinical record system may be electronic or paper-based. The overarching health service organisation may have an established clinical record system and your community health service will need to consider how it can maintain continuity of consumer clinical records (see Action 1.19.1).
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<tr>
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<tr>
<td><strong>1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce</strong></td>
<td><strong>1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce</strong></td>
<td><strong>1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice</strong></td>
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Your community health service should have an evidence-based policy and procedures for defining the scope of clinical practice for clinicians. The overarching health service organisation may have an established system for defining clinician’s scope of clinical practice and responsibility for scope of practice decisions may be shared.

- If the overarching health service organisation has specified the policy, procedures and/or protocols for defining and reviewing scope of practice for clinicians, you should engage the workforce to put these requirements in place locally.
- If your community health service is required to implement a system for defining clinician’s scope of practice, you should ensure:
  - verification of each clinician’s credentials
  - regular review of clinician’s credentials to ensure it remains current and in line with the community health service’s policy
  - clinician’s scope of practice is clearly defined and relevant to the context of your community health service needs and capabilities
  - processes for reviewing the clinician’s competency and performance are available if concerns are raised.
  - Where contracted service providers are used for the delivery of health services, mechanisms must be in place to ensure that credentialing and scope of practice requirements are met.

- Monitor clinical practice by implementing protocols for the:
  - routine supervision and recording of clinical practice
  - review of consumer clinical records against clinicians’ agreed scope of clinical practice
  - review of complaints or concerns about clinicians that may be working outside their scope of practice.

- Register of workforce qualifications and areas of credentialed practice.
- Results of review of consumer clinical records to determine clinicians are working within their agreed scope of practice.
- Audit of clinical workforce who have a documented performance review.
- Observation reports of clinical practice.
- Reports and reviews of key performance indicators for clinicians.

Your community health service should ensure that senior executive and local managers are confident that clinicians are operating within their agreed scope of practice, so clinical practice will need to be monitored.

- Policies, procedures and/or protocols for credentialing and defining clinician scope of practice.
- Position descriptions, duty statements or employment contracts for clinicians.
- Relevant documentation from committees and other meetings that include information on the roles, responsibilities, accountabilities and scope of practice for the clinical workforce.
- Workforce performance reviews and feedback records that demonstrate a review of performance against their agreed scope of practice.
- Peer review reports.
### Performance and skills management

#### 1.10.3 Organisational clinical service capability, planning and scope of practices is directly linked to the clinical service roles of the organisation

When planning for services, your community health service should consider the skills and availability of the workforce, as well as the education, training, support and supervision that may be required by the workforce.

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<tbody>
<tr>
<td>- Keep a register of workforce qualifications, registration and areas of credentialed practice for consideration in planning processes.</td>
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<td>- Consider workforce capabilities in service planning.</td>
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<td>- Strategic plan that outlines the community health service’s overall objectives and services provided.</td>
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<td>- Register of workforce qualifications suitable for clinical service roles of the community health service.</td>
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<td>- Reports of inspections from regulators.</td>
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<td>- Evaluation of the safety and quality of clinical services and programs, and achievement of clinical service targets.</td>
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<td>- Annual report that details the clinical service capability and clinical services provided.</td>
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#### 1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced

Your community health service should have a process for assessing the safety and quality of any new service, procedure or technology before it is introduced, and should monitor the safety and quality once it is introduced. This includes assessing the capabilities of the clinical workforce to deliver the new service, procedure or technology.

The overarching health service organisation may have responsibility for approving implementation of any new service, procedure or technology in your community health service.

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<tr>
<th>Requirement</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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<tr>
<td>- If the overarching health service organisation has a system for assessing and approving new services, procedures or technology, consider ways that your community health service can have input into the assessment process.</td>
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<td>- If your community health service is required to implement a system for assessing and approving new services, consider using, adapting or developing an evidence-based process for assessing safety and quality. This includes describing the skills, experience or training required as well as the scope of practice of the clinical workforce delivering the new service, procedure or technology.</td>
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<td>- The assessment of new services, procedures or technology and workforce planning may be considered during organisational strategic planning (see Action 1.1.2).</td>
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<td>- Monitor performance following the introduction of this system.</td>
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<td>- Policies, procedures and/or protocols for credentialing and defining clinician scope of practice.</td>
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<td>- Planning documents to introduce new services (including workforce, equipment, procedures, scope of practice applications and approval for licensing).</td>
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<td>- Defined competency standards for new clinical services, procedures and technology.</td>
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<td>- Revised position descriptions and documentation of additional skills in clinicians scope of practice.</td>
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<td>- Orientation manuals, education resources and records of attendance at training by the workforce on new clinical services, procedures and technologies.</td>
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<td>- Memos, newsletters or other communication material provided to the workforce that define the scope of practice for new clinical services, procedures or other technology.</td>
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#### 1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role

Clinicians who are developing their skills or are completing an assessment phase may need to be supervised. Your community health service should have documented procedures for identifying which members of the workforce are to be supervised, who can provide supervision and how long supervision is required.

You should ensure that reports on the supervised workforce are prepared routinely, in line with the documented procedure.

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<th>Requirement</th>
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<tr>
<td>- Requirements for supervision can be defined in:</td>
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<td>- policies, procedures and/or protocols</td>
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<td>- position descriptions</td>
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<td>- professional registration requirements</td>
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<td>- professional qualifications and training programs.</td>
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<tr>
<td>- Policies, procedures and/or protocols for the supervision of clinicians.</td>
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<td>- Supervision or mentorship program.</td>
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<td>- Position descriptions, duty statements or employment contracts that describe requirements for supervised staff and supervisors.</td>
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<tr>
<td>- Register of workforce qualifications and areas of credentialed practice.</td>
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**Performance and skills management**

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<tbody>
<tr>
<td>• Documented review of qualifications and competencies for the clinical workforce.</td>
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<td>• Supervision and observational reports of clinical practice.</td>
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1.1.1 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice

1.1.1.1 A valid and reliable performance review process is in place for the clinical workforce

1.1.2 The clinical workforce participates in regular performance reviews that support individual development and improvement

Your community health service should implement and maintain a robust system of performance review and development for all clinicians. You should review this system regularly to ensure its design, resourcing and monitoring support safe and good quality clinical practices, clinical engagement and good consumer outcomes.

- If the overarching health service organisation has a performance review process, engage the workforce to put these requirements in place locally.
- If your community health service is required to implement a performance review process:
  - develop a policy, procedure and/or protocol for conducting performance reviews that defines participants, timeframes and record keeping requirements
  - identify a local manager with responsibility for ensuring that the workforce complies with performance review processes
  - design a framework/policy that outlines what will be addressed at performance review
  - engage clinicians in formalised audit and peer review of their practice
  - support and encourage clinician's participation in continuing professional development requirements of registration bodies and professional organisations.
- Workforce participation in performance reviews should be regularly monitored and reported to the relevant committee and/or the governing body.

- Policies, procedures and/or protocols outlining the performance review system.
- A documented performance development system that meets professional development guidelines and credentialing requirements.
- Individual professional development plans that document training needs identified through individual performance reviews.
- Audit of use of policies, procedures and/or protocols on the performance review process for the clinical workforce.
- Audit of workforce participation in the performance review system and completed performance reviews.
- Orientation manuals, education resources or attendance at training by the workforce on the performance review system.
- Mentoring, peer review or clinical supervision reports.
### Performance and skills management

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<tr>
<td><strong>1.12 Ensuring that systems are in place for ongoing safety and quality education and training</strong></td>
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</table>
| **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 development** | - If the overarching health service organisation has a program of safety and quality education and training, you should review the program to ensure that it meets the safety and quality needs of your community health service. Additional education and training may need to be provided to cover any identified gaps.  
- If your community health service is required to provide access to education and training, you should:  
  - review training requirements of the organisation. This can be identified from:  
    - feedback from the workforce on safety and quality (see Action 1.13.1)  
    - aspects of safety and quality, and the education and training framework (see Action 1.4.2)  
    - analysis of issues recorded in the risk register (see Action 1.5.1)  
    - consider training provided in meeting Action 1.4.2.  
- Participation in training by the workforce should be recorded and reported to the relevant committee and/or the governing body.  
- Feedback from the workforce on the quality of training provided should be incorporated into regular reviews of the training program. | - Policies, procedures and/or protocols that describe workforce access to training and education.  
- Schedule of available safety and quality education and training.  
- Orientation manuals, education resources and records of attendance at training by the workforce.  
- Safety and quality resources and materials readily available to the workforce.  
- Memos, newsletters or other communication material provided to the workforce about education requirements and access to training. |

Your community health service should have a program of education and training of the workforce that aligns:

- the safety and quality risks of providing services
- the skills and knowledge gaps of the workforce
- requirements for professional development of the workforce.

Education may be provided at orientation, at induction, during supervised delivery of care, during informal tutorial and training sessions, in courses and at external programs of education. The overarching health service organisation may provide education and training that staff from your community health service can attend.

There are a number of actions in the NSQHS Standards that require the workforce be trained in specific areas. (See Action 1.3.1, 1.3.2, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.16.2, 2.3.1, 2.6.1, 3.9.1, 3.10.1, 3.18.1 and 9.6.1.)
### Performance and skills management

#### 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 is analysed

Your community health service should identify ways to collect information from the workforce on their understanding and use, and the effectiveness of the organisation’s safety and quality systems.

- If the overarching health service organisation has a process for the routine collection of feedback from the workforce, then you should engage the workforce to put these processes in place locally.
- If your community health service is required to implement processes to collect feedback on safety and quality, consider using:
  - de-identified data from the workforce performance review system
  - audit data from clinical and administrative systems
  - surveys of the workforce
  - informal advice from the workforce on safety and quality.

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<tbody>
<tr>
<td>Seek feedback on understanding and use of safety and quality systems.</td>
<td>If the overarching health service organisation has a process for the routine collection of feedback from the workforce, then you should engage the workforce to put these processes in place locally.</td>
<td>Records of workforce feedback regarding the use of safety and quality systems.</td>
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<td>If your community health service is required to implement processes to collect feedback on safety and quality, consider using:</td>
<td>Analysis of workforce survey results regarding the use of safety and quality systems.</td>
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<td>• de-identified data from the workforce performance review system</td>
<td>Relevant documentation from committees and other meetings where the workforce discussed safety and quality systems.</td>
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<td>• audit data from clinical and administrative systems</td>
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<td>• informal advice from the workforce on safety and quality.</td>
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##### 1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems

Information collected from **Action 1.13.1** on workforce understanding of safety and quality systems in your community health service will:

- help to identify issues or gaps in skills and knowledge
- inform the organisation’s orientation, education and training programs.

- Provide reports to the workforce and relevant committee on trends in feedback from the workforce safety and quality systems.
- Seek workforce input on how to improve safety and quality systems and performance.
- Implement strategies to improve the workforce understanding of safety and quality systems.

- Relevant documentation from committees and other meetings where workforce feedback on safety and quality systems is reported and reviewed.
- A risk register in line with **Action 1.5.1** that includes actions to address identified risks.
- A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified.
- Examples of improvement activities that have been implemented to improve workforce use of safety and quality systems.
- Memos, newsletters or other communication material provided to the workforce on the organisation’s safety and quality systems.
- Reviews of safety and quality information provided in orientation manuals, education programs and training sessions.

- Relevant documentation from committees and other meetings where workforce feedback on safety and quality systems is reported and reviewed.
- A risk register in line with **Action 1.5.1** that includes actions to address identified risks.
- A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified.
- Examples of improvement activities that have been implemented to improve workforce use of safety and quality systems.
- Memos, newsletters or other communication material provided to the workforce on the organisation’s safety and quality systems.
- Reviews of safety and quality information provided in orientation manuals, education programs and training sessions.
Incident and complaints management

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

Overview of what is required | Suggested approach | Examples of evidence
---|---|---
Your community health service should have a comprehensive incident management and investigation system in place to capture details of incidents, adverse events and near misses. The workforce should be trained in the policies, procedures and/or protocols that govern the incident management and investigation system. If your community health service is part of a larger health service organisation, you should check whether there is an established incident management system and whether you are required to use the same system. | • If the overarching health service organisation specifies a process for incident management and reporting, ensure these requirements are put in place locally. • If your community health service needs to implement an incident management system, you should: ◦ define the key elements of the incident reporting and management system in policies, procedures and/or protocols ◦ identify local manager(s) and/or committees with responsibility for managing and maintaining the system ◦ train clinicians in the use of the system and support and encourage reporting of incidents, adverse events and near misses ◦ allocate responsibility for communicating with the organisation’s professional indemnity insurers. | • An incident management and investigation system that includes policies, procedures and/or protocols for investigating and analysing incidents, adverse events and near misses. • Risk assessment, incidents, adverse event and near miss reporting forms and templates. • Register of incident reports, adverse events and near misses that includes actions to address identified risks. • Orientation manuals, education resources and records of attendance at training by the workforce on recognising, reporting, investigating and analysing incidents, adverse events and near misses. • Material that demonstrates support from the governing body promoting the use of incident reporting systems.

1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses

Your community health service should identify a group or individual with the skills and responsibility to analyse data and report on incidents. The system to analyse and report on incidents will vary depending on the size of your community health service, the frequency and the nature of incidents. | • Ensure that the group or individual with responsibility for investigation and reporting on incidents is trained in the organisation’s policies, procedures and/or protocols for the incident management system. • Monitor use of the incident management and investigation system. • Provide reports of the analysis of incidents, adverse events and near misses to the relevant committee and/or governing body. | • Register of incident reports, adverse events and near misses that includes actions to address identified risks. • Reports analysing incident trends or types. • Relevant documentation from committees and other meetings where reports from the incident management system are tabled and discussed.

1.14.2 Systems are in place to analyse and report on incidents

Your community health service should provide feedback to the workforce on the analysis of incidents, including number, scope, trends, severity and root cause, as appropriate. | • Seek opportunities to provide feedback to the workforce on incident trends, for example, during meetings with the workforce or on staff noticeboards. | • Incident reports that are available to the workforce. • Relevant documentation from committees and other meetings where incident reports are tabled and discussed. • Memos, newsletters or other communication material provided to the workforce on the analysis of incidents and trends in safety and quality.

1.14.3 Feedback on the analysis of reported incidents is provided to the workforce

Australian Commission on Safety and Quality in Health Care Guide to the NSQHS Standards for community health services
## Incident and complaints management

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<tr>
<td><strong>1.14.4 Action is taken to reduce risks to patients identified through the incident management system</strong></td>
<td>Your community health service should ensure that information from the incident management system is routinely analysed to inform the organisation’s: • policies, procedures and/or protocols • orientation, education and training program • safety and quality strategies • strategic and operational planning.</td>
<td>Seek workforce input to reduce incidents in your community health service. • Incorporate information from the analysis of incidents into policies, procedures and/or protocols as well as the orientation, education and training program. • Consider resource and systems changes in strategic and operational planning.</td>
</tr>
<tr>
<td><strong>1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation</strong></td>
<td>Your community health service should ensure that information from the analysis of incidents is reported to the organisation’s governing body in line with the policy and timeframes for reporting.</td>
<td>Provide reports to the governing body on incidents and incident analysis.</td>
</tr>
<tr>
<td><strong>1.15 Implementing a complaints management system that includes partnership with patients and carers</strong></td>
<td>Your community health service should implement a complaints management and investigation system that enables the workforce, consumer and carers to make complaints or raise concerns they may have about the care they receive.</td>
<td>If the overarching health service organisation specifies a process for complaints management and reporting, ensure these requirements are put in place locally. If there is no specified process, your community health service should implement a complaints management system that: • aligns your systems to comply with jurisdictional and legislative requirements • describes the elements of the complaints management system in policies, procedures and/or protocols • identifies local manager(s) or committees with responsibility for managing the integrity of the system, and receiving and responding to complaints</td>
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### Incident and complaints management

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| o trains the workforce in the use of the system and supports and encourages reporting of complaints  
  o supports and encourages the workforce, consumers and carers to report complaints and provide feedback on the management and outcome of their complaint  
  o establishes mechanisms to amend policies and education programs as a result of complaints investigation. | 

### 1.15.2 Systems are in place to analyse and implement improvements in response to complaints

Your community health service should identify a group or individual with responsibility for responding to and reporting on complaints and improvements to the complaints system. Information from complaints should be routinely analysed to inform the organisation’s:

- policies, procedures and/or protocols  
- orientation, education and training program  
- safety and quality strategies.

Ensure that the group or individual with responsibility for investigation and reporting of complaints is trained in the organisation’s policies, procedures and/or protocols for the complaint management system.

- Monitor use of the complaint management and investigation system.
- Provide reports of the analysis of complaints to the relevant committee and/or governing body.

- A complaints register that includes responses and actions to address identified issues.
- Relevant documentation from committees and other meetings where reports from the complaints management system are tabled and discussed.
- Reports or briefings on analysis of complaints.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented as a result of a complaint.
- Orientation manuals, education resources and records of attendance at training by the workforce on the complaints management system.

### 1.15.3 Feedback is provided to the workforce on the analysis of reported complaints

Your community health service should ensure that feedback is provided to the workforce on the analysis of complaints including number, scope and trends, as appropriate. The mechanism for providing feedback to the workforce on complaints will vary depending on the size of the community service, the frequency and nature of complaints. In some cases, it may be appropriate to address complaints and provide feedback to individual staff members.

- Seek opportunities to provide feedback to the workforce on complaints, for example, during meetings with the workforce or on staff noticeboards.
- Identify complaints to be addressed with individual members of the workforce.

- Relevant documentation from committees and other meetings where feedback on complaints is provided to the workforce and discussed.
- Memos, newsletters or other communication material provided to the workforce, consumers and carers on complaints.
- Records of discussions with individual members of the workforce in response to complaints.
## Incident and complaints management

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| **1.15.4** Patient feedback and complaints are reviewed at the highest level of governance in the organisation | - Provide regular reports to the organisation’s governing body on complaints and consumer feedback trends. | - Relevant documentation from committees and other meetings where reports from the complaints management system are tabled and discussed.  
- Reports or briefings on analysis of complaints.  
- Reviews of the complaints register and feedback system. |

### 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

Your community health service should adopt and implement the Australian Open Disclosure Framework[^40], or a program that is consistent with this framework.

Implementation of the open disclosure program should be audited regularly to ensure it is consistent with the national framework and that clinicians are participating when appropriate.

- If the overarching health service organisation specifies a process for open disclosure, put these processes in place locally.
- If your community health service is required to implement an open disclosure program, then:
  - adopt, adapt or develop policies, procedures and/or protocols that are consistent with the national open disclosure standard
  - implement a monitoring and reporting system for open disclosure events
  - provide reports to the governing body about the effectiveness of the open disclosure process
  - review open disclosure events to determine how the program could be improved.

- Policies, procedures and/or protocols for open disclosure that are consistent with the principles and processes outlined in Australian Open Disclosure Framework[^40].
- Relevant documentation from committee and other meetings where reports on the open disclosure program are tabled and discussed.

#### 1.16.2 The clinical workforce are trained in open disclosure processes

Your community health service should review the need to include open disclosure in its orientation, education and training program.

You will need to monitor participation in training by the workforce.

- Incorporate open disclosure into the orientation, education and training program.
- Record participation in training.

- Orientation manuals, education resources and records of attendance at training by the workforce on open disclosure processes.
Patient rights and engagement

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<tr>
<td><strong>1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights</strong></td>
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<td>If the overarching health service organisation has specified the charter of healthcare rights to be used, ensure the requirements of this charter are being met locally.</td>
<td>Policies, procedures and/or protocols regarding the implementation and use of a charter of consumer rights.</td>
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<tr>
<td></td>
<td>If your community health service is required to implement a charter of healthcare rights:</td>
<td>A charter of consumer rights consistent with the Australian Charter of Healthcare Rights is available.</td>
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<tr>
<td></td>
<td>• identify local manager(s) with responsibility for implementing the charter</td>
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<td>• review the Australian Charter of Healthcare Rights and either adopt or adapt the charter for your organisation</td>
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<td>• display the charter prominently in your community health service or on your community services web site</td>
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<td>• include information about the charter in your communications with consumers and carers</td>
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<td>• include information on the charter in the orientation program for new members of the workforce.</td>
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<td>Your community health service should adopt the Australian Charter of Healthcare Rights or a charter that is consistent with the Australian Charter of Healthcare Rights.</td>
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<tr>
<td><strong>1.17.2 Information on patient rights is provided and explained to patients and carers</strong></td>
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<td>Your community health service needs to ensure the charter of healthcare rights is accessible to consumers and carers in formats that they understand, for example in languages other than English.</td>
<td>Review consumer clinical records and build a profile of your local community.</td>
<td>A charter of consumer rights that is displayed in areas accessible to the public.</td>
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<td>The workforce should all be trained in policies, procedures and/or protocols related to the charter so that they can provide an explanation to consumers and carers if required.</td>
<td>Source or develop copies of the charter to meet the communication needs of your consumer population. These resources may be available from your Local Health Network, private hospital group or the Commission.</td>
<td>Brochures, information sheets or other documents that explain the charter of rights are given to consumers.</td>
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<tr>
<td>Reviews of consumer information in the clinical record system may assist with identifying factors that may impact a consumer’s capacity to understand the charter.</td>
<td>Provide training for the workforce on their responsibilities for the implementation of the charter.</td>
<td>Charter of consumer rights that is available in a range of languages and formats, consistent with the community profile.</td>
</tr>
<tr>
<td><strong>1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights</strong></td>
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<td>Introductory checklist that includes provision and explanation of consumer charter of rights upon commencement of services.</td>
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<td>A register of interpreters and other advocacy and support services available to the workforce, consumers and carers.</td>
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<td>Consumer clinical records reflect assessment of need and support provided.</td>
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## Patient rights and engagement

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<tr>
<td><strong>1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment</strong></td>
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<tr>
<td><strong>1.18.1 Patients and carers are partners in the planning for their treatment</strong></td>
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| Your community health service should empower consumers to be involved in the process of planning their own treatment. Information to support their involvement needs to be provided in a timely and culturally appropriate way. | • If the overarching health service organisation has an established framework for collaborative care planning, you should engage clinicians to implement this framework locally.  
• If your community health service is required to implement a framework for engaging consumers partners in their treatment, then:  
  ◦ adopt, adapt or develop policies, procedures and/or protocols that describe key principles for engaging consumers and carers as partners in care planning  
  ◦ ensure the workforce are trained in the application and use of the organisation’s consumer engagement framework  
  ◦ implement a monitoring and reporting system for collaborative care planning  
  ◦ provide reports to the governing body about the effectiveness of the consumer engagement framework  
• Workforce orientation and training programs may include information on:  
  ◦ principles of consumer compassion, respect and dignity and individual rights  
  ◦ holistic care, considering the person as a whole not a body part or disease  
  ◦ importance of continuous open communication  
  ◦ the rights of consumers  
  ◦ disclosure of all material risks  
  ◦ involvement of consumers and carers in handover reports and care. | • Consumer clinical records include:  
  ◦ information provided to consumers about their proposed treatment  
  ◦ consumer involvement in assessment processes  
  ◦ consumer involvement in planning for service cessation  
  ◦ case conference records with consumers  
  ◦ completed consent forms.  
• Analysis of consumer feedback regarding their participation in treatment planning.  
• Results of consumer experience surveys and actions taken to address issues identified regarding participation in making decisions about their care.  
• Consumer information resources about treatments and services.  
• Orientation manuals, education resources and records of attendance at training by the workforce on consumer engagement. |

| **1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent** | | |
| | | |
### Patient rights and engagement

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| Documentation of informed consent by the workforce must meet legal and ethical requirements. | - implement policies, procedures and/or protocols for informed consent that are consistent with legislative requirements  
- identify the local manager(s) with responsibility for maintaining the integrity of the consent system and its continuous improvement  
- audit the consumer clinical record system to assess the effectiveness of the consent process  
- implement mechanisms to collect feedback from consumers about the consent process  
- include in workforce orientation, education and training programs information on the common law and legislative requirements in your jurisdiction about consent and clinicians obligations for obtaining consent to treatment or service provision. | - Results of consumer experience surveys and actions taken to address issues identified regarding the consent process.  
- Feedback from consumers about the consent process.  
- Examples of improvements that have been made to the consent process as a result of consumer feedback. |

#### 1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand

Your community health service should have available consumer information and resources that have been developed to meet the needs of the consumer population. These resources may be provided by the overarching health service organisation or your local consumer advocacy organisation. Where resources are not available from these sources, your community health service should develop your own or adapt relevant resources (see Action 2.4.1).

- If you are developing consumer information publications locally, obtain and document feedback from consumers about information publications. Suggested strategies include:  
  - discuss publications with consumers in waiting rooms  
  - hold a focus group or workshop with consumers  
  - make follow-up phone calls to consumers who have been provided with information publications  
  - conduct a survey (electronic, mail or phone) of consumers who have been provided with information publications.  
- If you use publications that have been developed externally, try to source information that has been developed with input from consumers.  
- Relevant documentation from committees and other meetings that demonstrate consumer involvement in developing consumer information resources.  
- A register of interpreter and other advocacy and support services available to the workforce and consumers.  
- Analysis of consumer feedback on resources developed and distributed by the organisation.  
- Translated consumer information resources available (depending on the consumer profile of the service).

#### 1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders

Your community health service should put in place mechanisms to inform and support consumers and carers with advance care directives and treatment-limiting orders.

- If the overarching health service organisation specifies processes for documenting advance care directives and treatment-limiting orders, put these requirements in place locally.  
- Policies, procedures and/or protocols on advance care directives and treatment-limiting orders that are consistent with jurisdictional guidelines and legislative requirements.
## Patient rights and engagement

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<tr>
<td>The workforce will need to be trained to understand the legal and ethical issues associated with drafting and implementing advance care directives and treatment-limiting orders. Refer to Item 9.8 in the NSQHS Standard 9: Safety and Quality Improvement Guide.21</td>
<td>• If your community health service is required to implement a process, then:  o identify senior clinicians and/or managers with responsibility for managing the advance care directive system  o engage relevant clinicians and managers to develop policies, procedures and/or protocols for the advance care directive system  o document information about the legal status of advance care directives  o adopt, adapt or develop simple forms and other tools to facilitate completion of advance care directives  o provide training and clear directions to the workforce on their role in assisting consumers to consider and complete advance care directives  o ensure information and resources on advance care directives and treatment-limiting orders is available for consumers and/or carers.</td>
<td>• Review of consumer clinical records for evidence that information on advance care directives was provided to consumers, where appropriate.  • Audit of consumer clinical records that contain advance care directives or treatment-limiting orders.  • Consumer and carer information packages or resources about advance care directives and treatment-limiting orders.</td>
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### 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**

Your community health service should ensure that consumers’ clinical records can be accessed by the workforce at the point of care. You may need to review best practice in community settings or benchmark against what other community health services have implemented for accessing consumer clinical records at the point of care. Policies, procedures and/or protocols should be in place relating to accessing personally controlled electronic health records, including situations where emergency access is required and a consumer is unable to provide consent.

• If the overarching health service organisation specifies the consumer clinical records system, put these requirements in place locally.  
• If your community health service is required to implement a consumer clinical records system, you should:  o adopt, adapt or develop policies, procedures and/or protocols designed to ensure access at point of care and determine storage and transport requirements that enable prompt access  o train the workforce in the use of the clinical record system and their responsibilities for record keeping.  

• Policies, procedures and/or protocols for ensuring consumer clinical information is available at the point of care, including when a consumer is transferred within the organisation and between organisations.  
• Policies, procedures and/or protocols for obtaining consumer clinical records from storage.  
• Observational audit of consumer clinical records available to clinicians at the point of care.  
• Computer access to electronic records available to the clinical workforce in areas where care is provided, including access for multidisciplinary team information such as pathology reports.
## Patient rights and engagement

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</table>
| **1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information** | - Ensure policies, procedures and/or protocols are in place to protect the confidentiality of consumer information and the physical security of clinical records.  
- Inform the workforce of their responsibilities to protect consumer privacy and confidentiality and the consequences of intentional and unintentional breaches of these obligations.  
- Regularly undertake a review of access and dissemination of consumer clinical information and implement strategies to improve. | - Policies, procedures and/or protocols for sharing consumer information by telephone, electronically and other methods that are consistent with privacy legislation, jurisdictional directives and insurers’ requirements.  
- Workforce code of conduct that includes privacy and confidentiality of consumer information.  
- Secure archival storage system for paper-based and electronic records.  
- Workforce confidentiality agreements.  
- Consumer clinical records that include consent for transfer of information to other service providers or national health related registers.  
- Templates for the issuing of log-on and password details for electronic consumer record systems. |

### 1.20 Implementing well-designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance

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<tr>
<th><strong>1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation</strong></th>
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</table>
| Your community health service should adopt and implement a comprehensive consumer feedback system. You will need to consider where and how this information is collected and reported to make the best use of the information obtained. The feedback system will regularly need to be reviewed to ensure it is providing the information meets the needs of the organisation and is collected from a representative sample of the consumer population. | - If the overarching health service organisation has an established mechanism for consumer feedback, then your community health service should adapt these for use locally.  
- If your community health service is required to implement consumer feedback mechanisms, you should:  
  - investigate the availability of validated and reliable tools for systematically obtaining consumer feedback and select one that best suits the organisation  
  - identify local manager(s) responsible for maintaining, analysing and reporting on consumer feedback systems  
  - seek reliable information about consumer experiences by systematically and regularly seeking consumer feedback that covers the range of services and consumer population  
  - provide feedback to consumers with information about what has been learnt from consumer feedback, and how it has been used to generate improvements in the health service. | - Evidence of consumer feedback survey template, compliments or complaints form, or schedule of consumer focus groups.  
- Strategic, business and quality improvement plans that describe how consumer and carer feedback is used to evaluate the health service performance (see Action 1.2.1 and 1.6.1).  
- Data analysis and reports of consumer feedback.  
- Results of consumer and carer experience surveys.  
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified. |
Standard 2 provides the framework for community health services to actively partner with consumers. Its intention is to create a community health service that is responsive to consumer and carer input and needs.

Standard 2 covers a range of activities that relate to the establishment, maintenance and use of consumer partnerships to improve care. There are three broad types of actions that are included in this Standard, including actions that relate to:

1. Processes for partnering with consumers to improve decision-making, service planning and evaluation (Action 2.2.1, 2.2.2, 2.5.1, 2.8.1, 2.8.2, 2.9.1 and 2.9.2). Although the topic areas that are covered by these actions vary, the systems that can be used to address them and the evidence generated are similar and may be useful for a number of different actions.

2. Provision of training (Action 2.3.1, 2.6.1 and 2.6.2). These include training for consumers and clinicians.

3. Information for consumers (Action 2.4.1, 2.4.2 and 2.7.1). These include the development and use of consumer information publications, and the dissemination of information about the safety and quality of the community health service.

Some of these actions may be addressed at a regional level. If your community health service is part of a broader network (e.g. a Local Health Network or private hospital ownership group) you may need to talk to designated safety and quality staff to find out what is being done to address this Standard at a regional level.

When implementing Standard 2, community health services should consider mechanisms that already exist that could be formalised in order to meet the requirements of this Standard. Meeting this Standard does not necessarily require consumers as committee members, but may involve many other forms of partnership as outlined below.

The criteria to achieve this standard are:

- Consumer partnership in service planning
- Consumer partnership in designing care
- Consumer partnership in service measurement and evaluation.
## 2.1 Establishing governance structures to facilitate partnerships with consumers and/or carers

### 2.1.1 Consumers and/or carers are involved in the governance of the health service organisation

This action is central to Standard 2. It relates to the development of an overarching governance and policy framework that sets out the requirements for involving consumers in the governance processes of your community health service. This is an important platform for the specific policies, procedures and/or protocols that your community health service needs in order to establish and maintain consumer partnerships in practice.

There may be times when attempts to engage consumers are unsuccessful in obtaining a response or collecting feedback that is meaningful to the organisation. If this does occur, you should consider what the issues might be that may have affected the response rate and consider alternative strategies for consumer engagement.

- If the overarching health service organisation has a policy and governance framework for partnering with consumers, ensure these are implemented locally.
- If your community health service needs to create a policy framework for partnering with consumers, examine the existing local governance arrangements and consider whether these could be used or modified to support the establishment of partnerships and involvement of consumers in the governance of your community health service.
- Options for involving consumers in the governance of your organisation include:
  - involving consumers as representatives on the board or existing committees
  - creating or reviewing an existing consumer advisory committee; these can be ongoing or for specific topics
  - using less formal mechanisms, such as a ‘critical friends’ group
  - seeking feedback on governance issues by speaking with consumers in waiting rooms, carrying out informal surveys or speaking with local consumer advocacy and community groups.
- Contact your state-based consumer organisation or local community groups for advice on how to engage with consumers and carers.

### 2.1.2 Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people that do not usually provide feedback

Your community health service needs to ensure that the governance partnerships established with consumers are reflective of the diverse range of backgrounds of the community served.

- Identify whether the overarching health service organisation has undertaken a community profile or similar project to identify the types of consumers who access your services.
- Policies, procedures and/or protocols for engaging consumers and carers in the governance of your community health service.
- Relevant documentation from committees and other meetings that shows consumer representation or consumer involvement in governance activities.
- Documented mechanisms for engaging consumer representatives are included in policy documents, committee terms of reference and position descriptions, where relevant.
- Financial and physical resources are available to support consumer participation and input at the governance level.
- Feedback from consumers that have participated in the governance of the organisation on the processes of engagement and support provided.
### Consumer partnership in service planning

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</table>
| Your community health service needs to demonstrate some understanding of the nature of the community served, or of the people who use your service. Where there are specific diverse or hard-to-reach groups within this community, you should ensure that strategies to engage and involve them in the governance of the organisation are included in the overarching policy framework (see **Action 2.1.1**). | - If this has not been done at a local level you can identify these groups by working with others within your community (such as community groups, Primary Health Networks, local government and professional associations) to share knowledge about community needs.  
- If diverse and hard-to-reach consumers use your services and are not involved in your governance, you should look at how they could be involved. You could:  
  o seek out members of these groups to be committee or board members or regularly provide advice to these bodies  
  o hold informal consumer and carer meetings for diverse and hard-to-reach consumers to talk about governance issues  
  o work with local community groups or local consumer advocacy organisations which represent consumers from diverse and hard-to-reach groups to provide input on governance issues. | - Records of consultation with consumers from a diverse range of consumers, including hard-to-reach consumers.  
- Terms of reference describing the responsibilities of committees and boards for partnering with consumers from diverse backgrounds. |

### 2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:
- strategic and operational/services planning  
- decision-making about safety and quality initiatives  
- quality improvement activities

#### 2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation

These actions relate to the formation of partnerships with consumers for the purpose of improvement.

Your community health service should ensure strategies are in place to engage consumers in strategic and operational planning processes and participate in decision-making processes for safety and quality of care.

The processes for engaging consumers may be formal or informal. However, these should be documented in your community health service’s policies, procedures and/or protocols.

- If the strategic and operational planning for your community health service is performed by the overarching health service organisation, you should encourage and support people who receive care in your community health service to participate in these processes.

- If you are responsible for your own strategic and operational planning, and consumers are not actively involved, you should seek out opportunities for them to be involved. You could:
  - hold informal consultations with long-term consumers and carers from a diverse range of backgrounds in waiting rooms
  - hold a workshop with members of the workforce and consumers to discuss key issues and opportunities for improvement

- Policies, procedures and/or protocols that articulate the role of consumers in strategic and operational planning processes.  
- Committee terms of reference, membership, selection criteria, meeting papers and minutes that demonstrate consumer engagement in strategic and operational planning.  
- Records of sessions held with consumers such as ‘critical friends’ groups or planning forums.  
- Consultation processes and evidence of feedback provided by consumers.  
- Strategic and operational planning documents that incorporate consumer feedback and input.
## Consumer partnership in service planning

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<td></td>
<td>meet with other local, state or territory consumer organisations to identify key issues and opportunities for improvement</td>
<td>Policies, procedures and/or protocols that describe the orientation and ongoing training for consumers who work in partnership with your organisation.</td>
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<td>create a ‘critical friends’ group to provide input on issues and decision-making</td>
<td>Orientation manuals, education resources and records of attendance at training by consumers on working in partnership with the organisation.</td>
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<td>use data about consumer experiences (such as consumer-experience surveys or local surveys) to help identify key issues and opportunities for improvement</td>
<td>Consumer evaluation reports of orientation and training sessions.</td>
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<td>include questions in consumer surveys about the organisations’ strategic or operational planning</td>
<td>Session outline or notes from presentations or written information given to consumers as part of focus groups/workshops/information sessions.</td>
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<td></td>
<td>establish a consumer advisory group to provide input into strategic and operational planning processes</td>
<td>Documented evidence of informal meetings with consumers.</td>
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<td>invite consumers onto relevant committees or panels that review new proposals or positions.</td>
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### 2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation

Action 2.3.1 relates to the provision of training for consumers to support their participation in partnership arrangements with your community health service. Your community health service should ensure that consumers have the necessary skills and capacity to engage with the clinicians as equal partners, as this is essential for effective and sustainable partnerships. Facilitating access to relevant orientation and training for consumers is an important component of this process.

The provision of education and training may be more applicable for consumers who are involved in formal partnerships with your community health service (such as members of committees). If consumers are involved in informal partnerships (such as waiting room discussions or forums), formal training may not be necessary. However, you still need to ensure that they:

- are aware that the information that they provide is separate to the process of providing or receiving care and will not affect their treatment
- have an understanding of the process in which they are participating and how the information they provide will be used

- Identify whether the overarching health service organisation has a process for training and orienting consumer representatives and whether consumer representatives from your community health service have access to this process.
- If there is no process in place, you may provide orientation and training to consumers by:
  - facilitating access to online training and support materials developed by other organisations (such as local, state or territory consumer organisations)
  - providing a tour of the health service, introducing consumers to key staff and providing an explanation of the role and expectations of their involvement
  - having a key staff member meet with the consumer regularly to touch base and identify any information required or skills which the consumer would like developed as part of their role.
- Ensure that members of the workforce who may be holding informal meetings with consumers explain in terms consumers will understand the purpose of the activity, the consumer’s role and future actions that may evolve.
### Consumer partnership in service planning

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<td></td>
<td>• have an opportunity to provide further comment at a later time if they wish</td>
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<td>• have an opportunity to raise concerns about the process if they wish.</td>
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#### 2.4 Consulting consumers on patient information distributed by the organisation

2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)

2.4.2 Action is taken to incorporate consumer and/or carers’ feedback into publications prepared by the health service organisation for distribution to patients

These actions relate to the preparation of consumer information publications that are developed within a community health service. ‘Consumer information publications’ are publications that have been (or will be) specifically provided to a consumer and are directly relevant to their health care. These may include information sheets on a condition or medication, forms provided to consumers, information on services and healthcare options.

Your community health service should provide information that is easy to use and understand, as this is one of the key principles underpinning effective partnerships. The intent of these actions is to ensure that information is presented in a way that is suitable for the target audience (see **Action 1.18.3** and **2.1.2**).

If your community health service distributes publications developed by an external organisation, you should seek feedback from consumers on whether these are relevant to their treatment and meet their needs. You should try and source information that has been developed with input from consumers.

- If you use publications that have been developed externally, for example, by state, territory or Australian Government health departments or other external providers, you should:
  - try to source information that has been developed with input from consumers
  - review the information according to the profile of your consumer population (see **Action 1.18.3** and **2.1.2**)
  - implement mechanisms to collect consumer feedback on the appropriateness of the publications used.

- If you are developing consumer information publications locally, options for obtaining and documenting feedback from consumers about information publications include:
  - discussing publications with consumers in waiting rooms
  - holding a focus group or workshop with consumers
  - making follow-up phone calls to consumers who have been provided with information publications
  - conducting a survey (electronic, mail, phone or in-person) of consumers who have been provided with information publications.

- If you are translating information into community languages ensure you seek feedback from consumers with linguistically diverse backgrounds on draft copies to check the accuracy of the translation.

- Policies, procedures and/or protocols that describes mechanisms for consumers to provide feedback on consumer information publications.
- A register of consumer information publications produced and/or distributed by the organisation.
- Examples of documents that demonstrate consumer involvement in the development of publications.
- Evidence of revisions made to consumer information publications in response to consumer feedback.
- Relevant documentation from committees and other meetings where consumer feedback on publications is tabled and discussed.
### Standard 2: Partnering with Consumers (continued)

#### Consumer partnership in designing care

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<tr>
<td><strong>2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences</strong></td>
<td><strong>2.5.1 Consumers and/or carers participate in the design and redesign of health services</strong></td>
<td><strong>Action 2.5.1</strong> relates to the specific processes associated with partnering with consumers in the design and redesign of community health services. Design and redesign activities include improvement initiatives that change the physical environment or the way a process is undertaken to increase its efficiency, continuity, appropriateness, effectiveness, consumer focus and safety. These activities can range in scope from improving the physical design of a centre, to improving the flow of services or accessibility of the service.</td>
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<td>If the overarching health service organisation is responsible for design and redesign activities, encourage and support people who receive care in your health service to participate in these processes.</td>
<td><strong>If</strong> your community health service is responsible for design and redesign activities, and consumers are not actively involved, you should modify your processes. You could do this by:</td>
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<td>If your community health service is responsible for design and redesign activities, and consumers are not actively involved, you should modify your processes. You could do this by:</td>
<td><strong>having consumers participate in working groups or steering groups</strong></td>
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<td>Design and redesign activities also include improvement initiatives that change the physical environment or the way a process is undertaken to increase its efficiency, continuity, appropriateness, effectiveness, consumer focus and safety. These activities can range in scope from improving the physical design of a centre, to improving the flow of services or accessibility of the service.</td>
<td><strong>approaching state-based consumer organisations throughout design projects</strong></td>
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<td>These activities can range in scope from improving the physical design of a centre, to improving the flow of services or accessibility of the service.</td>
<td><strong>gathering information about the views of consumers on the design of the environment and services, by using surveys or feedback forms and using information from complaints.</strong></td>
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<td><strong>2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships of individuals in their care</strong></td>
<td><strong>2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their own care</strong></td>
<td><strong>This action relates to training of the workforce about the partnership that exists between a consumer and a clinician when care is provided. These types of partnerships can be commonly called ‘patient-centred care’ or ‘consumer engagement’.</strong></td>
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<td>Training for the workforce about these kinds of partnerships should cover topics such as:</td>
<td><strong>If</strong> the overarching health service organisation has an established clinician-training program, check whether clinicians from your community health service have access to this training.</td>
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<td>sharing decisions about health and health care</td>
<td><strong>If</strong> your community health service is responsible for providing your own training on consumer engagement, you could do this by:</td>
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<td>techniques for providing information about health and health care in a way that is easy to understand</td>
<td><strong>facilitating access to external training courses about partnering with consumers. Options may include state or territory consumer organisations or health departments, Primary Health Networks and local consumer organisations</strong></td>
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<td>eliciting and taking account of consumers’ preferences</td>
<td><strong>Membership of groups tasked with steering design and redesign projects include consumers.</strong></td>
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<td>communicating information on risk and probability in a way that is easy to understand</td>
<td><strong>Relevant documentation from committees and other meetings where consumers were involved in the design or redesign planning of the health service.</strong></td>
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<td>providing support for self-care and self-management.</td>
<td><strong>Project plans that outline how consumers and carers will be provided opportunities to be involved in design or redesign projects.</strong></td>
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<td><strong>2.6.2 Workforce access and use of patient-centred care and consumer engagement resources</strong></td>
<td><strong>Records of focus groups, proposals sent to consumers and carers for comment and other activities focusing on eliciting consumer perspectives.</strong></td>
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Australian Commission on Safety and Quality in Health Care

Guide to the NSQHS Standards for community health services
### Consumer partnership in designing care

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<td>• adapting training materials on partnerships with consumers developed by other organisations into existing orientation and training. Your Local Health Network, consumer organisations, state or territory health department or other hospitals in your area may have developed these&lt;br&gt;• inviting consumers or your local consumer organisation to speak to clinicians at regular training events.</td>
<td>• If training about consumer engagement is delivered by an external provider, try and use a provider that involves consumers from a diverse range of backgrounds.&lt;br&gt;• If you are responsible for delivering training to clinicians locally, you could:&lt;br&gt;  ○ invite consumers or your local consumer organisation to speak to the workforce&lt;br&gt;  ○ talk to consumers and carers in waiting areas about what they think is important to include in clinician training about consumer engagement&lt;br&gt;  ○ hold workshops or sessions with consumers to seek their advice on key information, resources and strategies for training clinicians in consumer engagement&lt;br&gt;  ○ invite consumers to attend and review training sessions to ensure it reflects their needs and perspectives.</td>
<td>• Relevant documentation from committees and other meetings where training curricula were discussed and feedback provided by consumers.&lt;br&gt;• Action plan or list of actions to address the issues raised by consumers in regards to clinician training.&lt;br&gt;• Records of focus groups, community meetings or discussions involving consumers and carers where feedback on training curricula and materials has been sought.&lt;br&gt;• Project plans, communication strategies or consultation plans detailing involvement of consumers in the development of training curricula and materials.&lt;br&gt;• Register of consumers who are interested in being involved in training of clinicians.&lt;br&gt;• Records of training provided or attended by consumers.</td>
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2.6.2 Consumers and/or carers are involved in training the clinical workforce

**Action 2.6.2** relates to the involvement of consumers in training of clinicians about consumer-centred care and consumer engagement. Your community health service could involve consumers in the design, planning or delivery of training, depending on what may be appropriate and achievable for the organisation.

### Consumer partnership in service measurement and evaluation

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<td>2.7 Informing consumers and/or carers about the organisation’s safety and quality performance in a format that can be understood and interpreted independently</td>
<td>• Determine how you can contribute safety and quality performance information into communication and dissemination processes carried out by the overarching health service organisation. This could include safety and quality performance data that is provided to state or territory health departments and published in reports.</td>
<td>• Communication strategy that describes processes for disseminating information on safety and quality performance to the community.&lt;br&gt;• Posters, graphs, diagrams, charts and any other information relating to your community health service’s safety and quality performance displayed prominently in the waiting areas.</td>
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2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation’s safety and quality performance

There is an increasing focus in the health system on public reporting of information as a way of providing a comprehensive picture of safety and quality, monitoring trends and driving changes to the system.
### Consumer partnership in service measurement and evaluation

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| While the focus of these activities is often at a system level, your community health service can use equivalent strategies to provide information that will support the development of partnerships with consumers and the local community. Action 2.7.1 is focused on improving the transparency of the community health service by making information easily available and understood by the community. | • Other examples of how to provide information to your consumers and community include:  
  - developing information sheets/posters on safety and quality performance for consumers to read within waiting areas  
  - attending and presenting information about your community health service, including safety and quality performance information, at local community meetings, business meetings or community events  
  - publishing annual quality-of-care reports  
  - publishing your safety and quality performance information on your web site. | • Records of safety and quality performance information published in annual reports, newsletters, newspaper articles, radio items, web site or other local media.  
  • Records of focus groups, meetings with consumers and committee meetings that have discussed appropriateness and accessibility of safety and quality performance information.  
  • Records of improvements made to information presentation and dissemination based on feedback from consumers, carers and community groups. |

### 2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans

#### 2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance

These actions relate to the formation of partnerships with consumers for the purpose of improvement, with a particular focus on safety and quality performance.

These actions relate to the involvement of consumers in both the review of organisational safety and quality performance information (Action 2.8.1), and the development of improvements based on this information (Action 2.8.2).

These actions relate to the processes for involving consumers in safety and quality decision-making (see Action 2.2.2).

- If the review of safety and quality performance information and development of quality improvements is carried out by the overarching health service organisation, you should encourage and support people who receive care in your community health service to participate in these processes.

- If your community health service is responsible for the review of safety and quality performance information and development of quality improvements, you should ensure there are opportunities for consumers to participate in this process. You can do this by:
  - incorporating questions into a consumer experience survey about your community health service’s safety and quality performance
  - inviting consumers to be part of the committee that reviews safety and quality performance reports
  - inviting consumers not involved in the complaint to review de-identified complaints and complaints in relation to safety and quality performance.

- See Action 2.2.1 for more strategies that could be used to involve consumers at a local level.

#### 2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements

- Policies, procedures and/or protocols for the review of organisational safety and quality performance and planning of quality activities that outlines consumer and carer involvement.

- Project plans, consultation plans, communication plans or reports on the process for review of organisational safety and quality performance and planning of quality activities.

- Consumer and carer membership of groups tasked with reviewing organisational safety and quality performance and planning quality activities.

- Relevant documentation from committees and other meetings where consumers and carers participated in the analysis of organisational safety and quality performance data and planning quality activities.

- Consumer and carer feedback on their involvement in the review and analysis of organisational safety and quality performance data, and quality activities.
## Consumer partnership in service measurement and evaluation

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<td><strong>2.9 Consumers and/or carers participating in the evaluation of patient feedback data and development of action plans</strong></td>
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<tr>
<td><strong>2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data</strong></td>
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<tr>
<td><strong>2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data</strong></td>
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These actions relate to the formation of partnerships with consumers for the purpose of improvement, with a particular focus on the experience of consumers. These actions relate to the involvement of consumers in both the review of consumer feedback data (such as from surveys) (**Action 2.9.1**), and the development of improvements based on this information (**Action 2.9.2**).

- If the review of consumer feedback data and development of quality improvements is carried out by the overarching health service organisation, you should encourage and support people who receive care in your community health service to participate in these processes.
- If your community health service is responsible for reviewing consumer feedback data and developing quality improvements locally, you should ensure there are opportunities for consumers to participate in this process.

You can do this by:
- providing de-identified consumer feedback data to consumers to help identify any key issues and encourage suggestions to address them
- displaying de-identified consumer feedback data in waiting areas and encouraging consumers to comment and provide suggestions on improvements through an anonymous feedback box
- inviting consumers and carers on to committees or groups tasked with evaluating de-identified consumer feedback data and formulating action plans to address issues.

- Policies, procedures and/or protocols for the review of consumer feedback data and planning of quality activities by consumers and carers.
- Consumer and carer membership of groups tasked with evaluating consumer feedback and implementing quality improvement activities.
- Relevant documentation from committees and other meetings where discussion of consumer feedback involves input from consumers and carers.
- Consumer and carer feedback on their involvement in the evaluation of consumer feedback and planning of quality activities to address identified issues.
The intention of Standard 3 is to prevent consumers from acquiring preventable healthcare associated infections (HAI) and to use evidence-based strategies to effectively manage infections when they occur.

In community health services, it is expected that all elements of an infection prevention and control program would be present, but the application of the strategies and the monitoring processes will vary depending on the scope and type of services delivered. Where possible, the infection prevention and control processes should be integrated with the overarching health service organisation's systems.

Community health services can also refer to the NSQHS Standard 3: Safety and Quality Improvement Guide for further advice about implementing processes and systems to meet the requirements of this Standard.

There are strong links between this Standard and other NSQHS Standards. Of particular importance are: Standard 1: Governance for Safety and Quality in Health Service Organisations; Standard 2: Partnering with Consumers; Standard 4: Medication Safety; and Standard 6: Clinical Handover.

Community health services should apply a risk management approach when evaluating, preventing and managing healthcare associated infections.

The criteria to achieve this standard are:

- Governance and systems for infection prevention, control and surveillance
- Infection prevention and control strategies
- Managing patients with infections or colonisations
- Antimicrobial stewardship
- Cleaning, disinfection and sterilisation
- Communicating with patients and carers.
Governance and systems for infection prevention, control and surveillance

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| 3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risks to patients of healthcare associated infections | A risk management approach is taken when implementing policies, procedures and/or protocols for: | * Outbreaks or unusual clusters of communicable infection  
* Processing of reusable medical devices  
* Single-use devices  
* Surveillance and reporting of data where relevant  
* Provision of risk assessment guidelines to workforce  
* Exposure-prone procedures |

### 3.1.1 A risk management approach is taken when implementing policies, procedures and/or protocols for:

- Standard infection control precautions
- Transmission-based precautions
- Aseptic technique
- Safe handling and disposal of sharps
- Prevention and management of occupational exposure to blood and body substances
- Environmental cleaning and disinfection
- Antimicrobial prescribing
- Outbreaks or unusual clusters of communicable infection
- Processing of reusable medical devices
- Single-use devices
- Surveillance and reporting of data where relevant
- Provision of risk assessment guidelines to workforce
- Exposure-prone procedures

The intent of Item 3.1 is to minimise infections in consumers and the workforce with the support of governance systems for effective infection prevention and control practice. Your community health service should ensure that policies, procedures and/or protocols address all relevant areas where risk of infection may be identified. This will vary in scope and complexity depending on the nature of services or treatment provided. Policies, procedures and/or protocols should comply with the *Australian Guidelines for the Prevention and Control of Infections in Health Care*.

To identify risks and prioritise actions, you should:

- Document the organisation-wide system that describes the infection prevention and control processes in a policy
- Have a mechanism in place for collecting and investigating incidents of infection
- Train the workforce in infection prevention and control systems in line with your policy
- Provide information to consumers on infection prevention and control
- Review your infection prevention and control system to see if there are areas that need improvement
- Develop a plan to address the areas that need improvement

Irrespective of where the governance for infection prevention and control sits, your community health service should be able to demonstrate how it has managed risk and have a local risk management plan in place.

You will need to:

- Understand the infection risks that exist for your service
- Ensure that the identified infection risks are addressed by the policy framework of your community health service and systems are implemented locally, as needed
- Ensure the infection prevention and control policy complies with the *Australian Guidelines for the Prevention and Control of Infections in Health Care*.
- Implement mechanisms to ensure that infection prevention and control systems are operating effectively (Action 3.1.2)
- Identify an individual or group responsible for providing oversight to the infection prevention and control system
- Regularly report on the effectiveness of the system to the governing body (Action 3.1.3)

If your community health service is part of a larger health service organisation, support for implementation of a local infection prevention and control system may be available or established systems for infection prevention and control that you need to adapt locally.

Policies, procedures and/or protocols for items listed in Action 3.1.1 that:

- Are consistent with the *Australian Guidelines for the Prevention and Control of Infections in Health Care*, best practice, regulatory and legislative requirements and additional jurisdictional protocols
- Use nationally agreed definitions for healthcare associated infection
- Link to relevant resource materials
- Include an implementation and revision date
- Relevant documentation from committees and other meetings that identifies responsibilities for infection prevention and control and processes for assessing compliance
- A risk register in line with Action 1.5.1 that includes infection prevention and control activities
- Tools used for the assessment, reporting and review of infection control risks.
### Governance and systems for infection prevention, control and surveillance

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<tr>
<td>This risk management approach is relevant for all of the components of Standard 3, particularly:</td>
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<td>• infection prevention and control strategies (<a href="#">Item 3.5 to 3.10</a>)</td>
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<tr>
<td>• managing consumers with infections and colonisations (<a href="#">Item 3.11 to 3.13</a>)</td>
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<td>• antimicrobial stewardship (<a href="#">Item 3.14</a>)</td>
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<td>• cleaning, disinfection and sterilisation (<a href="#">Item 3.15 to 3.18</a>).</td>
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#### 3.1.2 The use of policies, procedures and/or protocols is regularly monitored

Your community health service should ensure that policies include requirements for evaluating utilisation and compliance with policies, procedures and/or protocols. Regular monitoring of workforce use of infection prevention policies, procedures and/or protocols enables local managers to take swift action to reduce infection risk.

- Monitoring processes may include auditing of compliance with policies, procedures and/or protocols in areas of:
  - hand hygiene ([Action 3.5.1](#))
  - safe sharps management ([Action 3.8.1](#))
  - environmental cleaning ([Action 3.15.3](#))
  - waste management, cleaning, disinfection and sterilisation activities ([Action 3.16.1](#))
  - use of personal protective equipment ([Action 3.11.2 and 3.11.4](#)) or incident data.
- If auditing is conducted by the overarching health service organisation, your community health service may be asked to contribute data and information or perform local audits and report results to the governing body.

- Audit of use of infection control policies.
- A schedule of review of infection prevention and control activities to check compliance with policy.
- Reports on the review of infection risks or data for interventions to manage healthcare associated infection risks.
- Relevant documentation from committees and other meetings where reports on infection prevention and control activities are tabled and discussed.

#### 3.1.3 The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation

Your community health service should ensure that data and information about the performance of the organisation’s infection prevention and control system is reported to the local manager(s) responsible for the system and the senior executive, in line with policy and timeframes for reporting.

- Identify an individual, or team, responsible for the local management or governance of infection prevention and control. This role needs to be identified locally, even if overall responsibility for infection prevention and control governance sits with the overarching health service organisation.
- Routinely provide the results from audits, any surveillance and incident reviews to the local governance bodies, and any relevant governance bodies within your community health service.
- Include infection prevention and control on meeting agendas and reports to the governing body.
- A schedule for the reporting of infection prevention and control activities.
- Reports on the performance of the infection prevention and control system presented to the organisation’s governing body.
- Relevant documentation from committees and other meetings where reports on the performance of the infection prevention and control system are tabled and discussed.
- Reports of evidence-based interventions that have been initiated for identified infection control risks.
- A business plan that demonstrates review of health service performance against key performance indicators.
### Governance and systems for infection prevention, control and surveillance

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<tr>
<td><strong>3.1.4 Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols</strong></td>
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| Information collected from **Action 3.1.2** should be routinely analysed to inform the organisation's infection prevention and control:  
  - policies, procedures and/or protocols  
  - orientation, education and training program  
  - risk management strategies.  
  The individual or group responsible for implementing actions to improve the effectiveness of the infection prevention and control system should be clearly identified in the organisation's quality improvement plan (see **Action 1.6.1**). |  |  |
|  | • Use information from audits to guide the development of improvement strategies such as:  
  - including infection prevention and control as part of the performance review of the workforce  
  - ensuring that technological changes in products and equipment are reflected in local infection prevention and control practices  
  - resolving any systems issues that may be identified (e.g. timely access to necessary equipment, protocols for storage of sharps in vehicles, temperature controls for sterile stock in vehicles or temporary clinical areas)  
  - making amendments to local policies, procedures and/or protocols or making recommendations to the health service organisation for policies that sit at that level  
  - including infection prevention and control into local orientation programs  
  - providing the results of audit, monitoring and evaluation activities to the workforce to encourage the development of local improvements  
  - engaging the workforce to report and use the risk management systems to reduce risks  
  - improving or developing communication material and information resources for clinicians and consumers.  
  • Discuss with clinicians how infection prevention and control procedures could be improved.  
  • Include feedback on improvements to policy, procedures and/or protocols into the review process and monitor how this impacts upon audit results. For example, placement of hand hygiene products, changes in the hand hygiene product supplied or changes in the supply of clinical products used that may impact upon infection rates. | • Relevant documentation from committees and other meetings where strategies to improve the organisation's infection prevention and control system are discussed.  
• A risk register in line with **Action 1.5.1** that includes actions to address identified risks.  
• A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified.  
• Examples of improvement activities that have been implemented to improve the effectiveness of the organisation's infection prevention and control system.  
• Memos, newsletters or other communication material provided to the workforce and consumers outlining actions taken to improve infection prevention and control. |
### 3.2 Undertaking surveillance of healthcare associated infections

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| Establishing relevant evidence-based surveillance activities will play an essential role in providing data and reliable information on the incidence and costs of infection that can support good decision-making in the prevention of healthcare associated infection. Surveillance activities include data collection, data analysis, interpretation and dissemination of results. The type and scope of surveillance of healthcare associated infections will be determined by:  
- the complexity of services provided by your community health service  
- the risks associated with the consumer population  
- the requirements of state or territory health departments.  
There may be some community health services where surveillance activities may not be appropriate. | - Participate in surveillance activities conducted by the overarching health service organisation, or other relevant external organisation. These surveillance activities may include other health care providers such as general practitioners.  
- Where available and appropriate, use nationally agreed definitions for surveillance activities.  
- Examples of surveillance activities community services can undertake include:  
  - assessment of new consumers for infection risks  
  - monitoring of significant organisms or conditions where healthcare associated infections may be an increased risk e.g. resistant organisms, long-term antimicrobial use  
  - assessment of invasive devices used in community care e.g. peripherally inserted intravenous cannula, in-dwelling catheter, naso-gastric tubes, peripherally inserted central catheter. | - Surveillance data on healthcare associated infections appropriate to the organisation is collected and reviewed. For example, *Staphylococcus aureus bacteraemia*, central line associated blood stream infections, multi-resistant organisms, catheter-associated urinary tract infection or other causes of infection.  
- Risk management plan.  
- Analysis of data from microbiology laboratories that are used to identify multi-resistant organisms and the actions taken to prevent transmission.  
- Data collection forms, tools or templates. |

#### 3.2.2 Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees

- Data collected on healthcare associated infections should be reported to the relevant committee, senior executive or governing body of your community health service. Healthcare associated infection risks should be considered as part of your community health service infection control risk management approach (Action 3.1.1) and processes need to be in place to monitor these.  
- Report results of surveillance activities to the relevant committee, senior executive or organisation’s governing body in line with policy and timeframes for reporting.  
- Community health services may also be required to provide reports to jurisdictional health departments or other external bodies.  
- Review any clinical cases where infection was associated with treatment provided by your community health service. If antimicrobials were used, check the use is consistent with the recommendations in the current *Therapeutic Guidelines: Antibiotic*.

- Relevant documentation from committees or other meetings where infection surveillance data is reported and reviewed.  
- Reports about infection surveillance data provided to the relevant committee, senior executive, the organisation’s governing body or external bodies.  
- Annual reports on healthcare associated infections.
Governance and systems for infection prevention, control and surveillance

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<tr>
<td><strong>3.3 Developing and implementing systems and processes for reporting, investigating and analysing healthcare associated infections, and aligning these systems to the organisation’s risk management strategy</strong></td>
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<tr>
<td><strong>3.3.1 Mechanisms to regularly assess the healthcare associated infection risks are in place</strong></td>
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<td>These actions are linked to Action 3.1.1 regarding the need to take a risk management approach to infection control and prevention policies, procedures and/or protocols.</td>
<td>• Participate in risk assessment and data collection activities for infection risk conducted by the overarching health service organisation.</td>
<td>• Reporting and review of cases where infection associated with care provided by your community health service has been identified.</td>
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<td>Risk assessment will be determined by the scope of care and services provided by your community health service and can incorporate a range of data and information sources, including infection prevention and control assessments, antimicrobial usage, surveys of the workforce, focus groups, incidents reports and results of other monitoring processes that are in place.</td>
<td>• Use risk assessment frameworks provided by the overarching health service organisation, or other external organisation (such as Standards Australia) to undertake a local risk assessment process.</td>
<td>• An incident register in line with Action 1.14.2 that includes incidents of acquired infection.</td>
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<tr>
<td>The outcome of risk assessments should be reviewed by the individual or committee responsible for managing the organisation’s infection prevention and control system and used to inform the:</td>
<td>• Ensure a process is in place to consider how risks identified externally (such as an outbreak of seasonal influenza or viral gastroenteritis) will be managed by your community health service.</td>
<td>• Relevant documentation from committees or other meetings where reports on infection risk are tabled and improvement strategies discussed.</td>
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<td>• development and review of infection prevention and control policies, procedures and/or protocols</td>
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<td>• Completed risk assessment documents.</td>
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<td>• development and implementation of improvement strategies. These improvement strategies may be the same as those implemented for Action 3.1.4.</td>
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<td>• A risk register in line with Action 1.5.1 that includes identified infection risks.</td>
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<td>• A quality improvement plan in line with Action 1.6.1 that includes strategies to improve infection prevention and control.</td>
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<td>• Examples of improvement activities that have been implemented and evaluated to reduce the risks of healthcare associated infection.</td>
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<td>• Memos, newsletters or other communication material provided to the workforce and consumers on healthcare associated infections.</td>
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<tr>
<td><strong>3.4 Undertaking quality improvement activities to reduce healthcare associated infections through changes to practice</strong></td>
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<tr>
<td><strong>3.4.1 Quality improvement activities are implemented to reduce and prevent healthcare associated infections</strong></td>
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<td><strong>3.4.2 Compliance with changes in practice are monitored</strong></td>
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<tr>
<td><strong>3.4.3 The effectiveness of changes to practice are evaluated</strong></td>
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<td>The intent of Item 3.4 is that infection prevention and control programs incorporate quality and safety principles to reduce infection rates. Actions 3.4.1 to 3.4.3 relate to the implementation of an overarching quality improvement approach to infection prevention and control. Appendix 1 outlines the steps for using a quality improvement approach.</td>
<td>• Where relevant, undertake or participate in quality improvement activities that are conducted by the overarching health service organisation.</td>
<td>• A risk register in line with Action 1.5.1 that includes actions to address identified risks.</td>
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<td>• If your community health service is responsible for implementing quality improvement activities, you should:</td>
<td>• A quality improvement plan in line with Action 1.6.1 that shows implementation, regular review, revision and evaluation of outcomes.</td>
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<tr>
<td>The activities undertaken as part of Action 3.1.4, 3.5.3, 3.10.3, 3.11.3, 3.11.5, 3.14.4 and 3.18.1 may also be used to demonstrate compliance with these actions. You should monitor any improvement activities undertaken to reduce infection risks to: • ensure that these have resulted in changes to practice • evaluate the impact these activities have had on reducing infection risks.</td>
<td>• engage clinicians and consumers to evaluate data and information on infection rates and risks  • conduct a review of existing infection control measures to identify areas for improvement  • brainstorm strategies to address the issues identified  • implement a Plan–Do–Study–Act cycle (see Appendix 1)  • inform and train the workforce about new improvement initiatives  • monitor the impact of quality improvement activities and report results to the relevant committee and/or the governing body.  • The impact of quality improvement activities could be measured by:  o healthcare associated infections identified following care or treatment provided  o any allergic responses to treatment e.g. antibiotics  o reported occupational exposures  o incidents where possible communicable infections involve your community health service.  • Review of the organisation management plan that demonstrates the response taken for risks that have been identified. This should show how the organisation has successfully managed risks and sustained improvements.</td>
<td>• A log of activities conducted as part of a quality improvement model such as Plan–Do–Study–Act.  • Data reports collected and monitored from pre- and post-quality initiatives.  • Outcomes and results of checklists and audits of infection control processes provided by external safety and quality organisations.  • Examples of improvement activities that have been implemented or been approved by the organisation.  • Relevant documentation from committees or other meetings where infection data and information are reviewed and quality activities discussed.</td>
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<tr>
<td>3.5 Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative</td>
<td>• Where observational hand hygiene auditing is not appropriate, alternate methods should be considered to demonstrate your community health service has undertaken hand hygiene assessment activities. These include:  o gap analysis and action plan to support the scope of the program  o audit and evaluate the types of hand hygiene products available to the workforce.</td>
<td>• Policies, procedures and/or protocols for hand hygiene activities that are consistent with the NHHI are available to the workforce.  • Gap analysis and action plan to support the scope of the program required for your organisation in line with the NHHI.  • Results of hand hygiene compliance audits in line with the NHHI requirements.</td>
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| Community health services should consider alternate methods for assessing compliance with the NHHI provided by Hand Hygiene Australia (HHA). You should confirm the requirements for hand hygiene assessment with professional organisations and state or territory health departments. | • audit and evaluate placement of and access to hand hygiene products in your community health service  
• audit and evaluate the amount of hand hygiene products utilised  
• record the number of workforce members who have completed hand hygiene education and training.  
• Where observational hand hygiene auditing is appropriate or required, undertake observational hand hygiene audits in line with the minimum requirements set out in the NHHI and in accordance with guidelines provided by the overarching health service organisation, where relevant. | • Analysis of trends in healthcare associated infection rates in the organisation.  
• Audit of the amounts of hand hygiene products used by the workforce.  
• Audit of the types of products available for hand hygiene. |

#### 3.5.2 Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation

Hand hygiene performance, including the results of any audits undertaken and actions implemented as a result of audit findings, should be reviewed by the local manager(s), the relevant committee, the senior executive and the governing body of your community health service. The outcomes of reviews of layout, product supplies, equipment placement or training activities should also be reported to management.

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| • Collate data and provide reports on hand hygiene compliance to:  
• the workforce or specific workforce groups  
• the committee, group or individual with oversight of infection prevention and control  
• the governing body of your community health service. | • Relevant documentation from committees and other meetings where results of hand hygiene audits are reported and reviewed.  
• Reports provided to the governing body on the organisation’s hand hygiene compliance. |

#### 3.5.3 Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines

Once the scope of the hand hygiene program has been established and any risks or gaps have been identified, your community health service should consider how to improve hand hygiene compliance or the ability to comply.

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| • Use the compliance data in Action 3.5.1 to:  
• revise or amend policies, procedures and/or protocols  
• determine future audit activities  
• update the risk register to include actions taken to address risks  
• develop communication and educational resources for the workforce, consumers and visitors to increase awareness of hand hygiene requirements in your community health service  
• provide feedback to the workforce on hand hygiene performance. | • Amended or reviewed policies, procedures, protocols and work practices that address identified issues.  
• A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
• Examples of improvement activities that have been implemented and evaluated to address non-compliance with current NHHI guidelines.  
• Orientation manuals, education resources and records of attendance at training by the workforce on hand hygiene practices.  
• Memos, newsletters or other communication material on hand hygiene is provided to the workforce and consumers. |
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**3.6 Developing, implementing and monitoring a risk-based workforce immunisation program in accordance with the current National Health and Medical Research Council Australian immunisation guidelines**

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| **3.6.1 A workforce immunisation program that complies with current national guidelines is in use** | Identify whether the overarching health service organisation runs an immunisation program for the workforce and encourage the workforce to participate in this program.  
If there is not, your community health service could:  
- complete a risk assessment and action plan to determine the scope of workforce required to be immunised  
- specify immunisation requirements in the recruitment process for all new employees, contractors and students  
- manage the local immunisation program for the existing workforce which may involve:  
  - direct provision of immunisation  
  - outsourcing to another service provider  
  - collaborating with one or more services to provide an immunisation program  
  - maintain a workforce immunisation register.  
- Develop or review policies, procedures and/or protocols (or contracts) to reflect the immunisation process your community health service is using. This should include requirements for immunisation against specific vaccine preventable infections for new and existing workforce members, and the process to manage those who choose not to be vaccinated or not to provide information about their vaccinations. | Policies, procedures and/or protocols for workforce immunisation that are consistent with national guidelines, relevant legislation and jurisdictional requirements.  
Register, report or review of vaccination status to demonstrate workforce compliance rates.  
Completed risk assessments and action plans for workforce immunisation.  
Documents accessible to authorised personnel that:  
- identify the requirements for vaccination as part of recruitment of workforce or placement of contractors and students  
- demonstrate maintenance of vaccination status of the workforce  
- identify additional vaccination requirements for relevant members of the workforce  
- record immunisation refusals and organisational risk management response to refusals.  
Information relating to prevention strategies and risks associated with vaccine preventable diseases is available to the workforce and consumers.  
If relevant, agreements with external providers or other organisations for the provision of vaccination services. |
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| **3.7 Promoting collaboration with occupational health and safety programs to decrease the risk of infection or injury to healthcare workers** | **3.7.1 Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are implemented to address:**  
- communicable disease status  
- occupational management and prophylaxis  
- work restrictions | - personal protective equipment  
- assessment of risk to healthcare workers for occupational allergies  
- evaluation of new products and procedures | - Policies, procedures and/or protocols for the management of occupational exposures.  
- Policies, procedures and/or protocols that address vaccination status and refusal.  
- Completed risk assessments for members of the workforce undertaking exposure prone procedures.  
- A risk register in line with **Action 1.5.1** that includes occupational and workplace risks.  
- Management plan or protocol for identified occupational allergies. These could include: skin conditions related to dermatitis, allergy to personal protective equipment (e.g. latex gloves), skin antiseptics or hand hygiene products.  
- Orientation manuals, education resources and attendance at training by the workforce on minimising occupational and workplace safety and quality risks.  
- Information from monitoring members of the workforce infected or colonised with an infectious agent.  
- Competency assessments of workforce on use of personal protective equipment. |

The intent of this action is to ensure that the workforce:
- are fully aware of their occupational health and safety obligations and rights  
- participate in identifying and reducing risks of spreading infections associated with occupational or workplace health and safety  
- understand and are encouraged to participate in vaccination programs  
- have access to appropriate information, testing, training, counselling and vaccination programs to reduce risks associated with occupational or workplace health and safety.

Workplace health and safety policies, procedures and/or protocols should address identified risk areas for your community health service and should comply with state or territory legislative requirements.

Risks should be included in the organisation-wide risk register (see **Action 1.5.1**). Examples include risks associated with:
- occupational allergies to equipment, products or chemicals used in your community health service such as hand hygiene products, latex allergies, cleaning agents, disinfectants, etc.  
- long fingernails and wearing of jewellery when providing care  
- new products  
- exposure prone procedures  
- occupational exposures  
- workforce members with an infection.

Identify whether the overarching health service organisation has established workplace health and safety policies, procedures and/or protocols that need to be implemented at the local level. If so, you should engage clinicians and local managers to adapt these for your community health service.

If your community health service is responsible for the workplace health and safety program, you will already have policies, procedures and/or protocols in place as required by national legislation. You should review these to ensure that they include priority areas for the organisation.

Undertake a risk assessment of workforce practices to identify any risk areas not covered by legislative requirements or existing policies, procedures and/or protocols.

- Orientation manuals, education resources and attendance at training by the workforce on minimising occupational and workplace safety and quality risks.
- Information from monitoring members of the workforce infected or colonised with an infectious agent.
- Competency assessments of workforce on use of personal protective equipment.
# Infection prevention and control strategies

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<td><strong>3.8 Developing and implementing a system for use and management of invasive devices based on the current national guidelines for preventing and controlling infections in health care</strong></td>
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<tr>
<td><strong>3.8.1 Compliance with the system for the use and management of invasive devices is monitored</strong></td>
<td>The intent of this action is to ensure that there is aseptic insertion and safe maintenance of invasive devices, which is critical to reducing infection risk. The types of invasive devices used in your community health service will be determined by the scope of activity. Invasive devices are used in many care settings including treatment rooms, clinical areas and consumers’ homes. As part of the development of these policies, procedures and/or protocols, your community health service should focus on invasive devices that are frequently used and where there is a risk of a healthcare associated infection. Incident reports and surveillance data can be used to help identify risk areas. Your community health service should review the organisation’s risk assessment (see <a href="#">Action 3.1.1</a>) to inform the development of invasive device policy and procedures and take account of the:</td>
<td>Identify whether the overarching health service organisation has established policies, procedures and/or protocols regarding the use of invasive devices applicable to your community health service. Ensure they are current and sufficiently comprehensive to meet the scope of services offered by your community health service and specific risks identified, and implement them locally. If your community health service is responsible for developing policies and procedures for invasive devices, you need to consider issues relating to:  - supply and procurement  - introduction  - use  - re-use  - disposal  - storage  - fault management  - recall  - evaluation of invasive devices  - training for the workforce and audit of use. Maintain education and training records for members of the workforce who handle and use invasive devices to demonstrate they are aware of the requirements for safe handling and use of these devices. Policies, procedures and/or protocols that address the supply, procurement, introduction, storage, use, reuse and management of invasive devices, based on regulations and evidence-based guidelines. A risk register in line with <a href="#">Action 1.5.1</a> that includes risks in relation to invasive devices used by your community health service. Relevant documentation from committees and other meetings where reports on invasive device use are reviewed and discussed. An incident reporting register in line with <a href="#">Action 1.14.2</a> that includes reports on invasive device risks or faults and interventions to manage these risks. Audit report on the integrity of critical devices including storage and packaging. Orientation manuals, education resources and records of attendance at training by the workforce on the use of invasive devices. Audits of compliance with aseptic technique in line with <a href="#">Action 3.10.2</a>.</td>
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<td>method of insertion of a device (such as venous access devices or urinary catheters)</td>
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<td>length of time a device should be left in place</td>
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<td>assessment of aseptic technique for insertion of devices</td>
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<td>maintenance processes for the invasive devices</td>
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<td>choice of devices by clinicians inserting a device</td>
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<td>extend and type of infection monitoring systems</td>
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<td>consumer infection rates</td>
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<td>incident reports on invasive devices.</td>
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<td>This action requires consideration of the education needs of clinicians using and handling invasive devices to ensure they are competent in the skills required for safe insertion, use and maintenance of the device to minimise the risks of infection.</td>
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<td>If the overarching health service organisation provides education and competency assessment about the safe use, insertion and maintenance of invasive devices, use these programs to provide training to clinicians using and handling invasive devices.</td>
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<td></td>
<td>Orientation manuals, education resources and records of attendance at training by the workforce on the use of invasive devices.</td>
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<tr>
<td>Your community health service should:</td>
<td>If your community health service is responsible for providing training, you should:</td>
<td>Training schedule for ongoing education and training of members of the workforce who perform procedures with invasive devices.</td>
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<tr>
<td>• identify what training is needed</td>
<td>• identify areas where usage of invasive devices is high or exposure prone procedures are undertaken, and prioritise education and training to these areas based on risk</td>
<td>Evaluations of education and competency-based training needs.</td>
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<tr>
<td>• identify an appropriate training program</td>
<td>• evaluate the education and training needs of the workforce and previous or existing training programs available</td>
<td>Completed risk assessments and action plans for workforce training on the use of invasive devices and exposure prone procedures undertaken by the organisation.</td>
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<td>• identify members of the workforce who require training, based on risk</td>
<td>• examine options for using external training agencies to provide the required education. Alternatively, a group of community health services could work together to develop and provide this education locally.</td>
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<td>• schedule training participation, based on risk</td>
<td>• Policies need to be standardised to enable clinicians who work across different health care settings to be able to transfer training records for the devices used across multiple facilities.</td>
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<td>• analyse the outcomes of previous training</td>
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<td>• record participation in training.</td>
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3.10 Developing and implementing protocols for aseptic technique

The intent of Item 3.10 is to prevent or minimise the risk of introducing harmful infectious agents into sterile areas of the body when undertaking clinical procedures. Aseptic technique protects consumers during procedures by employing infection prevention and control measures that minimise, as far as practically possible, the presence of infectious agents. Your community health service should use its completed risk assessment (see Action 3.1.1) to identify high-risk areas or procedures where aseptic technique is required.

Procedures where clinicians may be required to effectively perform aseptic technique effectively include, but are not limited to:

• accessing shunts and fistulas
• dressings — from simple dressings to complex or large dressings of wounds
• urinary catheterisation
• insertion and maintenance of vascular access devices including peripheral and central lines

If the overarching health service organisation provides education and competency assessment about the principles and practice of aseptic technique, encourage the workforce to access these programs.

If your community health service is responsible for providing training on aseptic technique, you should:

• identify the procedures performed by the organisation and determine whether aseptic technique is required
• review audit results to identify any trends or areas for improvement
• identify gaps in workforce skills and knowledge of aseptic technique
• consider options for external training on aseptic technique and its appropriateness for the organisation.

Include policies, procedures and/or protocols on aseptic technique in workforce orientation and induction programs.

Policies, procedures and/or protocols on aseptic technique that are consistent with relevant best practice guidelines.

Orientation manuals, education resources and records of attendance at training by the workforce on aseptic technique.

Training schedule for ongoing education and training of members of the workforce who perform procedures requiring aseptic technique.

Evaluation of education and competency-based training needs.
### Infection prevention and control strategies

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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
<tbody>
<tr>
<td>• invasive procedures</td>
<td>• Conduct local audits, or participate in audits of compliance with aseptic technique conducted by the overarching health service organisation.</td>
<td>• Completed risk assessments to identify priority areas for highest risk and highest use of aseptic technique.</td>
</tr>
<tr>
<td>• acupuncture.</td>
<td></td>
<td>• Use of existing validated audit tools to assess compliance, e.g. Central Line Associated Blood Stream Infections audit tool for assessing insertion and maintenance of central venous access devices.</td>
</tr>
<tr>
<td>Clinicians performing these procedures in your community health service should be competent in the use of aseptic technique.</td>
<td></td>
<td>• Audit results for workforce compliance with aseptic technique.</td>
</tr>
</tbody>
</table>

3.10.2 Compliance with aseptic technique is regularly audited

Your community health service should regularly review the workforce use of aseptic technique to help identify the factors that improve compliance. The extent and frequency of auditing of compliance with aseptic technique will be determined by:
- the clinical context where care is provided
- the frequency with which aseptic technique is required
- the treatment provided
- when aseptic technique was last assessed
- results of previous compliance audits
- identified gaps in the application of aseptic technique where it is required to be applied.

3.10.3 Action is taken to increase compliance with the aseptic technique protocols

The intent of this action is to increase the workforce compliance with aseptic technique protocols. Data and information gathered at Action 3.10.1 and 3.10.2 will help the local manager(s) to identify areas and strategies for improvement.

- Analyse audit results to determine the quality improvement activities to be undertaken to improve workforce compliance with aseptic technique protocols.
- Revise policies, procedures and/or protocols on aseptic technique to reflect or to drive changes in practice in the use of aseptic technique.
- Maintain education and training records of aseptic technique assessment for the clinicians who are required to use aseptic technique.

- Relevant documentation from committees and other meetings that detail improvement actions taken.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
Managing patients with infections and colonisations

<table>
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<tr>
<th>Overview of what is required</th>
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<tbody>
<tr>
<td>3.11 Implementing systems for using standard precautions and transmission based precautions</td>
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<tr>
<td>3.11.1 Standard precautions and transmission-based precautions consistent with the current national guidelines are in use</td>
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<tr>
<td>The intent of Item 3.11 is to minimise infection risk to both consumers and clinicians through the routine application of basic infection prevention and control strategies.</td>
<td>- Identify whether the overarching health service organisation has a policy and governance framework for standard precautions and transmission-based precautions that is consistent with the current national guidelines and ensure it is operationalised locally.</td>
<td>- Policies, procedures and/or protocols for the use of standard and transmission-based precautions that are consistent with the Australian Guidelines for the Prevention and Control of Infections in Health Care.41</td>
</tr>
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<td></td>
<td>- If you need to create a governance framework at a local level, you should:</td>
<td>- Clear signage and instructions for the workforce and consumers is displayed in treatment and waiting areas.</td>
</tr>
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<td></td>
<td>o ensure that policies, procedures and/or protocols are based on the Australian Guidelines for the Prevention and Control of Infections in Health Care41</td>
<td>- Workforce has access to relevant personal protective equipment.</td>
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<tr>
<td></td>
<td>o use standardised signage for standard and transmission-based precautions</td>
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<tr>
<td></td>
<td>o ensure the policies, procedures and/or protocols address the areas of greatest infection risks</td>
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<td></td>
<td>o ensure the workforce are aware of circumstances when standard and transmission-based precautions should be used and the appropriate use of them.</td>
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<td></td>
<td>o Consider strategies to manage infection risks when a consumer may require treatment and has an infection (especially of the upper respiratory tract, skin or gastrointestinal tract) that may be transmitted to others in the waiting room or in the health service treatment areas.</td>
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<td></td>
<td>o Consider exclusion periods or alternative care options for consumers when certain infections are suspected or confirmed.</td>
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<td></td>
<td>Some community health services may need to plan how healthcare associated infection risks will be managed during emergencies.</td>
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<tr>
<td>3.11.2 Compliance with standard precautions is monitored</td>
<td>- Use a risk assessment approach to determine in which areas the use of standard precautions will be audited.</td>
<td></td>
</tr>
<tr>
<td>3.11.3 Action is taken to improve compliance with standard precautions</td>
<td>- Audits of the workforce compliance with elements of standard precautions and associated safe work practices.</td>
<td></td>
</tr>
<tr>
<td>The workforce need to know when and how to apply standard precautions to minimise infection risk.</td>
<td></td>
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### Managing patients with infections and colonisations

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| Your community health service should regularly review workplace practices to assess workforce compliance with national infection control guidelines. Auditing practices against the key elements of standard precautions should identify gaps or risks and inform the development of strategies to minimise these risks. | • Conduct local audits of compliance with the elements of standard precautions and associated safe work practices, or participate in audits conducted by the overarching health service organisation.  
• Engage members of the workforce in audit processes or provide feedback on the audit results.  
• Provide reports on compliance with standard precautions to the relevant committee and/or governing body.  
• Use a risk assessment approach to determine which areas of standard precautions are to be audited.  
• Develop an action plan that incorporates information from audits of standard precautions and transmission-based precautions.  
• Maintain records of attendance by the workforce at education and training on safe work practices relating to standard precautions.  
• Update resources on standard precautions and transmission-based precautions incorporating improvements in practice.  
• Ensure resources are available to the workforce. | • Reports provided to relevant committee(s) and/or the governing body on workforce compliance with standard precautions.  
• Relevant documentation from committees and other meetings where reports on compliance with standard precautions are reviewed and discussed.  
• Risk management plans that review compliance with standard precautions and have included consultation across the health service.  
• A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
• Examples of improvement activities that have been implemented and evaluated to improve compliance with standard precautions.  
• Memos, newsletters or other communication material provided to the workforce and consumers on the use of standard precautions.  
• Standard and transmission-based precaution signage available and accessible to the health workforce. |

#### 3.11.4 Compliance with transmission-based precautions is monitored

#### 3.11.5 Action is taken to improve compliance with transmission-based precautions

The workforce need to know when and how to apply transmission-based precautions to minimise infection risk.

Your community health service should regularly review workplace practices to assess workforce compliance with national infection control guidelines. Auditing practices against the key elements of transmission-based precautions should identify gaps or risks and inform the development of strategies to minimise these risks.

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</table>
| • Develop, implement and monitor quality improvement plans that focus on areas where audit results have identified gaps in the application of transmission-based precautions.  
• Maintain and monitor a risk register that includes actions to mitigate identified risks.  
• Provide communication materials to the workforce and consumers.  
• Maintain education and training records for the workforce.  
• Use standard signage to provide instruction to both workforce and consumers. | • Audits of workforce compliance with elements of transmission-based precautions and associated safe work practices.  
• Reports provided to relevant committee(s) and/or the governing body on workforce compliance with transmission-based precautions.  
• Relevant documentation from committees and other meetings where reports on workforce compliance with transmission-based precautions are reviewed and discussed.  
• A risk register in line with Action 1.5.1 that includes actions to address identified risks. |
Managing patients with infections and colonisations

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<tr>
<td>This information will determine the areas where improvements are needed. Once gaps and risks are identified, your community health service will need to consider appropriate improvement activities to address these.</td>
<td>• Ensure protocols outline how consumers will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common e.g. seasonal influenza or local outbreaks of viral gastroenteritis.</td>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.</td>
</tr>
<tr>
<td>• Ensure protocols outline how consumers will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common e.g. seasonal influenza or local outbreaks of viral gastroenteritis.</td>
<td>• Review the systems in place to assess and manage consumers who may require transmission-based precautions. Focus on the high priority areas identified in the organisational risk assessment (see Action 3.1.1).</td>
<td>• Examples of improvement activities that have been implemented and evaluated to improve compliance with transmission-based precautions.</td>
</tr>
<tr>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.</td>
<td>• Develop strategies to transfer consumers to other healthcare services or hospitals if they cannot be safely cared for by your community health service.</td>
<td>• Memos, newsletters or other communication material provided to the workforce and consumers on the use of transmission-based precautions.</td>
</tr>
<tr>
<td>3.12 Assessing the need for patient placement based on the risk of infection transmission</td>
<td>• Environmental controls through air flow</td>
<td>• Orientation manuals, education resources and records of attendance at training by the workforce on transmission-based precautions.</td>
</tr>
<tr>
<td>3.12.1 A risk analysis is undertaken to consider the need for transmission-based precautions including:</td>
<td>• Transportation within and outside the facility</td>
<td>• Standard and transmission-based precaution signage available and accessible to the workforce.</td>
</tr>
<tr>
<td>• Accommodation based on the mode of transmission</td>
<td>• Cleaning procedures</td>
<td>• Policies, procedures and/or protocols for the management of consumers requiring transmission-based precautions based on risk assessment, analysis and risk management processes addressing priority areas.</td>
</tr>
<tr>
<td>• Environmental controls through air flow</td>
<td>• Equipment requirements</td>
<td>• Relevant documentation from committees and other meetings where consumer placement issues are discussed.</td>
</tr>
<tr>
<td>• Transportation within and outside the facility</td>
<td></td>
<td>• A risk register in line with Action 1.5.1 that includes actions to address issues identified.</td>
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</tbody>
</table>

The intent of this action is to minimise exposure of the workforce and consumers to infectious agents such as viral gastroenteritis, seasonal influenza or multi-resistant organisms. Consumers who are colonised or infectious may need to be segregated when waiting to access a service. The treatment area will need to be rested and cleaned thoroughly after use, in line with a multifaceted infection prevention and control policy to reduce acquisition rate and further infections. Consumers who are known to have an infection or are contagious may need to be excluded from the service for a period of time. Exclusion of consumers may not always be feasible when services are provided in the home environment. Clinicians should utilise appropriate standard and transmission-based precautions when providing care in a consumer’s home (see Action 3.11.1).
### 3.13 Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection

**Overview of what is required**

- Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care.
- A process for communicating a patient’s infectious status is in place whenever responsibility for care is transferred between service providers or facilities.

**Suggested approach**

- Ensure policies, procedures and/or protocols are in place that outline how consumers will be assessed, treated, deferred or alerted to risks:
  - on presentation or commencement of services
  - when making appointments during periods when infections may be more common e.g. seasonal influenza or local outbreaks of viral gastroenteritis.
- Planning for the management of consumers with suspected or confirmed infections may involve:
  - identifying entry or primary contact points to segregate consumers with infections such as seasonal influenza or viral gastroenteritis
  - reviewing how consumer infection risk is assessed and the responses to consumer assessment
  - reviewing how a consumer’s infectious status is communicated within your community health service and how the workforce use this information to minimise risk
  - considering the need for an alert or flagging system for infectious consumers
  - working with referring clinicians and services such as other health services, domiciliary care, aged care facilities, emergency admissions and doctor’s rooms to include information on the consumer’s infectious status in a structured handover or referral system.

**Examples of evidence**

- Policies, procedures and/or protocols that outline the identification and management of consumers with pre-existing healthcare associated infection or communicable disease.
- Relevant documentation from committees and other meetings related to healthcare associated infection screening.
- Systems that indicate the consumer’s infectious risk is checked on presentation.
- Audit of screening for healthcare associated infections or communicable diseases in accordance with local or jurisdictional screening policies.
- Risk management plan that outlines the risks identified and addresses actions to be undertaken to minimise or eliminate the risks.
- Handover sheets, referral documents or similar documents stating infectious status.
- Electronic or documented flagging of consumer clinical records and event summaries.
Antimicrobial stewardship

The intent of Item 3.14 is to encourage appropriate prescribing of antimicrobials to reduce the risk of development of resistant pathogens, minimise the risk to consumers acquiring a preventable healthcare associated infection and support the effective management of healthcare associated infections. This item applies to community health services where members of the workforce prescribe or administer antimicrobials to consumers. Antimicrobial stewardship (AMS) programs may be co-ordinated locally or through the overarching health service organisation. Your community health service should undertake a risk assessment and use the results to determine priorities for AMS and develop an AMS program plan.

The AMS program plan will include actions and timelines for implementation and outline:

- the necessary governance structure to support antimicrobial stewardship activity, with the explicit support of the health service executive
- an appropriate person or team to co-ordinate program activities relevant to the size and complexity of the service
- a prescribing policy that includes scope, responsibility and compliance with best practice, consistent with the current endorsed version of *Therapeutic Guidelines: Antibiotic* [68]
- an antimicrobial formulary and guidelines for treatment and prophylaxis that align with the current endorsed version of *Therapeutic Guidelines: Antibiotic* [68]
- access arrangements for the current endorsed version of *Therapeutic Guidelines: Antibiotic* [68] or state-based endorsed guidelines on antimicrobial use
- systems or processes for monitoring of antimicrobial usage and resistance relevant to the context of or services provided by your community health service
- quality improvement activities to improve the effectiveness of the AMS system.

### 3.14.1 An antimicrobial stewardship program is in place

<table>
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<th>Suggested approach</th>
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</tr>
</thead>
</table>
| **3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship (AMS) system** | **Overview of what is required**
- Undertake a risk assessment and gap analysis against the requirements to determine priorities for AMS.
- Engage the prescribers and clinicians in the development of the AMS policy and plan.
- Identify:
  - how, and by whom, the AMS program will be coordinated
  - what resources will be needed locally to maintain the program, and what resources can be obtained externally (such as specialist advice for complex clinical conditions).
  - Map current governance structures, systems and processes to support stewardship.
  - If the overarching health service organisation has an established AMS program, establish links with the AMS team and seek advice regarding strategies to support AMS in your community health service.
  - Ensure governance arrangements incorporate lines of communication and reporting and roles and responsibilities of the executive in supporting the program.
  - Ensure the antimicrobial prescribing policy specifies who can prescribe, dispense and administer antimicrobials.
  - Ensure the policy requires prescribers to utilise *Therapeutic Guidelines: Antibiotic* [68] or endorsed evidence-based guidelines that are consistent with *Therapeutic Guidelines: Antibiotic* [68]
  - Provide access to training and education resources on AMS for clinicians who prescribe.
  - Consider the need to include processes for seeking specialist infectious diseases or clinical microbiology advice, and the indications for seeking this advice in the antimicrobial prescribing policy.
  - Review the antimicrobial formulary and confirm it reflects context, scope of services provided and takes into account any laboratory data available. It may be appropriate to seek advice from the committee or individual responsible for drugs and therapeutics used by the organisation.
| **Suggested approach**
- An AMS policy incorporating:
  - governance/reporting processes
  - prescribing processes in accordance with therapeutic guidelines
  - list of restricted antimicrobials and approval processes
  - specialist/senior clinical review and referral processes
  - education processes
  - policy review processes.
- A documented organisational chart that describes AMS responsibilities in your community health service.
- Results of risk assessments to identify areas of priority for an effective AMS program.
- Documented AMS action plan.
- Observation that guides, such as the *Therapeutic Guidelines: Antibiotic* [68] are available to prescribers and the workforce.
- Relevant documentation from committees and other meetings where the AMS program is reviewed and discussed.
- Orientation manuals, education resources and records of attendance at training by prescribers and the clinicians administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing.
- Restriction, approval or review systems to guide the use of broad spectrum antimicrobials, where relevant.
- Referral process to infectious disease physician or clinical microbiologist.
| **Examples of evidence**
- Documented AMS action plan.
- Observation that guides, such as the *Therapeutic Guidelines: Antibiotic* [68] are available to prescribers and the workforce.
### Antimicrobial stewardship

#### 3.14.2 The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage

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</table>
| **Therapeutic Guidelines: Antibiotic**\(^{68}\) is recognised as a guideline for antimicrobial prescribing in Australia. The current version should be readily accessible to all prescribers. Where local clinical prescribing guidelines are developed, they should be consistent with the latest version of **Therapeutic Guidelines: Antibiotic**\(^{68}\) and take into account local microbial susceptibility patterns and be reviewed at least annually. | • Ensure that prescribers have access to the current endorsed version of **Therapeutic Guidelines: Antibiotic**\(^{68}\) or state-based endorsed guidelines that are consistent with **Therapeutic Guidelines: Antibiotic**\(^{68}\).  
• Use relevant resources that have been developed by your community health service or overarching health service organisation. | • Access to the therapeutic guidelines on antibiotic usage is provided for all clinicians authorised to prescribe.  
• Locally adapted guidelines in use that are consistent with current endorsed Australian therapeutic guidelines.  
• Observation of the workforce who prescribe antimicrobials accessing electronic or printed copies of endorsed therapeutic guidelines on antibiotic usage. |

#### 3.14.3 Monitoring of antimicrobial usage and resistance is undertaken

Monitoring and analysis of antimicrobial usage is critical to understanding antimicrobial prescribing patterns and the success of the AMS program.

Your community health service should work with infection prevention and control professionals, infectious diseases physicians and microbiologists to identify appropriate ways to monitor resistance in your setting.

| Conduct audits of the local antimicrobial stewardship program or participate in reviews and monitoring processes of antimicrobial usage and resistance conducted by the overarching health service organisation.  
| Monitoring usage activities might include:  
| • reviewing the list of stock ordered and used each month  
| • reviewing monthly expenditure on antimicrobials  
| • reviewing antimicrobial use in high-risk areas in relation to specific procedures, clinical condition, or identified high-risk antimicrobials  
| • auditing consumers clinical records regarding surgical prophylaxis antimicrobial utilisation and prophylaxis extending beyond 24 hours  
| • clinical review of the duration of therapy of antimicrobials  
| • auditing clinical records to identify commonly prescribed antimicrobials.  
| Monitoring resistance activities might include:  
| • monitoring infection rates associated with insertion of medical devices  
| • conducting targeted surveillance where appropriate for infection agents such as multi-resistant organisms. | Relevant documentation from committees and other meetings where reports on antimicrobial usage and resistance are reviewed and discussed.  
| • Records of antimicrobial use.  
| • Reviews of antimicrobial usage and feedback to prescribers.  
| • Laboratory-based data including analysis of antimicrobial resistance.  
| • Audit of prescribing practices.  
| • Documented surveillance activities. |
# Antimicrobial stewardship

Your community health service should conduct regular reviews of the AMS program to ensure it is implemented effectively and to identify areas where improvements may be needed. Data and information collected at [Action 3.14.3](#) can help inform this process. Where appropriate, information about the effectiveness of the AMS program and antimicrobial use should be provided to the workforce.

## 3.14.4 Action is taken to improve the effectiveness of antimicrobial stewardship

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</table>
| Your community health service should conduct regular reviews of the AMS program to ensure it is implemented effectively and to identify areas where improvements may be needed. Data and information collected at [Action 3.14.3](#) can help inform this process. Where appropriate, information about the effectiveness of the AMS program and antimicrobial use should be provided to the workforce. | - Quality activities should be based on the scope of services provided and the types of consumers treated. Examples might include:  
  - reviewing prescribing activity for antimicrobials and providing feedback to prescribers  
  - reviewing any reported adverse events and documenting actions to improve  
  - if surgical or invasive procedures are performed that may indicate use of antimicrobials as prophylaxis or treatment, ensure the evaluation of the appropriateness of use and duration of treatment are in line with current endorsed [*Therapeutic Guidelines: Antibiotic*](https://www.therapy.gov.au)  
  - providing training and educational resources to the clinicians who prescribe, dispense and administer antimicrobials to consumers  
  - providing educational resources for consumers who may be in ‘risk groups’ requiring prophylactic antibiotics prior to procedures or treatment  
  - providing consumer education and materials on safe and appropriate use of antimicrobials  
  - display of educational materials for consumers  
  - participate in activities to raise awareness of appropriate antimicrobial use such as the annual Antibiotic Awareness Week. | *Orientation manuals, education resources and records of attendance at training by the workforce on antimicrobial resistance, local stewardship activities, and their roles and responsibilities.*  
*Record of prescribers completing antibiotic prescribing modules from the Commission or the National Prescribing Service.*  
*Relevant documentation from committees and other meetings where the effectiveness of the AMS program is reviewed and improvement actions discussed.*  
*A risk register in line with [Action 1.5.1](#) that includes actions to address identified risks.*  
*A quality improvement plan in line with [Action 1.6.1](#) that includes actions to address issues identified.*  
*Examples of improvement activities that have been implemented and evaluated to improve the effectiveness of antimicrobial stewardship.*  
*Memos, newsletters or other communication material provided to the workforce and consumers on appropriate use of antimicrobials.* |
### Cleaning, disinfection and sterilisation

#### 3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers

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</table>
| **3.15.1 Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including:** | **3.15.2 Policies, procedures and/or protocols for environmental cleaning are regularly reviewed** | Policies, procedures and/or protocols for environmental cleaning that are consistent with current guidelines such as the *Australian Guidelines for the Prevention and Control of Infections in Health Care.*
| • maintenance of building facilities | • waste management within the clinical environment | Documented maintenance schedules and evidence that maintenance has been completed for infrastructure in your community health service.
| • cleaning resources and services | • laundry and linen transportation, cleaning and storage | Material safety data sheets or chemical register of cleaning resources used.
| • risk assessment for cleaning and disinfection based on transmission based precautions and the infectious agent involved | • appropriate use of personal protective equipment | Audit results have been used to evaluate the effectiveness of the cleaning program and ensure it complies with the *Australian Guidelines for the Prevention and Control of Infections in Health Care.*

Where services are provided by an external contractor, your community health service is responsible for ensuring that these actions are met through effective contract management and monitoring. Where the environment in which services are provided are not under the control of the community health service, such as clinics held in other premises or services provided in a consumer’s home, the organisation may need to review how this action is implemented to ensure this action is met for the immediate environment where services are provided.

- If the overarching health service organisation has a policy and governance framework for environmental cleaning that addresses the principles of infection prevention and control, then ensure it is put in place locally.
- If your community health service is responsible for environmental cleaning, you should:
  - develop local policies, procedures and/or protocols to meet the organisation’s needs and address the organisation’s identified risks (see Action 3.1.1)
  - provide the workforce or your cleaning contractor with information to ensure they comply with the principles of infection prevention and control
  - establish cleaning schedules
  - audit compliance with the policy and report the findings of the audits to management.
- Where services are provided in a person’s home, you may need to provide additional support to the workforce to comply with policy e.g. hand washing or sterilising supplies, access to organisation pool of cars and provision of containers for clinical waste (storage and transport), sharp disposal containers, etc.
- Where services are provided by an external contractor, ensure they comply with the principles of infection prevention and control and address the specific infection risks that have been identified locally.
- Ensure mechanisms exist to raise concerns about environmental infection control and have them addressed as part of the risk management system (see Action 3.1.1).

Relevant documentation from committees and other meetings where environmental cleaning policies and procedures are reviewed and discussed.
## Cleaning, disinfection and sterilisation

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| **3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers’ instructions** | If the overarching health service organisation has established a policy and governance framework for reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers’ instructions, you should ensure it is operationalised in your community health service.  
If your community health service is responsible for implementing a policy for reusable equipment you should:  
- ensure that the processes for cleaning, disinfection and sterilisation of reusable instruments and devices are carried out in accordance with current national or international standards  
- maintain schedules on equipment used for reprocessing instruments and devices  
- record evidence of validation and compliance monitoring audit reports  
- undertake audits of sterile stock integrity and supply.  
Where instrument reprocessing services are provided by an external contractor, ensure that these services address the specific risks identified for your community health service.  
Review the scope of activity and the need to use reusable instruments and equipment, especially for invasive procedures. Consider single-use items in areas where there is infrequent use or the health service does not have the resources to meet national or international standards and the manufacturer’s instructions for reusable items. | Policies, procedures and/or protocols for processing reusable medical equipment, instruments and devices that are consistent with relevant national or international standards and manufacturer’s instructions.  
Records of sterilisation that verify instrument reprocessing is consistent with legislation.  
Maintenance schedules for equipment used to reprocess equipment, reusable instruments and devices are monitored and reviewed.  
Audit of validation and compliance monitoring systems for sterilisers.  
Audits of sterile stock integrity and supply.  
Relevant documentation from committees and other meetings where reports on cleaning, disinfection and sterilisation processes are reviewed and discussed.  
Risk assessments where there are deviations in the requirements of relevant standards and the manufacturer’s instructions.  
Policies, procedures and/or protocols for the use of single-use items. |

The intent of this action is to minimise infection risk to consumers and the workforce from reusable equipment, instruments and devices.  
Issues to be considered in this risk assessment include:  
- the requirements for reprocessing reusable equipment or instruments  
- the equipment and consumables required to meet the reprocessing standards  
- outsourcing of this service to an external provider to clean, disinfect or sterilise  
- purchase of sterile stock.  
The standards for cleaning, disinfection and sterilisation of reusable instruments and devices are cited in the Australian Guidelines for the Prevention and Control of Infections in Health Care.41  
If the overarching health service organisation has established a policy and governance framework for reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers’ instructions, you should ensure it is operationalised in your community health service.  
If your community health service is responsible for implementing a policy for reusable equipment you should:  
- ensure that the processes for cleaning, disinfection and sterilisation of reusable instruments and devices are carried out in accordance with current national or international standards  
- maintain schedules on equipment used for reprocessing instruments and devices  
- record evidence of validation and compliance monitoring audit reports  
- undertake audits of sterile stock integrity and supply.  
Where instrument reprocessing services are provided by an external contractor, ensure that these services address the specific risks identified for your community health service.  
Review the scope of activity and the need to use reusable instruments and equipment, especially for invasive procedures. Consider single-use items in areas where there is infrequent use or the health service does not have the resources to meet national or international standards and the manufacturer’s instructions for reusable items.  
 Policies, procedures and/or protocols for processing reusable medical equipment, instruments and devices that are consistent with relevant national or international standards and manufacturer’s instructions.  
Records of sterilisation that verify instrument reprocessing is consistent with legislation.  
Maintenance schedules for equipment used to reprocess equipment, reusable instruments and devices are monitored and reviewed.  
Audit of validation and compliance monitoring systems for sterilisers.  
Audits of sterile stock integrity and supply.  
Relevant documentation from committees and other meetings where reports on cleaning, disinfection and sterilisation processes are reviewed and discussed.  
Risk assessments where there are deviations in the requirements of relevant standards and the manufacturer’s instructions.  
Policies, procedures and/or protocols for the use of single-use items.  

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Australian Commission on Safety and Quality in Health Care

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### Standard 3: Preventing and Controlling Healthcare Associated Infections (continued)

#### Cleaning, disinfection and sterilisation

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<th>Suggested approach</th>
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<tbody>
<tr>
<td><strong>3.17 Implementing systems to enable the identification of patients on whom the reusable medical devices have been used</strong></td>
<td>If your community health service is required to have a traceability system, this would usually involve batch identification of instruments or devices that allows individual identification of patients. Details of the instrument batches should be included in the consumer’s clinical record, which correlates with the sterilisation cycle records.</td>
<td>Policies, procedures and/or protocols for the use of reusable items that reflects the risk and scope of the requirements for your community health service.</td>
</tr>
<tr>
<td><strong>3.17.1 A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place</strong></td>
<td>Some community health services will not need this type of system because they:</td>
<td><strong>Register or record of consumers who have had procedures using reusable instruments and devices.</strong></td>
</tr>
<tr>
<td></td>
<td>• do not perform procedures where reusable instruments and equipment are used</td>
<td><strong>A traceability system that allows individual identification of patients and the reusable devices, equipment or instruments used during treatment.</strong></td>
</tr>
<tr>
<td></td>
<td>• only use single-use or disposable instruments and equipment for procedures.</td>
<td><strong>Audit of consumer clinical records (clinical records or records regarding the use of reusable medical instruments and devices).</strong></td>
</tr>
<tr>
<td></td>
<td>A policy for the use of single-use items should be in place, where applicable.</td>
<td>Relevant documentation from committees and other meetings where reports on the effectiveness of the traceability system are reviewed and discussed.</td>
</tr>
</tbody>
</table>

The intent of this action is to minimise the risk of infection to consumers from reusable medical devices. The ability to trace what items were used on which consumers helps to manage the risks associated with the use of these devices. The use of reusable instruments and devices in the community may be limited. However, where used, additional systems may be required to trace reusable devices and instruments. This may include identification of:
- batch numbers
- individual items or sets of items
- the consumers the items was used on
- date of use
- steriliser identification
- cycles
- operators responsible for release of the item for use
- sterile stock from external providers.

This action only applies to community health services that use reusable items.

#### 3.18 Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices

<table>
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<th>Overview of what is required</th>
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</thead>
<tbody>
<tr>
<td><strong>3.18.1 Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices</strong></td>
<td>If your community health service organisation has available education and competency assessment for decontamination of reusable medical devices, encourage your community health service workforce to complete this training. If your community health service is responsible for providing training on decontamination of reusable devices, you should:</td>
<td><strong>Evaluations of education and competency-based training needs.</strong></td>
</tr>
<tr>
<td></td>
<td>• identify members of the workforce with responsibilities for these tasks</td>
<td><strong>Orientation manuals, education resources and records of attendance at training by the workforce on decontamination of reusable instruments and devices.</strong></td>
</tr>
<tr>
<td></td>
<td>• evaluate gaps in knowledge or skills of workforce</td>
<td><strong>Training schedule for ongoing education and training of members of the workforce on decontamination of reusable instruments and devices.</strong></td>
</tr>
<tr>
<td></td>
<td>• develop an action plan for providing access to training</td>
<td><strong>Relevant documentation from committees and other meetings where workforce training on decontamination of reusable instruments and devices is reviewed and discussed.</strong></td>
</tr>
</tbody>
</table>

The intent of this action is to minimise risks from reusable medical devices. Your community health service should provide access to competency-based training for members of the workforce who use or decontaminate reusable medical devices. Where reprocessing of instruments occurs offsite by an external provider, your community health service should consider providing training to those members of the workforce responsible for packaging reusable medical devices for transport and those responsible for unloading or storing returned sterile stock.
Cleaning, disinfection and sterilisation

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<tr>
<td>• examine options for using external training agencies. Alternatively, a group of community health services could work together to develop and provide this education locally.</td>
<td>• Workforce have access to electronic and printed copies of relevant current standards and guidelines for decontamination of reusable medical instruments and devices.</td>
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</table>

Communicating with patients and carers

3.19 Ensuring consumer-specific information on the management and reduction of healthcare associated infections is available at the point of care

3.19.1 Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers

The provision of information underpins effective partnerships. The intent of this action is to ensure that consumers are provided relevant information on infection prevention and control so they are aware of:

- the infection risks in your community health service
- how your community health service is managing these risks
- how they can take action when accessing care to reduce their risk of infection.

Information provided to consumers on infection risks should be presented in a way that is suitable for, and can be understood by, consumers. This may be provided electronically, for example on a web site, or paper-based, such as brochures or information sheets.

Your community health service may consider getting feedback from consumers on the development of this information to ensure it meets the needs of the target audience. Where information is developed externally, you should seek feedback on the appropriateness of this information for your consumer population (see Action 2.4.1).

- If you provide information about infection risks that has been developed externally, try to use information that has been developed with input from consumers.
- If information about infection risks and strategies is developed locally, options for obtaining feedback include:
  - discussing infection risk information with consumers in waiting rooms
  - holding a focus group or workshop with consumers
  - making follow-up phone calls to consumers who have been provided with information to evaluate their levels of understanding
  - conducting a survey (electronic, mail or phone) of people who have been provided with information on infections, infectious diseases or infection prevention and control.
- Feedback on the consumer infection risk information should be reviewed by your community health service to:
  - modify or improve existing consumer infection prevention and control documents developed locally
  - identify areas of need for new or revised information or locally produced publications.

- Communication and consultation strategy that describes processes for disseminating information about the practice’s initiatives to minimise infection risks.
- Materials used for consumer education such as brochures, fact sheets, posters or videos.
- Risk alert information and materials provided to consumers or displayed publicly in common areas about infection prevention strategies, e.g. respiratory precautions.
- Publication of information on infection rates and risks that is accessible to the public electronically or paper-based.
- Information included in pre-admission information dedicated to infection control practices.
- Information provided to visiting medical specialists for distribution to consumers.
- Results of consumer feedback survey on publications about infection prevention and control.
- Records or evidence of consultation with consumers about infection prevention and control information.
The intention of this Standard is to ensure that competent clinicians safely prescribe, dispense and administer the appropriate medicines to consumers who are informed about their medicines.

A medication safety system describes a system that is implemented and monitored to reduce the occurrence of medication incidents and improve the safety and quality of medication management. To implement Standard 4, a comprehensive medication safety system needs to be in place where medicines form part of the care provided by your community health service. However, the strategies and the monitoring processes may need to be adapted to the specific role of your community health service and the type and extent of medication management activities undertaken.

Community health services may, therefore, need to manage the implementation of this Standard through drawing on the expertise of the local health or private hospital group network, communicating and integrating with other local health service providers, contracting professional services or establishing standardised referral processes.

Where medicine use does not form part of the treatment/management provided by the community health service, an understanding of medication safety is required in order for the workforce to know when and how to refer to appropriate services. Identifying and documenting the types of consumers who attend the community health service, who may require any of the elements of medication management covered by this Standard, will provide the basis for approaching the implementation of the Standard.

The criteria to achieve this standard are:
• Governance and systems for medication safety
• Documentation of patient information
• Medication management processes
• Continuity of medication management
• Communicating with patients and carers.
Standard 4: Medication Safety (continued)

Governance and systems for medication safety

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<tbody>
<tr>
<td><strong>4.1 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines</strong></td>
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<tr>
<td><strong>4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems</strong></td>
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</table>

- Your community health service should have an organisation-wide medication safety system that brings together the policies, procedures and/or protocols that ensure:
  - appropriate governance and systems for medication management
  - consumer information processes including medication history, previous adverse drug reactions and medication reconciliation
  - medication management is supported by information, appropriate storage and risk management
  - medication management continuity through current information
  - involvement of consumers and carers in decision-making about medicines.

The main components of the organisation-wide medication safety system included in this Standard concern processes for safe:
- prescribing
- dispensing
- procuring
- supplying
- administering
- reconciling
- storing
- monitoring of the effects of medicines.

The medication safety system that your community health service puts in place must reflect state, territory and Australian Government legislation and any other local requirements.

- Identify whether there is a medication safety governance framework within your overarching health service organisation that includes:
  - a governance group/committee responsible for the medication management
  - reporting lines
  - specified positions with roles and responsibilities
  - communication processes
  - training requirements
  - evaluation, audit and feedback processes
  - arrangements with external organisations where medication management services may be contracted.

  If there is an established medication safety governance framework, you should ensure that it is implemented locally and functioning effectively, including regular reviews of the roles, responsibilities and accountabilities described in the framework.

  If there is no medication safety governance framework, then you should identify a suitable individual or group to take responsibility for medication safety and to establish a governance framework that is appropriate to your community health service. Consider establishing links with existing local medication management services relevant to the scope and functions of your community health service.

  If your community health service relies on external health care providers to provide medication-related services, your policies, procedures and/or protocols for the safe management of medicines should clearly identify the roles, responsibilities and accountabilities of these providers and processes for monitoring their performance.

- Ensure that the medication safety governance framework clearly describes responsibilities for implementing and communicating medication management decisions and/or safety alerts.

- Policies, procedures and/or protocols describing the organisation’s processes for safe management of medicines that are consistent with relevant legislation, jurisdictional and professional guidelines.
- Relevant documentation from committees and other meetings where medication safety issues, including medication incidents, are reviewed and discussed.
- Terms of reference for the group or committee with responsibility for medication safety governance.
- Strategic and operational plans detailing the development, implementation and maintenance of the organisation-wide medication safety system.
- Documents that detail responsibilities for your community health service’s medication safety system at all levels of the organisation, including board members or owners, senior executive or senior managers, unit or facility managers and clinicians.
- Position descriptions, duty statements and employment contracts that outline roles, responsibilities and accountabilities for clinical and organisational medication management activities.
- Orientation manuals, education resources and records of attendance at training by the workforce on medication management and medication safety.
- Regular review of medication management policies, procedures and/or protocols against changes to relevant legislation, jurisdictional and professional guidelines.

Overview of what is required Suggested approach Examples of evidence
### Governance and systems for medication safety

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<tr>
<td>• Provide education and training to members of the workforce who are involved in medication management. This training may be delivered locally, externally or online. Training should include orientation for new staff, and ongoing education on the risks associated with medication management strategies to address the risks.</td>
<td>• Assess the safety of your medication management practices.</td>
<td>• Audit of use of policies, procedures and/or protocols for medication management.</td>
</tr>
<tr>
<td>• Ensure contracts, agreements and referral processes for the provision of services by clinicians meet the organisation’s governance requirements. For example, the service provider has in place mechanisms to ensure their clinical workforce are operating within their scope of practice, qualifications and professional credentials as specified in the contract or agreement.</td>
<td>• Identify existing assessment tools, such as the Medication Safety Self Assessment, and select suitable elements that are relevant to your community health service. For example, items related to communication, drug storage, education and quality processes.</td>
<td>• Completed risk assessments, registers and action plans related to medication management.</td>
</tr>
<tr>
<td>• Provide reports on the effectiveness of the medication safety system to the workforce, the committee or group responsible for medication safety governance and/or the governing body.</td>
<td>• Use a multidisciplinary approach to conduct the assessment and review the results of assessments to identify opportunities for improvement.</td>
<td>• Reports on the assessment results for the safety of medication management are provided to the workforce, medication safety governance committee or group and/or the governing body.</td>
</tr>
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</table>

### 4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks

#### 4.2.1 The medication management system is regularly assessed

Action 4.2.1 requires assessment of medication management to:
- evaluate the safety of medication management practices
- identify areas for improvement.

Action 4.2.2 requires action be taken to address issues identified through assessment of the medication management system (Action 4.2.1).

#### 4.2.2 Action is taken to reduce the risks identified in the medication management system

- Include any identified risks on the organisation-wide risk register (see Action 1.5.1) and actions required to address any problems identified in your community health service’s quality improvement plan (see Action 1.6.1) and assign responsibilities.

- Provide reports on the effectiveness of the medication safety system to the workforce, the committee or group responsible for medication safety governance and/or the governing body.

- Audit of use of policies, procedures and/or protocols for medication management.

- Completed risk assessments, registers and action plans related to medication management.

- Reports on the assessment results for the safety of medication management are provided to the workforce, medication safety governance committee or group and/or the governing body.

- Relevant documentation from committees and other meetings where reports on medication management are reviewed and discussed.

- A risk register in line with Action 1.5.1 that includes actions to address identified risks.

- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.

- Examples of improvement activities to reduce the risks identified in medication management that have been implemented and evaluated.
### Governance and systems for medication safety

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</table>
| • Participate in quality improvement activities, with the results considered by the medication safety governance group, and areas for improvement identified and actions agreed.  
• Communicate to the workforce any changes to medication management practices and outcomes of quality improvement activities. | | • Memos, newsletters or other communication material provided to the workforce on medication safety and safe medication management practices. |

#### 4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications

4.3.1 A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice

4.3.2 The use of the medication authorisation system is regularly monitored

4.3.3 Action is taken to increase the effectiveness of the medication authority system

A critical part of the medication management system is appropriate systems and processes for ensuring the clinical workforce are authorised to participate in medication management.

To achieve these actions, your community health service needs to:

- identify or implement a medication authorisation system (Action 4.3.1)
- monitor the medication authorisation system (Action 4.3.2)
- improve the performance of the medication authorisation system (Action 4.3.3).

- Identify all areas of your community health service where specific authorisation is required to prescribe, dispense, supply or administer medicines.
- Ensure that a process is in place to:
  - document in a central location a log or register of individual professions and positions where medication authorities are required
  - assess qualifications and competencies of individuals upon recruitment or when there is a change in role within the organisation
  - sight qualifications or registration certificates
  - check whether any conditions have been placed on clinicians and assess individual competencies
  - regularly review and update the log or register of medication authorities
  - routinely revalidate medication authorities.
- Ensure contracts for medication management services from an external provider specify the medication authorities in the scope of practice of the contractor.
- Review medication incidents in which unauthorised clinicians have prescribed, supplied or administered medicines.
- Review the effectiveness of the medication authorisation system and use the information to identify areas for improvement.
- Policies, procedures and/or protocols outlining processes for the medication authorisation system.
- Position descriptions, duty statements and/or employment contracts for employed clinicians and locum staff that outline responsibilities, accountabilities and scope of practice for prescribing, dispensing, supplying and administering medicines.
- A log or register of clinicians with medication authority that includes details of their professional registration, prescriber numbers, qualifications, any conditions and the date these were last checked.
- Records of workforce medication authority competency assessments.
- Audit of medication authorities and prescribing practices during a clinical record or random audit.
- Relevant documentation from committees and other meetings where reports on medication incidents and breaches of the medication authorisation system are reviewed and discussed.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities to increase the effectiveness of the medication authority system that have been implemented and evaluated.
### Governance and systems for medication safety

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<tr>
<td><strong>4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents</strong></td>
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#### 4.4.1 Adverse medication incidents are regularly monitored, reported and investigated

These actions relate to processes for recording, reporting and responding to medication incidents when they occur in community health services or where, during the course of providing consumer care, community health services identify an adverse medication incident that may have occurred externally to the service.

Your community health service needs to ensure that systems are in place to ensure:

- adverse medication incidents are managed
- medication incident reporting occurs
- outcomes are reported and reviewed by the local manager(s), relevant committee or group and/or the governing body.

- If the overarching health service organisation has an established system for reporting medication incidents, these should be implemented locally.
- If your community health service is responsible for implementing a system for reporting medication incidents you need to ensure:
  - policies, procedures and/or protocols are in place to report incidents, including forms or templates that are accessible to the workforce
  - criteria are established to define what constitutes a medication incident, adverse event or near miss and how these are to be reported
  - orientation and training is provided on medication incidents, how to report and how to use the reporting system for the workforce
  - processes are in place to review medication incidents, adverse events or near misses and investigate the causes or potential causes
  - trends in the type and causes of incidents are identified, particularly areas in the medication management pathway where incidents are occurring, or specific medicines are involved
  - reports on medication incidents and outcomes of investigations are regularly provided to the committee or group responsible for medication safety, the governing body and the workforce.
- Ensure as part of the system for reporting medication incidents that adverse drug reactions are reported to the Therapeutic Goods Administration (TGA) (see **Action 4.7.3**).
- Implement arrangements with service contractors for sharing information on the medicines being taken by the consumer (medicines list) and any associated problems and make this available in consumer clinical records.
- Implement referral and communication processes to access advice and expertise in management of adverse medication incidents where this is not available within the organisation.
- Policies, procedures and/or protocols for reporting, investigating and managing medication incidents, adverse drug reactions and near misses.
- An incident register in line with **Action 1.14.2** that includes documentation of medication incidents, adverse drug reactions and near misses.
- Relevant documentation from committees and meetings that demonstrate medication incidents are routinely reviewed.
- Documented investigations and data analyses of medication incidents, adverse drug reactions and near misses from the incident reporting system.
- Analysis of sentinel events involving medicines.
- Documented referral process for seeking advice on management of adverse medication incidents.
- Reports provided to the committee or group responsible for medication safety and/or the governing body.
### Governance and systems for medication safety

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<tr>
<td><strong>4.4.2 Action is taken to reduce the risk of adverse medication incidents</strong></td>
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<tr>
<td>The key task for your community health service is to develop solutions and actions to reduce risks of medication incidents. The quality improvement requirements of this action link to the strategies implemented as part of the organisation-wide system for medication safety. These strategies may include:</td>
<td>• Implement recommendations from medication incident investigations and/or medication data analysis.</td>
<td>• Relevant documentation from committees and other meetings where reports on medication incidents are reviewed and improvement strategies discussed.</td>
</tr>
<tr>
<td>• reviewing reports</td>
<td>• Encourage the workforce to identify and report medication incidents, and to develop potential solutions to reduce the risk of similar incidents occurring.</td>
<td>• A risk register in line with Action 1.5.1 that includes actions to address identified risks.</td>
</tr>
<tr>
<td>• encouraging reporting by the workforce</td>
<td>• Present solutions to the relevant committee or group responsible for medication safety for consideration and agreement on actions for implementation.</td>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.</td>
</tr>
<tr>
<td>• providing information back to the workforce on incident reporting outcomes and consequent actions.</td>
<td>• Include actions in the quality improvement plan (see Action 1.6.1) along with timeframes for implementation and responsible personnel.</td>
<td>• Examples of improvement activities that have been implemented and evaluated to reduce the risk of adverse medication incidents.</td>
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<td>• Include identified risks in the organisational risk register (see Action 1.5.1), with actions to address the risks.</td>
<td>• Memos, newsletters or other communication material provided to the workforce and consumers on strategies to reduce the risk of medication incidents.</td>
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<td></td>
<td>• Communicate to the workforce actions and proposed changes to medication management practices to reduce the occurrence of medication incidents.</td>
<td>• Evidence of revisions made to policies, procedures and/ or protocols for medication management incorporating risk mitigation strategies and quality improvements.</td>
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</table>

#### 4.5 Undertaking quality improvement activities to enhance the safety of medicines use

**4.5.1 The performance of the medication management system is regularly assessed**

This action relates to processes for measuring, reporting and improving the safety and performance of medication management practices. You will need to identify and implement suitable performance measures for medication management practices in your community health service.

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<tr>
<td>If the overarching health service organisation has in place performance measures for medication management, engage clinicians to implement these locally.</td>
<td>• Results of activities such as monitoring quality use of medicines indicators and other performance measures of medication management e.g. Practice-level indicators of safety and quality for primary health care and indicators from the National Quality Use of Medicines Indicators for Australian Hospitals relevant to the community setting.</td>
</tr>
<tr>
<td>If your community health service is responsible for establishing its own medication management performance measures, consider:</td>
<td>• Results of audits of relevant national recommendations and medication safety alerts.</td>
</tr>
<tr>
<td>✷ the organisation’s resources</td>
<td>• Relevant documentation from committees or other meetings where medication management performance measures and indicators are discussed.</td>
</tr>
<tr>
<td>✷ current medication safety strategies and initiatives</td>
<td>• Results of compliance and other audits of medication management practices as well as those undertaken at Action 4.2.1.</td>
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<tr>
<td>✷ monitoring systems for the safety and quality of the medication management system</td>
<td>• Reports provided to the committee or group responsible for medication safety and/or the governing body.</td>
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<tr>
<td>✷ the effect of quality improvement activities.</td>
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<tr>
<td>The assessment of the medication management practices undertaken in Action 4.2.1 may help identify suitable key performance indicators.</td>
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<tr>
<td>Refer to the following documents for guidance on appropriate indicators for community settings:</td>
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### Governance and systems for medication safety

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<td></td>
<td>Australian Pharmaceutical Advisory Council Guiding Principles for Medication Management in the Community</td>
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<td>Practice-level indicators of safety and quality for primary health care</td>
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<td>the National Quality Use of Medicines Indicators for Australian Hospitals</td>
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<td></td>
<td>Conduct audits of: compliance with Australian Government and relevant state or territory medication safety recommendations, alerts or notices, where applicable</td>
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<td></td>
<td>the use of medication protocols</td>
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<td>the documentation of medication-related information</td>
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<td>records of medication orders documented in the consumer clinical record</td>
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<td>the storage location and use of safety controls on storage of medications</td>
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<td>referral processes.</td>
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### 4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use

Your community health service should use the information collected at **Action 4.5.1** to identify areas for quality improvement and implementation of improvement activities.

- You should consider the appropriateness of implementing national medication safety recommendations and medication safety alerts for your community health service, including:
  - National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines
  - Recommendations for Terminology, Abbreviations and Symbols used in Prescribing and Administering of Medicines

- Review data and information on medication management performance to identify areas for improvement.

- Examples of other quality improvement activities include:
  - standardisation of medication protocols and medication order forms, referral guidelines
  - standardisation of documentation for medication-related clinical information
  - implementing medication reconciliation when services commence
  - promotion of medication safety awareness.

- Relevant documentation from committees and other meetings where reports on medication management performance are reviewed and quality improvement strategies are discussed.

- Revised policies, procedures and/or protocols incorporating changes developed to guide the workforce in the correct, safe and appropriate use of medicines.

- A risk register in line with **Action 1.5.1** that includes actions to address identified risks and documentation of completed actions.

- A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified and evaluation of outcomes.

- Examples of improvement activities to reduce gaps in practice that have been implemented and evaluated.

- Reports on the use of indicators to monitor appropriateness of interventions.
### Governance and systems for medication safety

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<tr>
<td>• Once the quality improvement strategies have been agreed, you can then:</td>
<td>• Examples of standardised work practices, processes and products, such as:</td>
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<td>• communicate improvements in medication management and implemented initiatives</td>
<td>• use of standardised forms, standardised referral and communication processes</td>
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<td>• ensure the workforce are trained in safe medication practices, medication management processes and any changes or improvements made to these, where relevant.</td>
<td>• standardised dosing protocols</td>
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<td>• implementation of oral dispensers for oral liquid medicines.</td>
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<td>• Memos, newsletters or other communication material provided to the workforce on improving the safe and appropriate use of medicines.</td>
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### Documentation of patient information

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<tr>
<td>4.6 The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care</td>
<td>• Conduct a risk assessment to determine whether medication management practices are relevant to the care provided by your community health service.</td>
<td>Policies, procedures and/or protocols for obtaining a list of medicines and documenting a medication history for each consumer.</td>
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<td>• If required, review the policies, procedures and/or protocols for obtaining or accessing a medicines list that is the most up to date and has been taken upon commencement of service provision.</td>
<td>Completed risk assessments to identify consumers whose medication management is relevant to the care provided by the organisation.</td>
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<td></td>
<td>• Policies, procedures and/or protocols for obtaining and documenting medication histories should cover:</td>
<td>Consumer clinical records that document a medication history listing current medicines (including prescription, over the counter and complementary medicines), medicines recently ceased or changed, previous adverse drug reactions and verification of the medication history with one or more sources.</td>
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<td>- the use of a standard form for recording a medication history, e.g. the national Medication Management Plan (MMP) or an electronic or paper-based equivalent</td>
<td>Standardised template or form for documenting a medication history (hard copy or electronic).</td>
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<td>- the practice of keeping the medication history together with the current consumer notes throughout the episode of care.</td>
<td>Audit of consumer clinical records for documented medication histories on commencement of service provision.</td>
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<td>• Provide education and training to members of the workforce who are involved in obtaining a medication history. This training may include competency assessment.</td>
<td>Orientation manuals, education resources and records of attendance at training by the workforce on obtaining and documenting a medication history.</td>
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<td></td>
<td>• Collect information on a consumer’s medication history from service contractors e.g. community pharmacist, where relevant, and include this in the consumer clinical record.</td>
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### Documentation of patient information

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<tr>
<td>• Provide information to consumers about maintaining a list of their current medicines, and encourage them to make it available at each episode of care or when changes have been made to their medication.</td>
<td>• Ensure processes are in place to access a consumer’s medication history and current clinical information when medicines are prescribed and/or reviewed.</td>
<td>• Information available to consumers about the need for maintaining a current list of their medicines.</td>
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### 4.6.2 The medication history and current clinical information is available at the point of care

A medication history and list of current medicines needs to be available at the point of care — that is, when medicines are prescribed and/or reviewed. Your community health service will need to consider mechanisms for the appropriate storage and retrieval of consumer clinical records and medication histories, and contingency plans for when these may not be readily available.

- Ensure processes are in place to access a consumer’s medication history and current clinical information when medicines are prescribed and/or reviewed.
- Seek feedback from the workforce on current processes for accessing medication histories and medicines lists at the point of care.
- Implement procedures for documenting and communicating changes to medications and recommendations made by the overarching health service organisation, or any issues identified through the process of medication reconciliation or medication review, using a standardised form such as the MMP (or equivalent).
- Ensure that your community health service is included in the medication management information technology planning for the overarching health service organisation, and provide representation on relevant expert committees.

### 4.7 The clinical workforce documenting the patient’s previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care

Recording known medication allergies and adverse drug reactions reduces the risk of prescribing medicines that cause incidents. Your community health service should ensure that policies, procedures and/or protocols are in place to:

- document known allergies and adverse drug reactions in the consumer’s clinical record
- record adverse drug reactions that occur during an episode of care
- inform consumers, carers and other clinicians to which your community health service regularly refers about adverse drug reactions

- If the overarching health service organisation has an established process for documenting medication allergies and adverse drug reactions, engage clinicians to implement these processes locally.
- If your community health service is responsible for implementing a process, you should consider:
  - standardised forms or templates for recording known medication allergies and adverse drug reactions
  - establishing relationships with clinicians external to your community health service from which you regularly get referrals

- Policies, procedures and/or protocols for identifying, documenting, managing and reporting known medication allergies and adverse drug reactions.
- An incident register in line with Action 1.14.2 that includes documentation of adverse drug reactions.
- Audit of consumer clinical records where known adverse drug reactions are documented in progress notes, entered into the consumer’s clinical record and/or referral documentation.
- Audit of consumer clinical records shows information on new adverse drug reactions, including new allergies, are documented.
Documentation of patient information

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<tr>
<td>• report adverse drug reactions to the TGA (see Action 4.7.3).</td>
<td>o providing education and training for the workforce on identifying, documenting and recording medication allergies and adverse drug reactions.</td>
<td>• Audit of the use of adverse drug reaction alert systems in electronic medicines management software.</td>
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<td>o guidance for the workforce on how to communicate with consumers/carers when adverse drug reactions occur.</td>
<td>• Orientation manuals, education resources and records of attendance at training by the workforce about recording known medication allergies and reporting adverse drug reactions.</td>
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<td>• Include information on known medication allergies and adverse drug reactions from service contractors, such as a community pharmacist, in the consumer’s clinical record.</td>
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<td>4.7.2 Action is taken to reduce the risk of adverse reactions</td>
<td>Use audits and quality improvement activities to monitor adverse drug reaction documentation (see Action 4.2.1).</td>
<td>Relevant documentation from committees and other meetings where reports on adverse drug reactions are reviewed and quality improvement strategies discussed.</td>
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<td>Use the results of audits to identify actions to improve documentation, reduce risks and guide education needs, and ensure these are included in the relevant quality improvement plan (see Action 1.6.1) and risk register (see Action 1.5.1).</td>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified and evaluation of outcomes.</td>
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<td>Consider using an adverse drug reaction summary sheet at the front of the consumer’s clinical record, and allergy alert stickers on paper-based records.</td>
<td>• Examples of improvement activities that have been implemented to reduce the risk of adverse reactions, such as changes to policies, procedures and/or protocols.</td>
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<td>Where electronic clinical records are used, ensure that adverse drug reactions are recorded and visible when medicines are prescribed, dispensed, supplied and administered.</td>
<td>• Orientation manuals, education resources and records of attendance at training by the workforce on:</td>
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<td>o obtaining and documenting a medication allergy and adverse drug reaction history</td>
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<td>o documenting and reporting adverse drug reactions that occur when care is provided.</td>
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<td>• Memos, newsletters and other communication material developed for the workforce, consumers and carers about adverse drug reactions.</td>
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<td>• Audit of consumer clinical records for incidents where consumers were administered a medicine to which they have had a known medication allergy or previous adverse drug reaction.</td>
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<td>• Copies of correspondence to external clinicians informing them about adverse drug reactions experienced by consumers during an episode of care.</td>
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### 4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration

Your community health service should implement initiatives to encourage the workforce to report adverse drug reactions. Reporting of adverse drug reactions should be to your community health service incident reporting system (see Action 1.14.2) and the TGA.

- Review policies, procedures and/or protocols for reporting adverse drug reactions to ensure they include processes for reporting to the TGA.
- Analyse adverse drug reactions reported and provide feedback to the workforce.
- Encourage clinicians to report adverse drug reactions through adverse drug reaction campaigns and access to online reporting.
- Ensure that orientation, training and education programs available to clinicians include reporting adverse drug reactions to the TGA.
- Policies, procedures and/or protocols for identifying, documenting, managing and reporting adverse drug reactions within the health service and to the TGA.
- Record of adverse drug reactions reports submitted to the TGA.
- Relevant documentation from committees and other meetings that demonstrates adverse drug reactions are reviewed and discussed.
- Access to tools for reporting adverse drug reactions.

### 4.8 The clinical workforce reviewing the patient’s current medication orders against their medication history and prescriber’s medication plan, and reconciling any discrepancies

Medication reconciliation improves consumer safety by mitigating the risk of a medication incident. Consumers of your community health service who are prescribed or administered medicines should have their medicines reconciled when commencing services and when services cease. For long-term clients, additional reconciliation may be required.

To achieve this action your community health service should:
- ensure a process for a formal, structured process of medication reconciliation is implemented
- integrate this process into existing work flows
- monitor workforce compliance with this process
- look for opportunities to improve this process.

- Define and document the types of consumers who may require medication reconciliation. This may include determining which types of services/visits require medication reconciliation, and how often it should be carried out. A screening or risk assessment approach may be appropriate for identifying consumers at risk.
- Identify existing and suitable procedures, guidelines or similar, for a formal, structured process on reconciling medicines.
- Develop an implementation plan to integrate the process into existing workflow, using a multidisciplinary, quality improvement approach that involves consumers and carers in the process.
- The plan might include:
  - using the MMP or equivalent (hard copy or electronic) document to support the reconciliation process
  - giving priority to reconciling medicines for consumers with a higher risk of experiencing medication-related adverse events, and where medicines have been commenced, changed or ceased during care provided by your community health service.
- Policies, procedures and/or protocols that define and prioritise the types of consumers who may require medication reconciliation, and include requirements for reconciling medicines on service commencement, transition to another healthcare setting or when services cease.
- Implementation of a screening tool or risk assessment tool.
- Audit of consumer clinical record with documented medication reconciliation on service commencement, transition and when services cease.
- Audit of consumer clinical records with a completed medication management plan or equivalent (hard copy or electronic).
- Orientation manuals, education resources and records of attendance at training by the workforce on processes for reconciling medicines.
### Standard 4: Medication Safety (continued)

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| 4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use | • Assess the need for information resources about medicines and decision support tools required in your community health service according to the role of the service and the community served.  
• Where needed, identify existing medicines information resources and other clinical decision support materials available to the clinical workforce, and review to ensure content is:  
  o current and consistent with evidence-based prescribing  
  o accessible at the decision-making points of clinical workflow  
  o consistent with local organisational policies, procedures and/or protocols.  
• Ensure that information resources about medicines mandated by legislation are available and accessible.  
• Ensure that current versions of standard information resources about medicines and reference materials are accessible in clinical areas where medicines are prescribed, dispensed or administered. Examples can be found in the corresponding Action 4.9.1 of the NSQHS Standard 4: Safety and Quality Improvement Guide.  
• Establish communication links with medicines information services (local, state, territory or national levels).  
• Identify methods to promote the use of information resources about medicines and decision support tools that are effective for your community health service. This may involve using communication strategies that have been implemented in your community health service, such as newsletters, presentations, in service education sessions, awareness campaigns and desktop icons. | • Results of needs assessment to identify medicines information resources and decision support tools for your community health service.  
• Clinical decision support tools such as protocols, guidelines, medicines information resources are accessible where medicines are prescribed, dispensed or administered.  
• Access to current resources such as: MIMS (or equivalent), endorsed therapeutic guidelines, Australian Medicines Handbook, injectable medicines guidelines (if relevant), guidelines on medicines that can be crushed.  
• Availability of electronic decision support tools (e.g. medication dosing calculators).  
• Information for the workforce on accessing Local Health Network and state or territory medicines information services and national medicines information services, such as NPS MedicineWise. |

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Your community health service should support clinicians to make evidence-based therapeutic decisions. This can be done by ensuring that policies, procedures and/or protocols for prescribing are available at decision-making points to assist clinicians. These can be in hard copy, electronic or other formats.
**Medication management processes**

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| **4.9.2 The use of the information and decision support tools is regularly reviewed** | Information about medicines should be regularly reviewed to ensure they remain relevant to the community health service policies, procedures and/or protocols, the services it provides, medication management practices and emerging clinical evidence.  
Audit the availability and currency of information resources about medicines and other decision support tools in your community health service.  
Obtain clinician feedback about the content and usefulness of resources, using methods such as targeted surveys, discussion groups, or existing communication infrastructure. This strategy should be multidisciplinary. | Relevant documentation from committees and other meetings where the development and maintenance of information resources about medicines and decision support tools are discussed.  
Observational audit or survey on use and currency of decision support tools.  
Records of clinical workforce access to electronic medicines information systems (where available).  
Record of workforce feedback and suggestions on information about medicines, and decision support tools. |

Your community health service should ensure there is a process in place to regularly review the currency and endorsement of information resources about medicines and decision support tools, particularly when there is a change to organisational policies, procedures and/or protocols or new versions of tools are released.

- Information about medicines should be regularly reviewed to ensure they remain relevant to the community health service policies, procedures and/or protocols, the services it provides, medication management practices and emerging clinical evidence.
- Audit the availability and currency of information resources about medicines and other decision support tools in your community health service.
- Obtain clinician feedback about the content and usefulness of resources, using methods such as targeted surveys, discussion groups, or existing communication infrastructure. This strategy should be multidisciplinary.

**4.9.3 Action is taken to improve the availability and effectiveness of information and decision support tools**

Using the information collected at Action 4.9.2, you should take action to improve the use of information resources about medicines and decision support tools by clinicians.

- Review reports and feedback from clinicians on their use of information resources about medicines and decision support tools. Include the identified issues with the information resources and decision support tools in the organisation-wide risk register and quality improvement plan.
- Discuss and select improvement strategies based on the identified issues. These may include:
  - updating versions of tools or clinical guidelines
  - providing access to training or education about the use and application of available resources and tools
  - sharing lessons learned from the review process with the workforce
  - updating medication management policies, procedures and/or protocols.
- Provide ongoing opportunities for clinicians to provide input to content and selection of resources.
- Provide access to training for the workforce on resources available and how to use them.

- Relevant documentation from committees and other meetings where reports on the review of information resources about medicines and decision support tools are tabled and discussed.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated to improve the availability and effectiveness of information resources about medicines and decision support tools.
- Memos, newsletters or other communication material provided to the workforce on information resources about medicines and decision support tools.
- Orientation manuals, education resources and records of attendance at training by the workforce on information resources about medicines and decision support tools.
## Medication management processes

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<td><strong>4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives</strong></td>
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| **4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed** | Identify any risks associated with the secure storage and safe distribution of medicines by your community health service. This could be done by:  
- reviewing the procedures and storage practices for medicines to identify areas of risks  
- reviewing the organisation-wide risk and incident registers (Action 1.5.1 and 1.14.2) for incidents, adverse events and near misses or areas where errors could occur  
- auditing storage practices and areas against organisational policy on a scheduled basis  
- auditing storage and distribution practices against legislative and jurisdictional requirements.  
- Review security and levels of workforce access, and approval processes for access to medicines storage areas, facilities and/or equipment. | Completed risk assessment of system for distributing and storing medicines.  
- Audit of compliance with policies, procedures and/or protocols for distribution and storage of medicines.  
- Audit of medicine storage areas, facilities and/or equipment, including electronic storage cabinets.  
- Review of reports of incidents associated with distribution and storage of medicines.  
- A risk register in line with Action 1.5.1 that includes actions to address identified risks. |
| **4.10.2 Action is taken to reduce the risks associated with storage and distribution of medicines** | Share information about the risks associated with the distribution and storage of medicines with the committee responsible for medication management and the workforce.  
- Identify and implement risk reduction strategies. These could include:  
  - regular review of medicines stock lists to ensure that products and stock levels are aligned to clinical needs  
  - standardised labelling of storage areas, physical separation of products (e.g. look-alike, sound-alike products), use of National Tall Man Lettering  
  - inspection of medicine storage areas, facilities and/or equipment to ensure appropriateness of products stocked, levels of stock, expiry dates, and sustained compliance with medication safety strategies.  
- Where medicine storage risks are identified in home settings, the workforce should provide advice to consumers on the safe and appropriate storage of medicines. | Policies, procedures and/or protocols for safe distribution and storage of medicines.  
- Relevant documentation from committees and other meetings where the risks identified with distribution and storage of medicines are reviewed and discussed.  
- A risk register in line with Action 1.5.1 that demonstrates action taken to reduce identified risks.  
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
- Examples of improvement activities that have been implemented and evaluated to reduce the risks associated with storage and distribution of medicines.  
- Memos, newsletters or other communication material provided to the workforce on safe and secure distribution and storage of medicines. |
### Medication management processes

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|                             | If your community health service distributes or administers temperature-sensitive medicines, review the current arrangements for the storage of temperature-sensitive medicines to ensure:  
- policies, procedures and/or protocols are in place for regular monitoring and recording of storage temperatures  
- staff with responsibilities for the administration and storage of temperature-sensitive medicines are aware of specific requirements to protect the integrity of medicines and what action to take if there is a cold-chain breach  
- compliance with manufacturer’s instructions and relevant national standards, such as the National Vaccine Storage Guidelines — *Strive for 5*  
- regular auditing of temperature-sensitive medicine storage practices is undertaken  
- regular testing and maintenance of equipment used to store temperature-sensitive medicines is undertaken.  
Where temperature-sensitive medicines are transported, your community health service needs to consider the risks associated with this practice and implement policies, procedures and/or protocols to protect the integrity of medicines, such as portable cooler chests and ice packs. | Policies, procedures and/or protocols for the safe and effective storage of temperature-sensitive medicines in refrigerators and when being transported.  
- Policies, procedures and/or protocols for management of cold-chain breaches.  
- Orientation manuals, education resources and records of attendance at training by the workforce on the safe and appropriate storage of medicines at home. |

#### 4.10.3 The storage of temperature-sensitive medicines is monitored

This action is applicable to community health services that distribute or administer temperature-sensitive medicines. Your community health service needs to ensure the integrity of temperature-sensitive medicines is maintained by:
- storing medicines according to manufacturer recommendations
- using equipment allocated solely for pharmaceutical products
- using equipment that enables temperature to be monitored and recorded
- avoiding cold-chain breaches.

#### 4.10.4 A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place

The disposal of medicines should be addressed by your community health service’s documented medication management practices. Actions 4.10.4 and 4.10.5 require policies, procedures and/or protocols for the disposal of unused, unwanted or expired medicines be implemented and compliance monitored.

- Review the legislative, jurisdictional and manufacturer’s requirements for the safe disposal of unused, unwanted or expired medicines and ensure these are incorporated into the organisation’s disposal practices.
- Consider the risks associated with disposal of Schedule 8 and hazardous medicines and ensure:

#### 4.10.5 The system for disposal of unused, unwanted or expired medications is regularly monitored

- Policies, procedures and/or protocols for the disposal of unused, unwanted or expired medicines that align with legislative, jurisdictional and manufacturer’s requirements, including S8 medicines and hazardous substances.
### Medication management processes

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| If your community health service provides services to consumers in the home, you should ensure that a policy is in place for the disposal of unused, unwanted or expired medications owned and managed by the consumer, where these are identified. | - specific policies, procedures and/or protocols for safe disposal are in place  
- security of medicines is maintained and only handled by authorised staff  
- the workforce are aware of specific requirements for disposing of Schedule 8 and hazardous medicines.  
  - Review records of quantities of stock disposed and consider changes in work practices to minimise wastage.  
  - Audit workforce compliance with policies, procedures and/or protocols for medicine disposal.  
  - Review reports on incidents related to unused, unwanted or expired medicines. | - Orientation manuals, education resources and records of attendance at training by the workforce on the disposal of unused, unwanted or expired medicines.  
- Completed risk assessment of systems to dispose of medicines by the organisation.  
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
- Audits of workforce compliance with policies, procedures and/or protocols for medicine disposal.  
- Reports of quantities and methods of medicines disposed of by the organisation.  
- Observation of workforce access to infrastructure and equipment necessary to comply with policy, procedures and/or protocols, or documented agreement (contract) with a facility that provides a compliant disposal service.  
- Relevant documentation from committee and other meetings where reports on medicine disposal practices are reviewed and discussed. |

#### 4.10.6 Action is taken to increase compliance with the system for storage, distribution and disposal of medications

The data and information collected at Action 4.10.1, 4.10.3 and 4.10.5 will help identify areas for improvement in the system for storage, distribution and disposal of medicines. The improvement activities undertaken to meet this action may be the same as those undertaken for Action 4.10.2. Your community health service should consider strategies to inform consumers about safe and effective storage and disposal of medicines in circumstances where the consumer is responsible for managing their own medicines in home settings.

- Provide reports on the organisation’s system for storage, distribution and disposal of medicines to the committee responsible for medication safety and/or the governing body.  
- Respond to reported medication incidents, adverse events or near misses.  
- Provide information to the workforce on medication incidents that occurred as a result of unsafe medicine storage, distribution or disposal.  
- Use team meetings and notices to promote awareness of medication incidents that can result from unsafe medicines storage and distribution.  
- Include principles for safe storage, distribution and disposal of medicines in workforce training programs. | - Evidence of changes to policies, procedures and/or protocols for safe handling and disposal of medicines and hazardous substances to address issues identified during review.  
- Relevant documentation from committees and other meetings that detail improvement actions taken.  
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
- Examples of improvement activities that have been implemented and evaluated to reduce the risks associated with storage, distribution and disposal of medicines.  
- Memos, newsletters and other communication material provided to the workforce about the system for storage, distribution and disposal of medication. |
### Medication management processes

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<td><strong>4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely</strong></td>
<td>Identify the specific high-risk medicines used in your community health service and by consumer’s to whom you provide care.</td>
<td>Completed risk assessments and documented list of high-risk medicines used by your community health service and commonly encountered as a treatment used in the consumer population.</td>
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<tr>
<td><strong>4.11.1 The risks for storing, prescribing, dispensing and administrating of high-risk medicines are regularly reviewed</strong></td>
<td>Conduct a risk assessment of each high-risk medicine and include this information and actions to reduce risks on the organisation-wide risk register (see <strong>Action 1.5.1</strong>).</td>
<td>Policies, procedures and/or protocols for storing, prescribing, dispensing, administering and monitoring high-risk medicines.</td>
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<td>Review work practices related to high-risk medicines.</td>
<td>A risk register in line with <strong>Action 1.5.1</strong> that includes actions to address identified risks.</td>
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<td>Identify and undertake relevant monitoring and review activities for high-risk medicines and ensure that these are regularly reported to the committee responsible for medication safety and/or the governing body. This could include:</td>
<td>An incident register in line with <strong>Action 1.14.2</strong> that includes reports on incidents involving high-risk medicines.</td>
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<td>• monitoring and analysis of medication incident reports</td>
<td>Review of reports of incidents involving high-risk medicines.</td>
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<td>• reviewing reports of risk assessments and audits, and actions taken on recommendations from medication safety alerts, medication incident reports and audits.</td>
<td>Audit of compliance with policies, procedures, protocols and guidelines for prescribing, dispensing, administering and monitoring specific high-risk medicines such as anticoagulants, chemotherapy, opioids and insulin.</td>
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<td>Use established communication processes for obtaining workforce feedback and suggestions for improvements to the management of high-risk medicines.</td>
<td>Records of feedback from the workforce on the management of high-risk medicines.</td>
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4.11.2 **Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines**

Your community health service should implement quality improvement initiatives to address the identified risks associated with the use of high-risk medicines.

Initiatives implemented to meet **Action 4.5.2**.

- Review policies, procedures and/or protocols for the safe storing, prescribing, dispensing, and administering of the high-risk medicines identified in **Action 4.11.1** and amend to address identified risks.

- Implement standardisation of medication management processes such as:
  - medication ordering: standardise dosing protocols and referral forms
  - work practices and products: use pre-mixed solutions or pre-loaded syringes for injectable high-risk medicines; use standardised single concentrations of infusions of high-risk medicines
  - standardise medication checking procedures for high-risk medicines

- Policies, procedures and/or protocols for prescribing, dispensing, administering and monitoring high-risk medicines.
- Relevant documentation from committees and other meetings where the management of high-risk medicines is discussed.
- A risk register in line with **Action 1.5.1** that includes actions to address identified risks.
- A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines.
- Examples of standardisation of high-risk medicines such as:
### Standard 4: Medication Safety (continued)

#### Medication management processes

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<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- use devices (oral dispensers) for measuring and administering oral liquid doses to avoid administration via the wrong route.</td>
<td>- standardised dosing protocols, administration guidelines, checking procedures</td>
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<td></td>
<td>- Implement recommendations from national safety alerts and state or territory alerts and directives where applicable.</td>
<td>- pre-mixed solutions or pre-loaded syringes for injectable high-risk medicines</td>
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<td></td>
<td>- Identify and implement materials to support medication safety strategies, such as:</td>
<td>- standardised single concentrations of infusions of high-risk medicines.</td>
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<td></td>
<td>- prescribing guidelines for high-risk medicines are accessible in hard copy or electronic form at the point of decision making</td>
<td>- Memos, newsletters or other communication material provided to the workforce on the management of high-risk medicines.</td>
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<td></td>
<td>- guidelines for safe administration of high-risk medicines</td>
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<tr>
<td></td>
<td>- National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines for preparing and administering injectable medicines.</td>
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<td>- Ensure that high-risk medicines and risk awareness components for medication management are available in education and training programs, including workforce orientation (see Action 4.1.1).</td>
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<td></td>
<td>- Promote medication safety awareness of high-risk medicines (see Action 4.4.2).</td>
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<td></td>
<td>- Ensure that factors that contribute to the safe use of high-risk medicines are considered and incorporated into medication management practices, such as:</td>
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<td>- introduction of new medicines</td>
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<td>- contract specification and procurement processes for products and services</td>
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<td></td>
<td>- availability of medicines (prescribing restrictions, products stocked, stock levels, storage)</td>
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<td>- design, layout and labelling of storage areas, facilities and/or equipment.</td>
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</table>
### Standard 4: Medication Safety (continued)

#### Continuity of medication management

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.12 Ensuring a current comprehensive list of medicines, and the reason(s) for any change, is provided to the receiving clinician and the patient during clinical handovers</td>
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<tr>
<td>4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines</td>
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<tr>
<td>4.12.2 A current, comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care</td>
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</tr>
<tr>
<td>4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover</td>
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</table>

Safe and high quality medication management is enhanced when current consumer medication information is available to clinicians accepting responsibility of care, and passed on when consumers transfer to another service environment or transition their care arrangements. Additionally, information about medicines should be made available to consumers in an appropriate format.

The main tasks for Actions 4.12.1 to 4.12.3 require your community health service to:

- develop or revise policies or procedures for clinical handover and consumer transfers which include the provision of information about medicines (Action 4.12.1)
- develop medicine lists for consumers or have a referral process that enables access to a service undertaking this task (Action 4.12.2)
- develop consumer medicines lists for succeeding clinicians or have a referral process that enables access to a service undertaking this task (Action 4.12.3).

- Identify and document the types of consumers who may require a medicine list and ensure that it is up to date at the time when care is transferred or during clinical handover.
- Determine whether medicine lists can be prepared by your community health service or whether they should be accessed through referral to an external clinician.
- Identify the points where care is transferred and clinical handover occurs within your community health service and ensure policies, procedures and/or protocols are in place that describe:
  - requirements for a medicine list to be included in transfer and clinical handover communications
  - roles, responsibilities and accountabilities of the clinical workforce in the process
  - referral processes that enables access to an external service that can prepare a current medicine list
  - processes to document any changes to medicines as a result of medication reconciliation, prescription review and dispensing
  - processes for engaging consumers and carers when generating the current medicines list and to explain any changes to medicines.
- Introduce a system for recording and generating a record of the medicine list(s) in a standard format.
- When implementing systems for electronic generation of medicine lists, introduce work practices and service delivery models that link the production of medicine lists with:
  - prescribing processes
  - medication supply systems
  - the service exit summary systems and consumer identification systems (if comprehensive integrated electronic medication management is not in place)
- Policies, procedures and/or protocols for the generation of medicine lists and information to be provided when care is transferred, services cease or when requested by the consumer.
- Evidence of consumer clinical records that contain a medicine list and documented explanation of changes provided during handover of care or when services cease.
- Standardised format for generating medicines lists.
- A formal process for requesting medicines lists be generated by a contracted external service provider.
- Orientation manuals, education resources and records of attendance at training of workforce on generating medicine lists.
- Audit of clinical records to identify the proportion of consumers referred or transferred from the service who have been provided with a medicine list, medication therapy changes and explanations for changes, or have been referred to a service contracted to provide medicines lists.
- Observation of medicines lists provided to consumers.
Continuity of medication management

Overview of what is required

- electronic consumer clinical records, for when consumers are transferred to other healthcare services, or when care provided by your community health service ceases.
- If medicine lists and explanatory information are to be generated by an external service provider, the requirements of your community health service are to be included in the contract for service.
- Encourage consumers to keep a current medicines list and take it to their treating clinician at each visit and when they go into hospital. Consumer education could be carried out through use of brochures or posters, or inclusion in consumer information handbook.

Suggested approach

- Identify mechanisms for monitoring the provision of medicine lists.
- Examples of activities to achieve this include:
  - conduct audits, or obtain data from electronic systems used to generate medicine lists, to report on quality indicators
  - review and audit clinical handover incidents related to the provision of inaccurate medicine lists, or inaccurate or incomplete information about medicines
  - obtain feedback from clinicians and consumers on the quality, clarity and timeliness of medicine lists
  - participate in collaborative projects with other community providers and Primary Health Networks, where available.
- Provide reports on the proportion of consumers and receiving clinicians that receive a medicines list to the committee responsible for medication safety and/or the governing body.

Examples of evidence

- Relevant documentation from committees and other meetings where reports on the provision of medicines lists are tabled and reviewed.
- Reports of the proportion of consumers and receiving clinicians that are provided with a current medicines list.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated to increase the proportion of consumers and receiving clinicians that are provided with a medicine list.
- Memos, newsletters or other communication material provided to the workforce, consumers and carers about medicine lists.
### Communicating with patients and carers

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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<tbody>
<tr>
<td>4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks</td>
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<tr>
<td>4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks</td>
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<tr>
<td>4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce</td>
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</table>

Providing consumers with information about medicines will enable them to make informed choices and achieve adherence with agreed treatment plans.

To achieve this action, your community health service should:

- ensure a supply of appropriate information about medicines designed for consumers and carers (Action 4.13.1)
- monitor access to consumer information about medicines by the clinical workforce (Action 4.13.2).

Information about medicines provided to consumers by the clinical workforce should be in a format that they understand (Action 4.15.1).

- Include as part of the treatment planning process a discussion with consumers about the various medication treatment options, including the safe use of medicines and their associated risks and benefits.
- Ensure clinicians are trained in principles of consumer-centred care or consumer engagement (see Action 2.6.1), their obligations for providing consumers with information about their treatment and how to document details of consultations in the consumer clinical record.
- Identify the information that should be made available to consumers with regard to medication treatment options offered by your organisation. If your community health service does not develop its own consumer medicines information, you may need to source resources from external organisations or establish a referral system with a community pharmacist to provide this information.
- Consider the use of resources to support clinicians and consumers during the treatment planning process and the most appropriate format for information to be made available, either hard copy or electronically. Special consideration will need to be given to clinicians that provide care in home environments and the transport of materials.
- Seek clinician and consumer feedback on information resources provided and whether it is easily understood and appropriate to meet their needs (see Action 2.4.1).

- Policies, procedures and/or protocols that define the roles, responsibilities and accountabilities of clinicians for informing consumers and carers about medication treatment options, benefits and associated risks.
- Orientation manuals, education resources and records of attendance at training by the workforce on consumer-centred care and consumer engagement (see Action 2.6.1).
- Audit of consumer clinical records that demonstrates consumer-specific information about medicines is provided to consumers.
- Records of consumer education provided such as information on vaccination, palliative care and home care programs.
- Observation that consumer specific information about medicines, such as brochures and consumer medicines information, is available when care is provided or upon request.
- Consumer education material such as brochures, fact sheets, posters, links to trusted web sites.
- Results of consumer experience survey on the provision of information about medicines and treatment options.

### 4.14 Developing a medication management plan in partnership with patients and carers

### 4.14.1 An agreed medication management plan is documented and available in the patient’s clinical record

Developing a medication management (action) plan for consumers at risk of medication related adverse events can reduce the risk of incidents and consumer harm. Community health services should have a process in place to identify consumers that are at risk of medication related adverse events and would benefit from a medication management (action) plan.

- Implement a process for developing a medication management (action) plan that includes:
  - established criteria to identify consumers who may be at risk of a medication related adverse event
  - a standardised procedure or template for developing and documenting a medication management (action) plan

- Policies, procedures and/or protocols are in place for documenting a medication management (action) plan.
- Orientation manuals, education resources and records of attendance at training by the workforce on developing medication management (action) plans.
## Communicating with patients and carers

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
</tr>
</thead>
</table>
| Your community health service should: | o training for clinicians and other members of the workforce on how to identify at-risk consumers who may benefit from a medication management (action) plan  
|  • identify and use a standard template and procedure to assist clinicians developing medication management (action) plans for those consumers that require them  
|  • working with consumers to develop the plans  
|  • retaining a copy of the plan in the consumer clinical record. | o training for clinicians and other members of the workforce on developing medication management (action) plans in consultation with consumers and carers. | • Standardised procedure and/or template for medication management (action) plans.  
| | | • Audit of consumer clinical records for completed medication management (action) plans. |

### 4.15 Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or dispensed

#### 4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful

Consumers need to be provided with information in a form they understand and can use if they are to use their medicines safely and effectively. They should also be encouraged to provide feedback on the materials.

To achieve this action, your community health service should:

- identify suitable written medicine information resources
- provide a mechanism for consumers to give feedback about the information resources about medicines provided during care.

The strategies implemented to achieve this action may be the same as those undertaken at **Action 4.12.2** and **4.13.1**.

- Identify hard copy resources that are suitable to provide to consumers and make these available in clinical areas or provide information on how to access these resources. Resources may also include audio, DVD or electronic information. Where English is a second language, information should be provided in various translations relevant to the community served.
- Invite feedback from consumers on the quality and suitability of medicines information provided during care.
- Provide formal or informal feedback to those responsible for maintaining these resources.

- Audit of consumer clinical records demonstrates that information about medicines is provided to consumers during care.
- Records of consumer feedback on information resources about medicines provided during care.
- Record of consumer attendance at medicine education sessions, where appropriate.
- Relevant documentation from committees and other meetings where feedback from consumers on medicines information is tabled and discussed.
- A quality improvement plan in line with **Action 1.6.1** that includes actions to address identified issues.
- Examples of improvement activities that have been implemented and evaluated to improve access to, and quality of, information about medicines provided to consumers.
- Memos, newsletters or other communication material provided to the workforce and consumers on the provision of information about medicines.
The intention of this Standard is to ensure that consumers are correctly identified whenever care is provided and that they are correctly matched to their intended care.

Standard 5 is applicable to all organisations; however, the processes for maintaining identity and matching consumers to their care are likely to be different in different settings in a community health service. While the implementation of this Standard in community health services may vary from acute services, the principles of implementation will be unchanged.

It is important to retain a focus on the underlying intent of this Standard:

1. To ensure the identity of the consumer is maintained across all services involved in an episode of care
2. To make sure the processes of identification and matching are systematised so they happen automatically as part of the care process
3. To make sure the specific processes used in different parts of the community health service, and the risk analysis that informs these processes, are documented as part of your organisation-wide patient identification system.

The criteria to achieve this Standard are:

- Identification of individual patients
- Processes to transfer care
- Processes to match consumers and their care.
### Identification of individual patients

<table>
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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
</table>
| **5.1 Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that:** | ● define approved patient identifiers  
 ● require at least three approved patient identifiers on registration or admission  
 ● require at least three approved patient identifiers when care, therapy or other services are provided  
 ● require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated. | ● Policies, procedures and/or protocols that define:  
 ○ the approved patient identifiers used within your community health service  
 ○ the procedure for clinicians and other staff to check the identity of new and existing consumers  
 ○ how consumers are correctly matched to their records prior to care provision.  
 ● Policies, procedures and/or protocols that describe the auditing process for monitoring compliance with the consumer identification system.  
 ● Results of audits of consumer clinical records or referral documentation focusing on the use of three approved consumer identifiers.  
 ● Completed risk assessments for alternative consumer identification procedures.  
 ● Relevant documentation from committees and other meetings where reports on the consumer identification system are tabled and discussed. |

#### 5.1.1 Use of an organisation-wide patient identification system is regularly monitored

The organisation-wide consumer identification system brings together the policies, procedures and/or protocols that are needed to establish and maintain the identity of the consumer when:
- they are receiving care, therapy or services
- they are transferred or referred to another service provider
- services cease.

Your community health service should have in place policies, procedures and/or protocols that define the identifiers approved for use by your community health service and the critical points of care for consumer identification, including what should happen in a crisis or emergency situation, and staff responsibilities for consumer identification and procedure matching.

The organisation’s identification system should consider the sensitivities for some program areas in continually reconfirming a consumer’s identity. For example, after establishing a rapport with a mental health or drug and alcohol consumer, a clinician should not undermine the relationship by asking the consumer to reconfirm their identity at the time of each subsequent visit. However, this may be required if the consumer is being seen by a new clinician for the first time or as a part of a program protocol, such as maintaining currency of contact details and checking the consumer’s address. Similarly, alternative approaches will need to be considered for confirming consumer identity for services provided in the home and the risks associated with this type of care.

- Identify whether there is an established consumer identification policy framework for the overarching health service organisation. If so, engage clinicians and other members of the workforce to implement this framework locally.
- If your community health service is responsible for implementing a consumer identification framework, work with local managers and clinicians to develop and implement policies, procedures and/or protocols. To do this you should:
  - review current work practices to identify critical points of care for consumer identification and the risks of mismatching events
  - consider any areas in your community health service where consumer identification may be difficult and where an alternative process may be required
  - establish a list of approved consumer identifiers or identifying information to be used by the organisation to confirm identity
  - consider appropriate process and outcome measures to assess compliance with the identification system.
- In community health services it may be appropriate to use forms of identification, such as:
  - photo identification
  - identification card (without a photo), such as a Medicare, Health Care or Pensioner Concession cards
  - sign in register
  - other options such as a name on a medication container
  - verification by the consumer’s appointed representative where there may be uncertainties about a person’s identification.
  
  ● Policies, procedures and/or protocols that define:
  ○ the approved patient identifiers used within your community health service
  ○ the procedure for clinicians and other staff to check the identity of new and existing consumers
  ○ how consumers are correctly matched to their records prior to care provision.
  ○ Policies, procedures and/or protocols that describe the auditing process for monitoring compliance with the consumer identification system.
  ○ Results of audits of consumer clinical records or referral documentation focusing on the use of three approved consumer identifiers.
  ○ Completed risk assessments for alternative consumer identification procedures.
  ○ Relevant documentation from committees and other meetings where reports on the consumer identification system are tabled and discussed.
### Identification of individual patients

<table>
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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</table>
| • When choosing an alternative system for consumer identification you need to undertake a risk analysis. In these circumstances, it will be important to think about the risks to consumers from a consumer identification perspective and how you will address these risks.  
• Conduct local audits of the consumer identification system, or participate in audits conducted by the overarching health service organisation. | • Audit data, reports of mismatching incidents, adverse events and near misses from your community health service should be reviewed to identify the risks to consumers and where improvements are needed.  
• Use checklists or protocols to improve compliance with the organisation’s identification system.  
• Provide orientation, education and training to the workforce whose work practices require them to ensure correct consumer identification. This training may be delivered locally or by the overarching health service organisation. | • Evidence that policies, procedures and/or protocols have been amended to address issues identified.  
• Relevant documentation from committees and other meetings where reports on the consumer identification system are tabled and discussed.  
• A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
• Examples of improvement activities that have been implemented to improve compliance with the consumer identification system.  
• Orientation manuals, education resources and records of attendance at training by the workforce on the organisation’s identification and management protocols.  
• Memos, newsletters or other communication material provided to the workforce and consumers about the consumer identification system. |

### 5.1.2 Action is taken to improve compliance with the patient identification matching system

Your community health service should monitor the consumer identification system to identify areas for improvement. Once these areas have been identified, you should take action to reduce the risks identified.

- Audit data, reports of mismatching incidents, adverse events and near misses from your community health service should be reviewed to identify the risks to consumers and where improvements are needed.
- Use checklists or protocols to improve compliance with the organisation’s identification system.
- Provide orientation, education and training to the workforce whose work practices require them to ensure correct consumer identification. This training may be delivered locally or by the overarching health service organisation.

### 5.2 Implementing a robust organisation wide system of reporting, investigation and change management to respond to any patient care mismatching events

#### 5.2.1 The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored

Incidents, adverse events and near misses that involve a mismatch between a consumer and their care are an important source of information about gaps in systems and where improvements can be made and form part of the organisation’s broader incident and risk management system.

- Ensure the consumer identification process is included in the incident reporting system (see Action 1.14.2).
- If the overarching health service organisation specifies a process for incident management and reporting, ensure these requirements are put in place locally.

- Policies, procedures and/or protocols that describes processes for the workforce to identify, report and manage consumer mismatching events.
- An incident register in line with Action 1.14.2 that includes consumer identification and mismatching events.
### Identification of individual patients

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
</table>
| • Review mismatching incidents, adverse events and near misses from your community health service to identify where improvements are needed.  
• Ensure the workforce are trained in how to identify consumer mismatching events and how to record and report them. | • Use data and information from your community health service’s incident reporting system and investigation of mismatching events to plan improvement activities for the consumer identification system.  
• Provide reports and feedback on consumer mismatching events to the workforce, relevant committees and/or the governing body.  
• Include information about consumer mismatching events from the incident reporting system on the organisation’s risk register (see Action 1.5.1) and quality improvement plan (see Action 1.6.1). | • A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
• Reports of investigations or review findings of consumer mismatching events and near misses including recommendations for improvement.  
• Audit of consumer clinical records that include the reporting and investigation of consumer mismatching events.  
• Relevant documentation from committees and other meetings where reports of consumer mismatching events are routinely tabled and reviewed by management.  
• Orientation manuals, education resources and records of attendance at training by the workforce on reporting consumer mismatching events. |

### 5.2.2 Action is taken to reduce mismatching events

This action requires local review of reports of mismatching events, and action to reduce the likelihood of their occurrence in the future.

The activities undertaken to meet this action may be the same as those taken to meet Action 5.1.2.

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</table>
| • Review mismatching incidents, adverse events and near misses from your community health service to identify where improvements are needed.  
• Ensure the workforce are trained in how to identify consumer mismatching events and how to record and report them. | • Use data and information from your community health service’s incident reporting system and investigation of mismatching events to plan improvement activities for the consumer identification system.  
• Provide reports and feedback on consumer mismatching events to the workforce, relevant committees and/or the governing body.  
• Include information about consumer mismatching events from the incident reporting system on the organisation’s risk register (see Action 1.5.1) and quality improvement plan (see Action 1.6.1). | • A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
• Reports of investigations or review findings of consumer mismatching events and near misses including recommendations for improvement.  
• Audit of consumer clinical records that include the reporting and investigation of consumer mismatching events.  
• Relevant documentation from committees and other meetings where reports of consumer mismatching events are routinely tabled and reviewed by management.  
• Orientation manuals, education resources and records of attendance at training by the workforce on reporting consumer mismatching events. |

### 5.3 Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands

This action is not applicable to community health services.

The organisation-wide consumer identification system (see Action 5.1.1) should outline the arrangements in place for maintaining and checking the identity of consumers receiving care.

Where a community health service uses identification bands as part of the consumer identification system, you should refer to the Specifications for a Standard Patient Identification Band.77
### Processes to transfer care

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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<tbody>
<tr>
<td><strong>5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge</strong></td>
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<td>Ensure processes for consumer identification are included in the structured handover systems that are required in <strong>Standard 6: Clinical Handover</strong>.</td>
<td>Policies, procedures and/or protocols for consumer identification and the use of three approved identifiers for handover, transfer and when services cease.</td>
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<td></td>
<td>Clinical handover processes and documentation should be regularly monitored to ensure consumer identification is performed during handover, transfer or when services cease.</td>
<td>Documents, templates or electronic systems for the transfer of care demonstrating they include the use of consumer identifiers.</td>
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<td></td>
<td>The organisation-wide consumer identification system (see <strong>Action 5.1.1</strong> needs to include processes for consumer identification and the identifiers to be used during handover, transfer and when services cease. It is not necessary to put in place separate policies, procedures and/or protocols for consumer identification and procedure matching as it relates to handover, transfer and when services cease.</td>
<td>Audit of transfer, referral or service exit documentation for the inclusion of three approved identifiers.</td>
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<td></td>
<td>The policies, procedures and/or protocols required to meet <strong>Standard 6: Clinical Handover</strong> should include elements about identification of people receiving care and the need to use three identifiers. There should be links and references between these handover, transfer and discharge policies and the organisation-wide consumer identification system.</td>
<td>Memos, newsletters or other communication material provided to the workforce regarding results of audits on handover, transfer and service exit forms and summaries.</td>
</tr>
<tr>
<td></td>
<td>• Ensure processes for consumer identification are included in the structured handover systems that are required in <strong>Standard 6: Clinical Handover</strong>.</td>
<td>• Report of audit results of consumer identification at handover, transfer and service cessation.</td>
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<td></td>
<td>• Clinical handover processes and documentation should be regularly monitored to ensure consumer identification is performed during handover, transfer or when services cease.</td>
<td>• Policies, procedures and/or protocols for consumer identification and the use of three approved identifiers for handover, transfer and when services cease.</td>
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<td></td>
<td>• The organisation-wide consumer identification system described in <strong>Action 5.1.1</strong> relates to the use of processes to match consumers to their intended care.</td>
<td>Documents, templates or electronic systems for the transfer of care demonstrating they include the use of consumer identifiers.</td>
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<td></td>
<td>• Use checklists or protocols to match consumers with their intended care.</td>
<td>Audit of transfer, referral or service exit documentation for the inclusion of three approved identifiers.</td>
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<td></td>
<td>• Ensure that these processes align with the organisation-wide consumer identification system.</td>
<td>Memos, newsletters or other communication material provided to the workforce regarding results of audits on handover, transfer and service exit forms and summaries.</td>
</tr>
<tr>
<td></td>
<td>• Policies, procedures and/or protocols on matching consumers to their intended care.</td>
<td>• Report of audit results of consumer identification at handover, transfer and service cessation.</td>
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<tr>
<td></td>
<td>• Standardised templates, checklists or documentation for matching consumers to their intended care.</td>
<td>• Audit of consumer clinical records for documentation of the procedure matching process.</td>
</tr>
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<td></td>
<td>• Audits of consumer clinical records for documentation of the procedure matching process.</td>
<td>• Reports on workforce compliance with the consumer matching process.</td>
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</table>

### Processes to match patients and their care

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<th>Examples of evidence</th>
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<tbody>
<tr>
<td><strong>5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols</strong></td>
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<td></td>
<td>The final element of the organisation-wide consumer identification system described in <strong>Action 5.1.1</strong> relates to the use of processes to match consumers to their intended care.</td>
<td>• Policies, procedures and/or protocols on matching consumers to their intended care.</td>
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<tr>
<td></td>
<td>• Use checklists or protocols to match consumers with their intended care.</td>
<td>• Standardised templates, checklists or documentation for matching consumers to their intended care.</td>
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<td>• Ensure that these processes align with the organisation-wide consumer identification system.</td>
<td>• Audits of consumer clinical records for documentation of the procedure matching process.</td>
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<td></td>
<td>• Conduct local audits of the use of protocols and checklists, as part of regular consumer record audits.</td>
<td>• Audit of consumer clinical records for documentation of the procedure matching process.</td>
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<td></td>
<td>• Conduct observational audits of episodes of care to check workforce compliance with and use of consumer matching protocols.</td>
<td>• Reports on workforce compliance with the consumer matching process.</td>
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<td></td>
<td>Regular monitoring of the consumer matching process and the use of checklists or protocols will help identify areas for improvement and any safety risks.</td>
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Processes to match patients and their care

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<tr>
<th>Overview of what is required</th>
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<tbody>
<tr>
<td>• Report audit results to the relevant committee responsible for the consumer identification system and/or the governing body.</td>
<td>• Provide feedback to the workforce on results of compliance audits of the consumer matching process.</td>
<td>• An incident register in line with Action 1.14.2 that includes details of consumer mismatching events.</td>
</tr>
<tr>
<td>• Review incident reports and the risks register for information on consumer mismatching events.</td>
<td>• Engage local clinicians and managers to implement changes to the consumer matching process to address the issues identified.</td>
<td>• Relevant documentation from committees and other meetings where reports on the consumer matching process are tabled and discussed.</td>
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</table>

5.5.3 Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation

Based on the information collected at Action 5.5.2, your community health service should take action to reduce the risks identified with the consumer matching process. The activities undertaken to meet this action may be the same as those taken to meet Action 5.1.2.

• Provide feedback to the workforce on results of compliance audits of the consumer matching process.
• Engage local clinicians and managers to implement changes to the consumer matching process to address the issues identified.
• Incorporate quality improvement activities into the organisation-wide quality improvement plan (see Action 1.6.1).
• Ensure the workforce have access to training on the consumer matching process and are aware of their roles, responsibilities and accountabilities for completing this process.

• Relevant documentation from committees and other meetings where reports on the consumer matching process are tabled and discussed.
• A risk register in line with Action 1.5.1 that includes actions to address identified risks.
• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
• Examples of improvement activities that have been implemented and evaluated to improve patient identification and procedure matching processes.
• Memos, newsletters or other communication material provided to the workforce on the consumer matching process.
• Orientation manuals, education resources and records of attendance at training by the workforce on the consumer matching process.
Clinical handover is the transfer of professional responsibility and accountability for some or all aspects of care for a consumer, or group of consumers, to another person or professional group on a temporary or permanent basis. The key to successful implementation of Standard 6 will be to first identify the critical transition of care points where structured handover is required and then have processes in place to ensure the timely and relevant transfer of information.

Handover encompasses a broad range of situations where information is communicated and transferred. In community health services, this may include:

- when a person is referred to another (or often multiple) service provider on a temporary basis, for example a referral for a test or an appointment with an allied health professional; or
- when there is a change in a person’s condition and they need to be transferred from care in the community to a hospital or their primary carer.

Within the community setting, consumers may receive care from a number of different service providers, sometimes at the same time. To ensure the safe delivery of care, there needs to be communication and coordination between care services, and effective processes for sending and receiving critical information.

These arrangements may be complex and community health services need to think about how their policies and procedures for clinical handover will support care coordination. This is particularly important where there is a change in a person’s condition or care needs, such as clinical deterioration, and if there is a transition of care from one service provider to another.

The policy should include detail of how the handover should be structured and the tools that may be used to communicate and document this information effectively in the consumer’s clinical record. A risk management approach should be used to determine what aspects of community care are high-risk and a system implemented to enable the service to identify high-risk consumers and to escalate care when required.

It is important that community health services: understand their clinical communication needs; know what information is required; have processes to ensure there is timely transfer of relevant information; and have feedback mechanisms to ensure the receiving care provider has received the information.

The criteria to achieve this Standard are:

- Governance and leadership for effective clinical handover
- Clinical handover processes
- Patient and carer involvement in clinical handover.
### Standard 6: Clinical Handover (continued)

#### Governance and leadership for effective clinical handover

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</thead>
</table>
| 6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialties, including:  
  - documented policy, procedures and/or protocols  
  - agreed tools and guides |  
  - If there is a policy framework about clinical handover that applies to the overarching health service organisation, ensure that the relevant components are in place in your community health service and that they are functioning effectively.  
  - If your community health service is responsible for implementing a policy framework for clinical handover, engage clinicians and local managers to develop and implement policies, procedures and/or protocols that describe:  
    - situations where structured clinical handover is required  
    - the minimum information to be provided during clinical handover  
    - tools, templates and methods of documenting clinical handover  
    - roles, responsibilities and accountabilities of the workforce in managing, monitoring and improving clinical handover processes.  
  - Ensure the workforce has access to and participates in training on the organisation’s clinical handover processes.  
  - Conduct local audits of the clinical handover policies, procedures and/or protocols, or participate in audits conducted by the overarching health service organisation.  
  - Provide reports about the use of the organisation’s clinical handover protocols to the workforce, the relevant committee and/or the governing body. |  
  - Policies, procedures and/or protocols outlining processes for structured clinical handover relevant to your community health service that includes information on the situations, methods and content of information that should be transferred.  
  - Structured communication tools for use in clinical handover including handover checklists with minimum data set.  
  - Relevant documentation from committees and other meetings where reports on the use of clinical handover policy are tabled and discussed.  
  - Audit of consumer clinical records that demonstrate clinical handover tools and protocols have been used.  
  - Transfer guidelines and forms for transferring consumers within and between health services, when they stop receiving care, or for ongoing care or investigation, that include structured format and minimum data set. |

Your community health service should ensure that there is an organisation-wide system for structured clinical handover that brings together the policies, procedures and/or protocols that are needed to ensure there is timely, relevant and structured clinical handover that supports safe consumer care. Clinical handover policies and procedures should outline:
- the situations where structured clinical handover is required based on consumer transitions of care within your community health service
- the structure and the minimum data sets (information) to be used in different clinical handover situations
- governance structure for management, monitoring, evaluation, reporting and improvement processes for clinical handover improvement
- mechanisms to provide feedback and report the results and actions of clinical handover reviews to the governing body.
### Governance and leadership for effective clinical handover

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</table>
| **6.1.2 Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols** | - Reflect on current practice and review audit data, clinical handover incidents, adverse events and near misses from your community health service to identify where improvements are needed.  
- Implement recommendations from investigations of clinical handover incidents. Seek feedback from the workforce on clinical handover protocols and make amendments to address identified issues.  
- Provide orientation, education and training to members of the workforce who are involved in clinical handover.  
- Use checklists, tools, guides or protocols from the overarching health service organisation or other external group (such as the Commission) to maximise the effectiveness of clinical handover policies, procedures, protocols and tools.  
- Where relevant, provide information about the effectiveness of these tools, guides or protocols to the overarching health service organisation. | - Relevant documentation from committees and other meetings where reports on the use of clinical handover policy are tabled and discussed.  
- A risk register in line with [Action 1.5.1](#) that includes actions to address identified risks.  
- A quality improvement plan in line with [Action 1.6.1](#) that includes actions to address issues identified.  
- Examples of improvement activities that have been implemented and evaluated to maximise the effectiveness of clinical handover.  
- Memos, newsletters or other communication material provided to the workforce on the effectiveness of clinical handover protocols.  
- Documentation that shows feedback and communication with the clinical workforce when changes occur to structured clinical handover.  
- Orientation manuals, education resources and records of attendance at training by the workforce on the organisation’s protocols for clinical handover. |

| **6.1.3 Tools and guides are periodically reviewed** | - Seek feedback from the workforce on tools and templates used during clinical handover.  
- Engage external service providers to whom the organisation regularly refers to seek feedback on the tools and templates used for referrals and transfer of care.  
- Establish a schedule for the review of clinical handover tools and templates to ensure they continue to reflect good practice and are suitable for the organisation’s needs.  
- Subscribe to receive updates from external bodies that develop clinical handover tools and templates. | - Structured communication tools that are based on the core principles for effective clinical handover and minimum data sets.  
- Schedule of review dates for clinical handover tools and templates.  
- Evidence of changes made to clinical handover tools and templates in line with identified risks and relevant feedback.  
- A quality improvement plan in line with [Action 1.6.1](#) that includes actions to address identified issues. |

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*Australian Commission on Safety and Quality in Health Care Guide to the NSQHS Standards for community health services*
Clinical handover processes

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</thead>
<tbody>
<tr>
<td>6.2 Establishing and maintaining structured and documented processes for clinical handover</td>
<td>The workforce has access to documented structured processes for clinical handover that include:</td>
<td>Policies, procedures and/or protocols outlining processes for structured clinical handover relevant to your community health service that includes information on the situations, methods and content of information that should be transferred.</td>
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<tr>
<td>• preparing for handover, including setting the location and time whilst maintaining continuity of patient care</td>
<td>• identifying the situations where clinical handover should occur, such as during shift changes, when consumers are transferred or referred within and between health service organisations, or when services cease</td>
<td>• Observation of workforce access to tools and resources for a structured clinical handover process.</td>
</tr>
<tr>
<td>• organising relevant workforce members to participate</td>
<td>• documenting structured clinical handover processes to convey the relevant minimum data set of information to transfer responsibility and accountability between clinicians</td>
<td>• Transfer guidelines and forms for transferring consumers between and within health services, and when the consumer stops receiving care.</td>
</tr>
<tr>
<td>• being aware of the clinical context and patient needs</td>
<td>• considering time management strategies to ensure relevant members of the workforce are present, organised, educated and prepared for clinical handover</td>
<td>• Orientation manuals, education resources and records of attendance at training by the workforce on the organisation’s protocols for clinical handover.</td>
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<tr>
<td>• participating in effective handover resulting in transfer of responsibility and accountability for care.</td>
<td>• understanding that handover results in transfer of responsibility and accountability for consumer care.</td>
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Standard 6: Clinical Handover (continued)

### Clinical handover processes

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<tbody>
<tr>
<td>6.3 Monitoring and evaluating the agreed structured clinical handover processes, including:</td>
<td>• To evaluate and improve the clinical handover system, mechanisms should be in place to:</td>
<td>• Policies, procedures and/or protocols that outline processes for monitoring and evaluating clinical handover.</td>
</tr>
<tr>
<td>• regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers</td>
<td>o agree on appropriate measures of effectiveness</td>
<td>• Observational audit of work practices where clinical handover takes place.</td>
</tr>
<tr>
<td>• undertaking quality improvement activities and acting on issues identified from clinical handover reviews</td>
<td>o audit workforce compliance with policies, procedures and/or protocols for clinical handover</td>
<td>• Audit of consumer clinical records showing that clinical handover has occurred.</td>
</tr>
<tr>
<td>• reporting the results of clinical handover reviews at executive level of governance.</td>
<td>o audit the use of tools and resources to facilitate structured clinical handover</td>
<td>• Review of structured clinical handover tools.</td>
</tr>
<tr>
<td>6.3.1 Regular evaluation and monitoring processes for clinical handover are in place</td>
<td>o review incidents, adverse events and near misses relating to clinical handover processes</td>
<td>• Reports, investigations and feedback to the workforce on consumer incidents involving clinical handover.</td>
</tr>
<tr>
<td>6.3.2 Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers</td>
<td>o seek feedback from clinicians, consumers and carers about their experience of the clinical handover process (see Action 6.3.2, developmental)</td>
<td>• Results of consumer experience surveys regarding clinical handovers.</td>
</tr>
<tr>
<td>6.3.3 Action is taken to increase the effectiveness of clinical handover</td>
<td>o discuss and document agreed improvement strategies to address identified issues including assigning responsibilities to the workforce to implement improvement activities.</td>
<td>• Relevant documentation from committees and other meetings where reports on the clinical handover system are tabled and reviewed.</td>
</tr>
<tr>
<td>6.3.4 The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance</td>
<td>o Present the data and information from reviews of the clinical handover system to the relevant committee and/or governing body.</td>
<td>• Reports about the effectiveness of the clinical handover system that are provided to relevant committees and/or the governing body.</td>
</tr>
<tr>
<td>Your community health service should ensure that mechanisms are in place to evaluate and monitor the effectiveness of local processes for clinical handover.</td>
<td>o Provide feedback to the workforce on the effectiveness of the clinical handover system and any changes to policies, procedures and/or protocols as a result of reviews.</td>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.</td>
</tr>
<tr>
<td>An individual, group or committee responsible for the clinical handover system should receive regular reports on the effectiveness of the clinical handover system and use this information to implement quality improvement activities where issues or areas for improvement are identified.</td>
<td>• To evaluate and improve the clinical handover system, mechanisms should be in place to:</td>
<td>• Examples of improvement activities that have been implemented and evaluated to increase the effectiveness of clinical handover.</td>
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</table>
### Clinical handover processes

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<th>Overview of what is required</th>
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<tr>
<td><strong>6.4 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents</strong></td>
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<tr>
<td><strong>6.4.1 Regular reporting, investigating and monitoring of clinical handover incidents is in place</strong></td>
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<tr>
<td><strong>6.4.2 Action is taken to reduce the risk of an adverse clinical handover incidents</strong></td>
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Adverse events that involve clinical handover incidents are an important source of information about gaps in systems and where improvements to clinical handover can be made. Your community health service should ensure local mechanisms are in place to regularly report, investigate and monitor such incidents. These mechanisms must be known and accessible to the workforce.

Action should be taken to reduce the likelihood and occurrence of any future clinical handover incidents in your community health service. The actions taken to reduce risks of clinical handover incidents may be the same activities undertaken to meet **Action 6.1.2** and **6.3.3**.

- Ensure the workforce are trained to identify and report clinical handover incidents and record these in the organisation-wide incident reporting system (see **Action 1.14.2**).
- Consider the use of standardised forms or templates to enable reporting of clinical handover incidents.
- Review clinical handover incidents, adverse events and near misses from your community health service to identify where improvements are needed.
- Implement recommendations from investigations of clinical handover incidents.
- Seek feedback from the workforce on clinical handover protocols and make amendments to address identified issues.
- Incident reporting forms and processes included in policies, procedures and/or protocols for clinical handover.
- An incident register in line with **Action 1.14.2** that includes details of clinical handover incidents, adverse events and near misses.
- A risk register in line with **Action 1.5.1** that includes actions to address identified risks.
- Reports on clinical handover incidents and outcomes of investigations provided to the workforce, committee responsible for clinical handover and/or the governing body.
- Relevant documentation from committees and other meetings where reports on clinical handover incidents, adverse events and near misses are tabled and reviewed.
- Committee terms of reference that outline the responsibilities of executives for clinical handover incidents.
- A quality improvement plan in line with **Action 1.6.1** that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated to reduce the risk of adverse clinical handover incidents.
- Memos, newsletters or other communication material provided to the workforce about clinical handover incidents.
### Patient and carer involvement in clinical handover

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<tbody>
<tr>
<td><strong>6.5 Developing and implementing mechanisms to include patients and carers in the clinical handover process that are relevant to the healthcare setting</strong></td>
<td><strong>6.5.1 Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use</strong></td>
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| Involving consumers and carers as part of the planning and improvement is one step in improving clinical handover. For community health services provided in the home, handover usually occurs in the office away from the consumer. Where this is the case, your community health service needs to consider how consumers can participate in handover processes. Your community health service should have policies, procedures and/or protocols in place that describe how consumers and carers can be involved in the clinical handover processes. | Seek feedback from consumers and carers on their experience and concerns about handover. This information can be used to develop and implement clinical handover protocols.  
Review the existing clinical handover policies, procedures and/or protocols and ensure they include principles for consumer engagement and consumer-centred care (see Action 1.18.1).  
Examples of how consumers can be given an active role in clinical handover include:  
- a clinician engages with a consumer to discuss their concerns when services will cease and then works to formulate practical strategies to achieve health care strategies, goals and objectives  
- a clinician provides a copy of the referral documentation to the consumer and explains the information being transferred and why it is important for ongoing care. | Information for consumers and carers on their roles in handover such as access to a consumer charter of rights.  
Results of consumer experience survey related to clinical handover.  
Forms that consumers review, sign and receive as a copy related to their clinical management and handover when the consumer stops receiving care.  
Procedure identifying mechanisms to deal with consumer complaints surrounding clinical handover. |
The intention of this Standard is to ensure that consumers who receive blood and blood products do so appropriately and safely.

The blood and blood products governed under this Standard include:
- fresh blood components
- red blood cells
- platelets
- clinical fresh frozen plasma
- cryoprecipitate
- cryodepleted plasma
- plasma-derivatives and recombinant products
- albumin
- immunoglobulins, including immunoglobulin replacement therapy (e.g. IVIg) and hyperimmune globulins
- clotting factors.

Community health services that use blood and blood products should implement the actions set out in Standard 7. This may include clinical services such as primary healthcare centres, Aboriginal and Torres Strait Islander health services, palliative care providers, community nursing and hospital in the home.

Standard 7 is not applicable to most community health services. The actions required under Standard 7 only apply to the community health services that use blood or blood products.

If a community health service uses blood or blood products, it should refer to the NSQHS Standard 7: Safety and Quality Improvement Guide for advice about implementing processes and systems to meet the requirements of Standard 7. The NSQHS Standards Guide for Small Hospitals may also be of assistance. These processes and systems should be integrated with the local hospital service where possible.
The intention of this Standard is to prevent consumers from developing pressure injuries and to effectively manage pressure injuries when they occur. In some community health settings, the risk of consumers developing pressure injuries is high.

Implementation strategies should be comprehensive and address issues of:
- screening and assessment for pressure injury risk
- prevention and management of pressure injuries
- monitoring and evaluation of evidence-based pressure injury management plans
- provision of information to consumers.

The criteria to achieve this Standard are:
- Governance and systems for the prevention and management of pressure injuries
- Preventing pressure injuries
- Managing pressure injuries
- Communicating with patients and carers.
### Governance and systems for the prevention and management of pressure injuries

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<tr>
<td><strong>8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines</strong></td>
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<tr>
<td><strong>8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools</strong></td>
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<tr>
<td><strong>8.1.2 The use of policies, procedures and/or protocols are regularly monitored</strong></td>
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Your community health service needs to have in place evidence-based systems to prevent consumers developing pressure injuries and to manage them when they do occur. The organisation-wide pressure injury prevention and management system will include policies, procedures and/or protocols for pressure injury screening and assessment and implementation of prevention strategies, when necessary. Your community health service should ensure mechanisms are in place for monitoring the performance of the pressure injury prevention and management system to identify risks and areas for improvement.

- Identify whether the overarching health service organisation has a pressure injury policy framework that applies to your community health service and ensure local procedures align with this framework.
- If your community health service is responsible for implementing a pressure injury prevention and management system, ensure processes are in place that describe:
  - roles, responsibilities and accountabilities for individuals, committees or the governing body responsible for monitoring the system
  - work practices for screening and assessing consumers at risk of pressure injury including the use of agreed tools
  - the management of consumers with existing pressure injuries including the use of specialist equipment
  - the regular monitoring and reporting of compliance with the pressure injury policies, procedures and/or protocols
  - the orientation, training and education requirements for the workforce.
- Review policies, procedures and/or protocols for pressure injury to ensure they are consistent with best practice guidelines.
- Review work practices to consider efficient ways of incorporating pressure injury screening and assessment into routine care processes.
- Audit consumer clinical records for:
  - use of pressure injury risk screening and assessment tools
  - completed pressure injury treatment and management plans.
- Provide reports on workforce compliance with the pressure injury prevention and management system to the responsible individual, relevant committee and/or the governing body.
- Policies, procedures and/or protocols for the prevention and management of pressure injuries that are evidence-based, consistent with best practice guidelines, appropriate for the context of your community health service and incorporate screening and assessment tools.
- Audit of consumer clinical records to identify clinical practice that varies from best practice and the use of tools to identify and manage consumers at risk of pressure injuries.
- Audit of workforce compliance with policies, procedures and/or protocols for pressure injury prevention and management.
- Relevant documentation from committees and other meetings where reports on workforce compliance with the pressure injury prevention and management system are tabled and discussed.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
### Governance and systems for the prevention and management of pressure injuries

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<tr>
<td><strong>8.2 Using a risk assessment framework and reporting systems to identify, investigate and take action to reduce the frequency and severity of pressure injuries</strong></td>
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<tr>
<td><strong>8.2.1 An organisation-wide system for reporting pressure injuries is in use</strong></td>
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<td><strong>8.2.2 Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries</strong></td>
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<tr>
<td><strong>8.2.3 Information on pressure injuries is regularly reported to the highest level of governance in the health service organisation</strong></td>
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<tr>
<td><strong>8.2.4 Action is taken to reduce the frequency and severity of pressure injuries</strong></td>
<td>Many of the actions in Standard 8 are based on a quality improvement cycle where:</td>
<td>Policies, procedures and/or protocols that outline processes for reporting the incidence of pressure injuries.</td>
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<td></td>
<td>• policies, procedures and/or protocols for pressure injury prevention and management are developed (either locally or centrally)</td>
<td>Standardised forms or templates for pressure injury reporting.</td>
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<td>• the pressure injury prevention and management systems are implemented locally</td>
<td>Reports on routine performance measures for pressure injuries, including:</td>
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<td>• compliance with, and performance of the pressure injury prevention and management systems is monitored (centrally or locally)</td>
<td>o frequency and severity</td>
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<td>• local action is taken to improve performance.</td>
<td>o usage rates of specified products or equipment.</td>
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<td></td>
<td>Actions 8.2.2 and 8.2.3 relate to the monitoring stage of the quality improvement cycle. They require the following activities to take place:</td>
<td>Reports on the prevalence and incidence of pressure injuries provided to the individual or committee responsible for the pressure injury prevention and management system, and/or the governing body.</td>
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<td></td>
<td>• reporting of pressure injuries by the workforce when they occur</td>
<td>A risk register in line with Action 1.5.1 that includes actions to address identified risks.</td>
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<td></td>
<td>• analysis of data from administrative systems and clinical audit to assess the level of compliance with policy and incidence and prevalence of pressure injuries</td>
<td>Orientation manuals, education resources and records of attendance at training by the workforce on pressure injury prevention and management.</td>
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<td></td>
<td>• providing regular reports to the governing body about the incidence and prevalence of pressure injuries</td>
<td>Relevant documentation from committees and other meetings where reports on the incidence of pressure injuries are reviewed and quality improvement strategies discussed and agreed.</td>
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<tr>
<td></td>
<td>Action 8.2.4 relates to the improvement phase of the quality improvement cycle and involves taking action to address identified issues.</td>
<td>Memos, newsletters or other communication material provided to the workforce and consumers on pressure injury prevention and management.</td>
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<tr>
<td></td>
<td>• Ensure that pressure injuries are included in the incident reporting system required under Action 1.14.2.</td>
<td>A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.</td>
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<td></td>
<td>• Review the information on pressure injuries reported through the incident reporting system to ensure sufficient data is collected to identify the factors that contributed to the development of pressure injuries.</td>
<td>Examples of improvement activities that have been implemented and evaluated to reduce the frequency and severity of pressure injuries.</td>
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<tr>
<td></td>
<td>• Review reports on pressure injuries from the incident reporting system and results of investigations and include in the organisation-wide risk register (see Action 1.5.1).</td>
<td>Documentation from improvement activities that have been adapted and adopted locally to reduce the frequency and severity of pressure injuries.</td>
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<td></td>
<td>• Ensure the workforce are trained in identifying and reporting pressure injuries using the organisation’s incident reporting system.</td>
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### Governance and systems for the prevention and management of pressure injuries

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<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>8.3 Undertaking quality improvement activities to address safety risks and monitor the systems that prevent and manage pressure injuries</strong></td>
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<tr>
<td><strong>8.3.1 Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries</strong></td>
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<tr>
<td>This action relates to the overarching quality improvement approach that is needed to prevent pressure injuries and improve their management. Activities undertaken as part of Action 8.2.4, 8.5.3, 8.6.3, 8.7.4 and 8.8.4 can be used to demonstrate compliance with this action.</td>
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</table>
| • Review information from the organisation’s risk register, incident reporting system and other performance audits to identify areas of improvement for the pressure injury prevention and management system.  
  • Where relevant, participate in quality improvement activities that are conducted by the overarching health service organisation.  
  • When conducting quality improvement activities locally, use a standardised quality improvement methodology to bring about change such as a Plan–Do–Study–Act cycle (see Appendix 1).  
  • Consider mechanisms for monitoring the implementation and impact of quality improvement activities for pressure injury prevention and management. |
| • Relevant documentation from committees and other meetings where quality activities for pressure injury prevention and management are discussed and agreed.  
  • A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
  • A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
  • Examples of improvement activities that have been implemented and evaluated.  
  • Memos, newsletters or other communication material provided to the workforce about quality improvement activities for pressure injury prevention and management.  
  • Pressure injury management data collected pre- and post-interventions. |
| **8.4 Providing or facilitating access to equipment and devices to implement effective prevention strategies and best practice management plans** |
| **8.4.1 Equipment and devices are available to effectively implement prevention strategies for patients at risk and plans for the management of patients with pressure injuries** |
| Where consumers have been identified by your community health service as being at risk of developing or are experiencing pressure injuries, clinicians must have timely access to appropriate equipment and devices for preventing and managing these. |
| • Evaluate equipment and device requirements, usage and effectiveness in your community health service.  
  • Determine if there are any gaps in the type and number of support devices your community health service requires.  
  • Schedule routine maintenance and coordinate ad hoc repairs to maximise the availability of equipment.  
  • Develop guidelines on how to access required equipment (e.g. rental options).  
  • Identify whether the overarching health service organisation has an established process for accessing and maintaining equipment and if available, carry out these activities in accordance with this process.  
  • Your policies, procedures and/or protocols should provide guidance on alternatives available and what to document when a person in their own home refuses to use recommended equipment or recommended equipment is not available. |
| • Register of equipment and devices available for prevention and management of pressure injuries.  
  • Guidelines for accessing and use of equipment to prevent and manage pressure injuries.  
  • Orientation manuals, education resources and records of attendance at training by the workforce in the use of equipment and devices for the prevention and management of pressure injuries.  
  • Equipment utilisation reports.  
  • Audit of equipment use including:  
  - appropriateness according to risk  
  - correct use according to instructions  
  - equipment performance and condition.  
  • Register of equipment maintenance and safety checks. |
Governance and systems for the prevention and management of pressure injuries

<table>
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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
<tbody>
<tr>
<td>Relevant documentation from committees and other meetings where reports on pressure injury prevention and management equipment resource allocation and efficacy are reviewed and discussed.</td>
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Preventing pressure injuries

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<tr>
<th>Overview of what is required</th>
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<tbody>
<tr>
<td>8.5 Identifying risk factors for pressure injuries using an agreed screening tool for all presenting patients within timeframes set by best practice guidelines</td>
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<tr>
<td>8.5.1 An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury</td>
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<tr>
<td>8.5.2 The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation</td>
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<tr>
<td>8.5.3 Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation</td>
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The next part of the organisation-wide pressure injury prevention and management system concerns the processes that are in place for identifying consumers who are at risk of developing pressure injuries.

These actions require the inclusion of agreed risk assessment criteria for pressure injury in your community health service’s service commencement and ongoing assessment policies, procedures and/or protocols. Your community health service needs to agree on the screening process for pressure injuries including which evidence-based tools will be used.

As part of your wider quality improvement processes, your community health service should ensure that compliance with the risk screening process is incorporated into data collection processes and actions taken where areas for improvement are identified. The quality improvement activities undertaken to meet Action 8.3.1 may be the same as those undertaken for Action 8.5.3.

- Ensure the pressure injury policy framework implemented locally includes an agreed process and criteria for screening to identify at risk consumers.
- Conduct local audits, or participate in audits conducted by the overarching health service organisation for compliance with the screening process. Monitoring and data collection systems should identify the proportion of consumers who are:
  - screened at admission for their risk of pressure injury
  - identified as at risk of pressure injury through the initial screening process
  - identified as being at risk through the initial screening process and who are assessed for any pressure injuries that may already be present.
- Use audit and other data to identify gaps in systems for screening consumers for pressure injury and target quality improvement activities accordingly.
- Provide audit data and reports on compliance with the screening process to the individual or committee responsible for the pressure injury prevention and management system and/or the governing body.
- Consider quality improvement strategies to maximise the proportion of consumers screened for pressure injuries such as:
- Policies, procedures and/or protocols for screening consumers for pressure injury risk.
- Relevant documentation from committees and other meetings where pressure injury risk screening processes are discussed, agreed and monitored.
- Orientation manuals, education resources and records of attendance at training by the workforce on assessment processes including conducting pressure injury risk screening.
- Audit of consumer clinical records to demonstrate compliance with the screening process and use of agreed screening tool, where applicable.
- Reports on workforce compliance with the screening process, use of agreed screening tool and trends in pressure injury risk.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated.
- Memos, newsletters or other communication material provided to the workforce on pressure injury risk screening processes and improvement strategies.
## Preventing pressure injuries

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<th>Overview of what is required</th>
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<tr>
<td></td>
<td>making changes to workflow to encourage completion of comprehensive assessments</td>
<td>• Policies, procedures and/or protocols that outline processes for conducting and documenting comprehensive skin assessments.</td>
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<td>ensuring the workforce know about updates to policies, procedures and/or protocols</td>
<td>• Orientation manuals, education resources and records of attendance at training by the workforce on conducting and documenting comprehensive skin assessments.</td>
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<td>providing additional training and education and training for clinicians.</td>
<td>• Audit of consumer clinical records to demonstrate consumers at risk of pressure injuries have a completed comprehensive skin assessment in line with specified protocols.</td>
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<td></td>
<td>Provide feedback to the workforce on compliance with pressure injury risk screening processes and quality initiatives to improve risk screening.</td>
<td>• Relevant documentation from committees and other meetings where reports on comprehensive skin assessments are reviewed and discussed.</td>
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</table>

### 8.6 Conducting a comprehensive skin inspection in timeframes set by best practice guidelines on patients with a high risk of developing pressure injuries at presentation, regularly as clinically indicated during a patient’s admission, and before discharge

8.6.1 Comprehensive skin inspections are undertaken and documented in the patient clinical record for patients at risk of pressure injuries

8.6.2 Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments

8.6.3 Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries

Your community health service should ensure, as the next part of the organisation-wide pressure injury prevention and management system, that processes are in place for conducting comprehensive skin assessments on consumers who are identified as at risk of developing pressure injuries. These actions require the inclusion of agreed processes for undertaking and documenting comprehensive skin assessments.

As part of your wider quality improvement processes, data collection and audit processes should include documentation of skin assessments on consumers who have been identified as being at risk for pressure injuries.

Your community health service should use audit and other data to identify gaps in systems for conducting comprehensive skin assessments and target quality improvement activities accordingly. The quality improvement activities undertaken to meet Action 8.6.3 may be the same as those undertaken for Action 8.3.1.

- Ensure the pressure injury policy framework implemented locally includes agreed processes for conducting and documenting comprehensive skin assessments on consumers who are identified as being at risk of pressure injuries, including the criteria which necessitate further assessment.
- Ensure the workforce are trained in how to conduct comprehensive skin assessments and record the outcomes in consumer clinical records.
- Conduct local audits and reviews, or participate in audits conducted by the overarching health service organisation, of compliance with the organisation’s processes for completing comprehensive skin assessments and the proportion of consumers having a comprehensive skin assessment.
- Provide reports on performance and documentation of comprehensive skin assessments to the individual or committee responsible for the pressure injury prevention and management system and/or the governing body.
- Use audit and other data to identify gaps in systems for conducting comprehensive skin assessments and target quality improvement activities accordingly.
- Policies, procedures and/or protocols that outline processes for conducting and documenting comprehensive skin assessments.
- Orientation manuals, education resources and records of attendance at training by the workforce on conducting and documenting comprehensive skin assessments.
- Audit of consumer clinical records to demonstrate consumers at risk of pressure injuries have a completed comprehensive skin assessment in line with specified protocols.
- Relevant documentation from committees and other meetings where reports on comprehensive skin assessments are reviewed and discussed.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Memos, newsletters or other communication material provided to the workforce on comprehensive skin assessments and quality improvement initiatives.
## Preventing pressure injuries

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<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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<tbody>
<tr>
<td>8.7 Implementing and monitoring pressure injury prevention plans and reviewing when clinically indicated</td>
<td>Ensure the pressure injury policy framework implemented locally includes an agreed process and format for the development, implementation and documentation of pressure injury prevention plans.</td>
<td>Reports or information on trends relating to pressure injuries that are provided to the individual or committee responsible for the pressure injury prevention and management system and/or the governing body.</td>
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<tr>
<td>8.7.1 Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record</td>
<td>Access and review the latest evidence-based guidelines for the prevention of pressure injuries relevant to community health settings and ensure organisational policies, procedures and/or protocols are consistent.</td>
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<tr>
<td>8.7.2 The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed</td>
<td>Policies, procedures and/or protocols for the development, implementation and documentation of pressure injury prevention plans that are consistent with evidence-based and national guidelines.</td>
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<td></td>
<td>Ensure the pressure injury policy framework implemented locally includes an agreed process and format for the development, implementation and documentation of pressure injury prevention plans.</td>
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<td></td>
<td>Access and review the latest evidence-based guidelines for the prevention of pressure injuries relevant to community health settings and ensure organisational policies, procedures and/or protocols are consistent.</td>
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<td>Policies, procedures and/or protocols should provide guidance on alternatives available and what to document when a person in their own home refuses to use recommended equipment or is unable to comply with prevention plans.</td>
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<td>Implement mechanisms for ongoing monitoring of consumer outcomes for those identified as being at risk of pressure injuries.</td>
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<td>When pressure injuries are reported, information should be gathered about what, if any, prevention plan was in place. This information should be reviewed to ensure the prevention strategies were implemented and that they are evidence-based and consistent with best practice guidelines.</td>
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<tr>
<td></td>
<td>Policies, procedures and/or protocols for the development, implementation and documentation of pressure injury prevention plans that are consistent with evidence-based and national guidelines.</td>
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<td>Templates or forms for pressure injury prevention plans in community health services.</td>
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<td></td>
<td>Audit of clinical records for workforce compliance with policies, procedures and/or protocols for pressure injury prevention plans.</td>
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<td></td>
<td>Relevant documentation from committees and other meetings where the effectiveness and appropriateness of pressure injury plans is reviewed and discussed.</td>
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<td></td>
<td>Audit of consumer clinical record for re-assessment and review of an individual’s pressure injury prevention plan.</td>
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The next part of the organisation-wide pressure injury prevention and management system concerns the processes that are in place for implementing prevention plans for consumers who are identified as at risk of developing pressure injuries. Your community health service should have in place agreed processes for developing, implementing and documenting pressure injury prevention plans that are consistent with the current best-practice guidelines.
### Preventing pressure injuries

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<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</table>
| 8.7.3 Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan | - Conduct local audits, or participate in audits conducted by the overarching health service organisation to determine the proportion of consumers identified as at risk of pressure injuries with a completed prevention plan.  
- Observational audits may be undertaken to determine whether at risk consumers are provided care that is consistent with their individual pressure injury prevention plan.  
- Seek feedback from the workforce to identify any barriers to the development, implementation and documentation of pressure injury prevention plans.  
- Use audit results and other information about pressure injury prevention plans to identify gaps in the current system and agree on quality improvement activities to address issues.  
- Provide feedback to the workforce on compliance with processes for implementing pressure injury prevention plans and quality improvement activities undertaken to address issues. | - Audit of consumer clinical records to determine the proportion of at risk consumers with a current injury prevention plan.  
- Report on consumers with documented pressure injury prevention plans compared to consumers screened as at risk.  
- Memos, newsletters or other communication material provided to the workforce on pressure injury prevention plans and quality improvement activities.  
- Relevant documentation from committees and other meetings where reports on implementation of pressure injury prevention plans are reviewed and discussed.  
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.  
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.  
- Examples of improvement activities that have been implemented and evaluated. |
| 8.7.4 Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan | | |

Your community health service should undertake regular audits of consumer clinical records to determine the proportion of at risk consumers with a documented pressure injury prevention plan and to help identify where system improvements could be made.

### Managing pressure injuries

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<th>Overview of what is required</th>
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<th>Examples of evidence</th>
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</table>
| 8.8 Implementing best practice management and ongoing monitoring as clinically indicated | - Ensure the pressure injury policy framework implemented locally includes processes for consumer wound management including:  
  - assessment and reassessment of pressure injuries  
  - treatment and the development and implementation of a wound management plan  
  - monitoring and documentation of pressure injuries in the consumer clinical record. | - Policies, procedures and/or protocols for the assessment and management of pressure injuries that are evidence-based and consistent with best practice guidelines.  
- Orientation manuals, education resources and records of attendance at training by the workforce on assessing and managing pressure injuries.  
- Relevant documentation from committees and other meetings where reports on the wound management system are reviewed and discussed. |
| 8.8.1 An evidence-based wound management system is in place within the health service organisation | | |
| 8.8.2 Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record | | |

Wound management forms part of the organisation-wide pressure injury prevention and management system for the management and treatment of consumers with existing pressure injuries or who develop pressure injuries whilst receiving care.

Your community health service should have in place agreed processes for developing, implementing and documenting pressure injury wound management plans that are consistent with current best practice guidelines, where relevant.
### Managing pressure injuries

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<th>Overview of what is required</th>
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<tr>
<td>Access and review the latest evidence-based guidelines for wound management relevant to community health settings and ensure organisational policies, procedures and/or protocols are consistent.</td>
<td>Conduct local audits, or participate in audits conducted by the overarching health service organisation to determine the proportion of consumers identified as at risk of pressure injuries with a completed prevention plan.</td>
<td>Reports from clinical data systems that capture pressure injury wound progress or outcomes.</td>
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<tr>
<td>Policies, procedures and/or protocols for wound management plans may be available from the overarching health service organisation.</td>
<td>Observational audits may be undertaken to determine whether consumers are provided with care that is consistent with their documented wound management plan or whether there are issues with consumers who refuse to comply with plans.</td>
<td>Standardised forms and templates for documentation of pressure injury management plans.</td>
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<tr>
<td>Management plans for consumers with pressure injuries should be consistent with clinical guidelines and address: ongoing skin and wound assessment</td>
<td>Consider issues relating to compliance of consumers where care is provided in the home.</td>
<td>Audit of consumer clinical records to determine the consistency of wound management plans and best practice guidelines.</td>
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<tr>
<td>consumer positioning and the use of pressure relieving devices</td>
<td>Seek feedback from the workforce to identify any barriers to the implementation and compliance with wound management plans.</td>
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<td>allied health involvement</td>
<td>Use audit results and other information about wound management plans to identify gaps in the current system and agree on quality improvement activities to address issues. These may include:</td>
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<td>risk reduction strategies.</td>
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<tr>
<td>Ensure the workforce are trained in how to assess, manage and document pressure injuries in the consumer clinical record.</td>
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**8.8.3 Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans**

Where consumers have a documented pressure injury management plan, your community health service should undertake regular audits of consumer clinical records to determine the level of compliance with these plans to identify where system issues may exist.

- Conduction of local audits, or participation in audits conducted by the overarching health service organisation to determine the proportion of consumers identified as at risk of pressure injuries with a completed prevention plan.
- Observational audits may be undertaken to determine whether consumers are provided with care that is consistent with their documented wound management plan or whether there are issues with consumers who refuse to comply with plans.
- Consider issues relating to compliance of consumers where care is provided in the home.
- Seek feedback from the workforce to identify any barriers to the implementation and compliance with wound management plans.
- Use audit results and other information about wound management plans to identify gaps in the current system and agree on quality improvement activities to address issues. These may include:

**8.8.4 Action is taken to increase compliance with evidence-based pressure injury management plans**

- Audit of consumer clinical records for pressure injury wound assessment and management plans that comply with organisational policies, procedures and/or protocols.
- Audit of consumer clinical records for compliance with pressure injury management plans.
- Memos, newsletters or other communication material provided to the workforce about wound management compliance and quality improvement activities to address identified issues.
- Evidence of amendments to policies, procedures, protocols or work practices that address issues of non-compliance.
- Relevant documentation from committees and other meetings where reports on wound management non-compliance are reviewed and discussed.
- A risk register in line with Action 1.5.1 that includes actions to address identified risks.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
Managing pressure injuries

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<tr>
<th>Overview of what is required</th>
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<th>Examples of evidence</th>
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<tbody>
<tr>
<td>• improving access to equipment and resources required to manage pressure injuries</td>
<td>• improving or developing communication materials and information resources for clinicians, consumers and carers.</td>
<td>• Examples of improvement activities that have been implemented and evaluated.</td>
</tr>
<tr>
<td>• improving or developing communication materials and information resources for clinicians, consumers and carers.</td>
<td>• Provide feedback to the workforce on compliance with wound management plans and quality improvement activities undertaken to address issues.</td>
<td>• Communication materials provided to clinicians, consumers and carers about appropriate and effective strategies for managing pressure injuries.</td>
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Communicating with patients and carers

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<th>Overview of what is required</th>
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<tr>
<td>8.9 Informing patients with a high risk of pressure injury, and their carers, about the risks, prevention strategies and management of pressure injuries</td>
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8.9.1 Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and is meaningful

Your community health service should ensure that consumers and carers are engaged in planning their treatment, and opportunities should be identified to improve communication between clinicians, consumers and carers about the prevention and management of pressure injuries. This proactive and consumer-centred approach to care may help confirm physical assessment findings or obtain additional information to inform the development of a consumer’s pressure injury prevention and management plan. Opportunities for communication may occur:

• on presentation to a community health service
• during risk assessment, skin inspection or the delivery of wound care
• at regularly scheduled intervals throughout a consumer’s community health episode of care
• during each home visit
• at case conferences.

Communication can include written information such as brochures, fact sheets, newsletters and posters, online information and information broadcast on internal media systems.

• Identify if there are resources and frameworks for communication with consumers and carers available from the overarching health service organisation. These may be part of the policy framework that is required for **Standard 6: Clinical Handover**.

• If so, ensure these are adapted as required and implemented in your community health service.

• If your community health service is responsible for developing a consumer communication strategy for pressure injuries, you should review other communication processes and information resources used in other areas of the organisation.

• The communication processes and information resources required to meet this action may not need to be developed separately. These could be linked to policies, procedures and/or protocols for activities such as clinical handover.

• As part of this development process it may be useful to review resources for consumers and carers that are available from state, territory, national or disease-based consumer organisations. You should have these resources reviewed by consumers to ensure they meet the needs of your consumer population (see **Action 2.4.1**).

• Materials used in consumer education such as brochures, fact sheets, posters, videos and trusted web sites about prevention and management of pressure injuries.

• Consumer information for distribution by the workforce is available in a range of formats and languages.

• Records of consumer feedback on information resources provided about pressure injury prevention and management.
Communicating with patients and carers

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<th>Overview of what is required</th>
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<tr>
<td><strong>8.10 Developing a plan of management in partnership with patients and carers</strong></td>
<td>Engage and collaborate with consumers and carers in the development of pressure injury management plans.</td>
<td>Pressure injury management plans that provide space for consumer comment and signature.</td>
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<tr>
<td>8.10.1 Pressure injury management plans are developed in partnership with patients and carers</td>
<td>Document the involvement of consumers and carers in pressure injury management plans.</td>
<td>Results of consumer experience surveys regarding pressure injury management planning.</td>
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<td>Seek feedback from consumers about their satisfaction with their involvement in the development of pressure injury management plans.</td>
<td>Observation of consumers participating in making decisions about their care.</td>
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<td></td>
<td>Audit of consumer clinical records that demonstrates collaboration between clinicians and consumers in the development of pressure injury treatment plans.</td>
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The intention of this Standard is to ensure that a consumer’s clinical deterioration is recognised promptly and that appropriate action is taken. The National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration¹⁸ (the Consensus Statement) was developed by the Commission and has been endorsed by Australian Health Ministers as the national approach for recognising and responding to clinical deterioration in Australia. Standard 9 builds on the Consensus Statement to drive implementation of systems and processes for recognising and responding to clinical deterioration. Both the Consensus Statement and Standard 9 were written with the intention that they would be applied in acute healthcare services.

Standard 9 is applicable to services providing acute care interventions in the community. These services include inpatient palliative care providers, dialysis units, and hospital in the home. Such services should refer to the NSQHS Standard 9: Safety and Quality Improvement Guide²¹ for advice about implementing processes and systems to meet the requirements of this Standard. These processes and systems should be integrated with the local hospital and acute transport service, where relevant.

Standard 9 does not apply to most other community health services. These services should refer to Action 1.8.3 in Standard 1: Governance for Safety and Quality in Health Service Organisations for guidance about implementing systems to escalate care when there is an unexpected deterioration in a consumer’s health status.

If a community health service is uncertain about whether Standard 9 should apply, a risk assessment should be performed to determine what actions should be taken to ensure that consumers who deteriorate receive a timely and appropriate response.

Further information on implementing Standard 9 can be found in the NSQHS Standard 9: Safety and Quality Improvement Guide.²¹
The intention of this Standard is to reduce the incidence of falls and minimise harm from falls to consumers when they occur.

There are a variety of community health settings from outpatient clinics where the consumer visits a healthcare setting to community teams where services are delivered in the consumer’s home. The strategies to prevent falls and harms from falls will differ between settings.

The falls risk in community health services may vary significantly with the different service populations. Community health services should understand their consumer population and the risks to them from falling and the potential harm from falls. Community health services should understand and prioritise falls risks to ensure the approach taken by the organisation meets the needs of the consumer population.

Implementation of strategies should be comprehensive and address issues of screening and assessment, prevention and management, monitoring and evaluation and information for consumers. Policies, procedures and/or protocols for community health services will likely focus on the provision of information and tools to prevent consumers falling or the clinical treatment of injuries resulting from a fall.

The criteria to achieve this Standard are:

- Governance and systems for preventing falls
- Screening and assessing risks of falls and harm from falling
- Preventing falls and harm from falling
- Communicating with patients and carers.
### Governance and systems for preventing falls

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<th>Overview of what is required</th>
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<tr>
<td>10.1 Developing, implementing and reviewing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls</td>
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<td>10.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools</td>
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<td>10.1.2 The use of policies, procedures and/or protocols is regularly monitored</td>
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Your community health service should ensure that there is an organisation-wide falls prevention system in place that brings together the policies, procedures and/or protocols that are needed for consumers receiving care, therapy or services and consumers who are at risk from falling or who fall. Your community health service should ensure that policies, procedures and/or protocols are in place to address areas such as:

- screening for the risk of falls
- assessment of consumers at risk of falling
- use of falls prevention strategies
- management of falls risks
- responding and managing falls when they occur
- providing consumer information on falls prevention.

<table>
<thead>
<tr>
<th>Policies, procedures and/or protocols for falls prevention and management that are consistent with current evidence-based guidelines and describe:</th>
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<td>delegated workforce roles, responsibilities and accountabilities</td>
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<tr>
<td>the use of tools for falls screening and assessment</td>
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<tr>
<td>reporting of falls and falls prevention activities</td>
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</table>

- Relevant documentation from committees and other meetings where reports on compliance with the falls policy framework are reviewed and discussed.
- Evidence-based falls prevention and management guidelines such as the Preventing Falls and Harm from Falls in Older People Best Practice Guidelines for Australian Community Care® are accessible by the workforce.
- Community-based falls screening and assessment tools.
- Audit of consumer clinical records against falls prevention and management policies, procedures and/or protocols.
- Analyses of reports relating to falls incidents resulting in harm.
- Reports on falls and falls prevention activities provided to the individual or committee responsible for falls prevention and/or the governing body.
### Governance and systems for preventing falls

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.2 Using a robust organisation-wide system of reporting, investigating and change management to respond to falls incidents</strong></td>
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</tbody>
</table>
| **10.2.1 Regular reporting, investigating and monitoring of falls incidents is in place** | Ensure that falls are included in the incident reporting system that is required under Action 1.14.2.  
Ensure the workforce are aware of requirements for reporting falls and are trained in use of the incident reporting system.  
Standardise forms or templates for falls incident reporting that outlines the minimum data set to be collected.  
Identify the individual or group with the necessary skills to investigate falls incidents.  
Conduct local audits, or participate in audits conducted by the overarching health service organisation, of consumer clinical records and falls prevention and management strategies.  
Review and monitor falls incidents, adverse events and near misses from your community health service to identify where improvements are needed. There should be a local process for this, even if the overall governance for your organisation-wide falls prevention system is the responsibility of the overarching health service organisation. | Policies, procedures and/or protocols for reporting and investigation of falls incidents.  
An incident reporting system in line with Action 1.14.2 that includes reports of falls incidents.  
Falls incident reports including analysis of trends in falls incidents and causes, adverse events and near misses provided to the relevant committee and/or the governing body.  
Standardised forms or templates for falls incident reporting including the minimum data set for reporting and recording falls.  
Relevant documentation from committees and other meetings where reports on falls incidents and trends are reviewed and discussed.  
Audit of consumer clinical records of frequency and severity of falls.  
Orientation manuals, education resources and records of attendance at training by the workforce on falls incident reporting. |
| **10.2.2 Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation** | Routinely provide the results from audits, incident reviews and reports on falls incidents to the individual or committee responsible for falls and/or the governing body.  
Use falls data and information to guide the development of improvement strategies such as:  
providing information, education and training to the workforce involved in falls prevention. The training may be delivered locally (including online) or through the overarching health service organisation or other external organisation.  
| | |
| **10.2.3 Information on falls is reported to the highest level of governance in the health service organisation** | | |
| **10.2.4 Action taken to reduce the frequency and severity of falls in the health service organisation** | | |

These actions relate to processes for recording, reporting and responding to falls when they occur in your community health service.

To achieve these actions, your community health service should ensure that:
- incidents of falls are reporting and investigated
- administrative and clinical data is regularly reviewed to monitor the rate and severity of falls occurring.

Information about the falls management system and its effectiveness at preventing and managing falls needs to be provided to those areas that have responsibility for taking action.

Regular monitoring of the falls management system should be undertaken by your community health service to identify areas that would benefit from targeted quality improvement activities.
Governance and systems for preventing falls

<table>
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</thead>
<tbody>
<tr>
<td>• resolving any systems issues that may be identified (e.g. timely access to necessary equipment)</td>
<td>• Review information from the organisation’s risk register, incident reporting system and other performance audits to identify areas of improvement for the falls management system.</td>
<td>• Clinical indicator reports submitted to the governing body and/or jurisdictional bodies, where applicable.</td>
</tr>
<tr>
<td>• making amendments to local policies, procedures and/or protocols or making recommendations to the overarching health service organisation for policies that sit at that level</td>
<td>• Where services are provided in home settings, consider the appropriateness of conducting environmental reviews and recommendations for modifications.</td>
<td>• Memos, newsletters or other communication material provided to the workforce on performance of the falls management system and improvement strategies.</td>
</tr>
<tr>
<td>• undertaking local evaluation, or participating in external evaluations of the impact of quality improvement activities.</td>
<td>• Review the physical environment of your community health service and make modifications, where possible, to reduce the risk of falls.</td>
<td>• A quality improvement plan in line with Action 1.6.1 that includes actions to address identified falls issues.</td>
</tr>
</tbody>
</table>

10.3 Undertaking quality improvement activities to address safety risks and ensure the effectiveness of the falls prevention system

10.3.1 Quality improvement activities are undertaken to prevent falls and minimise patient harm

This action relates to the overarching quality improvement approach that is needed to prevent falls, reduce the harm from falls and improve falls management.

Your community health service should use a continuous quality improvement methodology to implement falls prevention strategies (see Appendix 1). Activities undertaken as part of Action 10.2.4, 10.5.3, 10.6.3 and 10.7.3 can be used to demonstrate compliance with this action.

• Review information from the organisation’s risk register, incident reporting system and other performance audits to identify areas of improvement for the falls management system.

• Where services are provided in home settings, consider the appropriateness of conducting environmental reviews and recommendations for modifications.

• Review the physical environment of your community health service and make modifications, where possible, to reduce the risk of falls.

• Participate in quality improvement activities that are conducted by the overarching health service organisation, where relevant.

• When conducting quality improvement activities locally, use a standardised quality improvement methodology to bring about change such as a Plan–Do–Study–Act cycle (see Appendix 1).

• Consider mechanisms for monitoring the implementation and impact of quality improvement activities for the prevention and management of falls.

• Provide feedback to the workforce on the performance of the falls management system and quality improvement activities.

• A risk register in line with Action 1.5.1 that includes actions to address identified falls risks.

• A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.

• Completed environmental assessment of your community health service.

• Evidence of completed home environment assessments and recommendations for modifications according to falls risk.

• Relevant documentation from committees and other meetings where falls reduction strategies are discussed and agreed.

• Examples of improvement activities that have been implemented and evaluated.

• Reports on the impact of falls reduction strategies and quality improvement activities.

• Memos, newsletters or other communication materials provided to the workforce on the falls management system.
## Governance and systems for preventing falls

<table>
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<tr>
<th>Overview of what is required</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>10.4 Implementing falls prevention plans and effective management of falls</strong></td>
<td>Where consumers have been identified as being at risk of falls or have experienced a fall, clinicians must have timely access to appropriate equipment and devices for preventing and managing these.</td>
<td><strong>10.4.1 Equipment and devices are available to implement prevention strategies for patients at risk of falling and management plans to reduce the harm from falls</strong></td>
</tr>
</tbody>
</table>

- Evaluate equipment and device requirements, usage and effectiveness in your community health service.
- Determine if there are any gaps in the type and number of support devices locally and options for accessing them.
- Schedule routine maintenance and coordinate ad hoc repairs to ensure equipment that is provided is well maintained and serviced, e.g. shower chairs and walking frames.
- Develop guidelines on how to access required equipment e.g. rental options.
- If there is a process for accessing and maintaining equipment within your overarching health service organisation, these activities should be carried out locally in accordance with this process.
- Ensure policies, procedures and/or protocols describe processes for:
  - managing consumers falls risk in their own home who refuse to use recommended equipment
  - implementing prevention plans when recommended equipment is not available
  - accessing equipment depending on the consumers personal circumstances, for example hiring or purchasing options.

- Register of equipment and devices available for prevention and management of falls.
- Guidelines for accessing and use of equipment to prevent and manage falls.
- Orientation manuals, education resources and records of attendance at training by the workforce in the use of equipment and devices for the prevention and management of falls.
- Audits of occupational therapy or physiotherapy home assessments and equipment or devices installed.
- Maintenance logs of equipment and devices.
- Systems in place for review and future procurement of equipment and devices.
- Relevant documentation from committees and other meetings where reports on falls prevention and management equipment resource allocation and efficacy are reviewed and discussed.
### Screening and assessing risk of falls and harm from falling

<table>
<thead>
<tr>
<th>Overview of what is required</th>
<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>10.5 Using a best practice-based tool to screen patients on presentation, during admission and when clinically indicated for the risk of falls</strong></td>
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<tr>
<td><strong>10.5.1 A best practice screening tool is used by the clinical workforce to identify the risk of falls</strong></td>
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<tr>
<td><strong>10.5.2 Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>10.5.3 Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission</strong></td>
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</table>

To achieve these actions, your community health service should ensure that:

- consumers are screened for their falls risk (either through a screening tool or through a process, such as clinical judgement)
- the result of the screening process is recorded in the consumers clinical record
- both screening and recording are monitored
- strategies to increase the number of consumers with a completed falls risk screening are implemented.

- Engage clinicians in the development, implementation and review of the falls management system including policies, procedures and/or protocols for screening of falls risk. This process should include a review of falls screening tools that are appropriate for your community health service and seek agreement on their inclusion as part of the screening process.
- Conduct local audits, or participate in audits of compliance conducted by the overarching health service organisation on the use of the agreed screening tool.
- Provide reports on the proportion of consumers screened for falls risk, using the agreed screening tool to the individual or committee responsible for the falls management system and/or the governing body.
- Seek feedback from the workforce on barriers to using the falls risk screening tool and strategies to improve its use.
- Identify strategies to increase rate of consumers being screened for falls risk.

- Policies, procedures and/or protocols that outline the use of evidence-based falls screening tools (or use of clinical judgement) for screening consumers for risk of falls.
- Records of feedback from clinicians on the falls risk screening process including the use of screening tools.
- Audits of consumer clinical records for use of agreed screening tools or compliance with screening requirements.
- Observational audits for use of falls screening processes and tools.
- Orientation manuals, education resources and records of attendance at training by the workforce on falls risk screening and use of screening processes and tools.
- Reports of the proportion of consumers with completed falls risk screening provided to the individual or committee responsible for the falls management system and/or the governing body.
- Relevant documentation from committees and other meetings where reports on the use of falls risk-screening tools are reviewed and discussed.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated.
Standard 10: Preventing Falls and Harm from Falls (continued)

Screening and assessing risk of falls and harm from falling

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>10.6 Conducting a comprehensive risk assessment for patients identified at risk of falling in initial screening processes</strong></td>
<td><strong>10.6.1 A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10.6.2 The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment</strong></td>
<td><strong>10.6.3 Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment</strong></td>
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Your community health service should ensure that:
- consumers at risk of falling are assessed for individual falls risks (either through an assessment tool or through an assessment process, such as clinical judgement)
- the result of assessment is recorded in the consumer’s clinical record
- both assessment and recording are to be monitored and strategies to increase the rate of assessment implemented, if appropriate.

- Engage clinicians in the development, implementation and review of the falls management system including policies, procedures and/or protocols for assessing consumers identified as being at risk of falling. This process should include a review of falls assessment best practice tools that are appropriate for your community health service and seek agreement on their inclusion as part of the assessment process.
- For community health services that do not have the capacity to conduct a comprehensive assessment, the falls management system should include a process that includes referrals for consumers to seek follow-up with another clinician, e.g. a general practitioner, community pharmacist or rehabilitation service, where available.
- Conduct local audits, or participate in audits of compliance conducted by the overarching health service organisation to assess the completion of comprehensive falls assessments.
- Seek feedback from the workforce on the barriers to conducting comprehensive falls assessments and use of agreed falls assessment tools.
- Provide reports on the proportion of at risk consumers receiving a comprehensive falls assessment to the individual or committee responsible for the falls management system and/or the governing body.
- Identify strategies to increase the rate of at risk consumers receiving a comprehensive falls assessment.

- Policies, procedures and/or protocols that outline the use of evidence-based falls assessment tools (or use of clinical judgement) for conducting comprehensive assessments of consumers at risk of falling.
- Audit of consumer clinical records shows consumers identified as at risk of falling are assessed in line with specified protocols.
- Orientation manuals, education resources and records of attendance at training by the workforce on falls risk factors and assessment.
- Reports on the proportion of consumers at risk of falling that receive a comprehensive falls assessment are provided to the individual or committee responsible for the falls management system and/or the governing body.
- Reports on the number of consumers assessed and the incidence of falls.
- Observational audits on use of the assessment tool.
- Relevant documentation from committees and other meetings where reports on the use of falls assessment tools and compliance with assessment processes are reviewed and discussed.
- A quality improvement plan in line with Action 1.6.1 that includes actions to address issues identified.
- Examples of improvement activities that have been implemented and evaluated.
### Preventing falls and harm from falling

<table>
<thead>
<tr>
<th>Overview of what is required</th>
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<th>Examples of evidence</th>
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<tbody>
<tr>
<td><strong>10.7 Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment</strong></td>
<td><strong>10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record</strong></td>
<td><strong>10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored</strong></td>
</tr>
<tr>
<td><strong>10.7.3 Action is taken to reduce falls and minimise harm for at-risk patients</strong></td>
<td>Document in the consumer’s clinical record individual consumer risk factors identified during screening and assessment when services commence and throughout the period of care.</td>
<td>Policies, procedures and/or protocols that describe best practice multifactorial falls prevention plans and tools.</td>
</tr>
<tr>
<td>care planning occurs to address the risks identified</td>
<td>Respond to individual risk factors with available interventions and in the context of standard falls prevention strategies, including the use of appropriate equipment and devices.</td>
<td>Standardised forms or templates for falls prevention plans.</td>
</tr>
<tr>
<td>care plans are acted upon</td>
<td>Ensure there is a process in place to communicate consumer falls risk information to other clinicians providing care, including incidence of consumer falls, at clinical handover.</td>
<td>Audit of consumer clinical records for the use of multifactorial falls prevention plans.</td>
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<tr>
<td>the result is recorded</td>
<td>Conduct local audits, or participate in audits of compliance conducted by the overarching health service organisation. These audits should assess the effectiveness and appropriateness of prevention and harm minimisation plans in reducing the incidence of falls.</td>
<td>Audit of consumer clinical records with a multifactorial falls prevention plan against care provided.</td>
</tr>
<tr>
<td>these tasks are monitored and action taken to reduce falls and harm from them.</td>
<td>Provide reports on the effectiveness and appropriateness of falls prevention and harm minimisation plans to the individual or committee responsible for the falls management system and/or the governing body.</td>
<td>Regular monitoring and review of consumer functional status and incidents of falls and near misses, pre- and post-implementation of the plan.</td>
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<td></td>
<td>Use the data and information collected from falls prevention and harm minimisation plans to implement strategies to improve their effectiveness in reducing incidence of falls.</td>
<td>Relevant documentation from committees and other meetings where reports on falls prevention and harm minimisation plans are reviewed and discussed.</td>
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<td></td>
<td>Communicate changes to the falls management system to the workforce and ensure they are aware of and trained in new policies, procedures and/or protocols.</td>
<td>Orientation manuals, education resources and records of attendance at training by the workforce on falls prevention and harm minimisation plans.</td>
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*Australian Commission on Safety and Quality in Health Care* Guide to the NSQHS Standards for community health services
Preventing falls and harm from falling

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<tr>
<td><strong>10.8 Patients at risk of falling are referred to appropriate services, where available, as part of the discharge process</strong></td>
<td>Establish relationships with external service providers to identify services that can be accessed by consumers when services cease or care is transferred.</td>
<td>A log of external service providers to which your community health service regularly refers.</td>
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<td></td>
<td>Maintain a log of services to which your community health service can refer consumers for follow up.</td>
<td>Formal contractual arrangement or memorandum of understanding between external service providers and your community health service.</td>
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<td></td>
<td>Implement formal referral arrangements or memoranda of understanding with external service providers to whom you regularly refer.</td>
<td>Standardised referral documents, forms or templates.</td>
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<td></td>
<td>Work with referring clinicians to develop standardised referral documents, forms or templates. Referral documentation to the general practitioner (or other provider) should detail falls risks identified and falls experienced during the episode of care and actions taken.</td>
<td>Feedback from the workforce and external service providers on the organisation’s referral and clinical handover processes.</td>
</tr>
<tr>
<td></td>
<td>The falls management system should include criteria for referral of consumers to other service providers.</td>
<td>Audit of consumer clinical records shows that falls risk is identified in the service cessation plan and includes referrals to:</td>
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<tr>
<td></td>
<td></td>
<td>• specialist clinicians such as geriatricians, ophthalmologists</td>
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<td>• continence consultants or nurses</td>
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<tr>
<td></td>
<td></td>
<td>• allied health professionals such as physiotherapists, occupational therapists, podiatrists, dieticians or optometrists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• general practitioners.</td>
</tr>
<tr>
<td><strong>10.8.1 Discharge planning includes referral to appropriate services, where available</strong></td>
<td>This action relates to the need to consider falls risks when services cease and care is transferred.</td>
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Communicating with patients and carers

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<thead>
<tr>
<th>Overview of what is required</th>
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<tbody>
<tr>
<td><strong>10.9 Informing patients and carers about the risk of falls, and falls prevention strategies</strong></td>
<td>Develop or source consumer information and resources about reducing falls risk that is appropriate to your community health service and your consumer population (see Action 2.1.2).</td>
<td>Materials used in consumer and carer education about preventing falls such as brochures, fact sheets, posters and web sites.</td>
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<td></td>
<td>Provide information about strategies to reduce the risk of falls to consumers at risk of falling that is easily understood and meets their needs.</td>
<td>Consumer information on falls prevention is available in a range of formats and languages for distribution by clinicians.</td>
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<td></td>
<td>Your community health service needs to ensure consumers and carers understand strategies for managing identified falls risk factors.</td>
<td>Observational audit of the availability of consumer information and resources at the point of care.</td>
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</tbody>
</table>
## Communicating with patients and carers

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<th>Suggested approach</th>
<th>Examples of evidence</th>
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</thead>
<tbody>
<tr>
<td>• Ensure that clinicians have access to this information at the point of care. Consideration will need to be given to mechanisms for accessing information when care is provided in a home setting.</td>
<td>Engage consumers and carers in the development of falls prevention and harm minimisation plans (see Action 1.18.1 and 10.7.1).</td>
<td>• Audit of consumer clinical records for evidence that consumers have been provided with information on falls risks and prevention strategies.</td>
</tr>
<tr>
<td>• Seek feedback from consumers about the information and resources provided on reducing falls risk (see Action 2.4.1)</td>
<td></td>
<td>• Reports on consumer feedback on falls prevention information provided.</td>
</tr>
<tr>
<td>• Provide formal or informal feedback to those responsible for maintaining these resources.</td>
<td></td>
<td>• Analysis of consumer feedback relating to consumer information on falls risks and prevention strategies.</td>
</tr>
</tbody>
</table>

### 10.10 Developing falls prevention plans in partnership with patients and carers

Your community health service should engage consumers and carers during care planning, which may ensure care plans are better suited to consumer preferences and possibilities.
Defining quality

‘Quality’ in healthcare reflects the extent to which a health service organisation produces a desired outcome. Improving quality is about making health care safe, effective, consumer-centred, timely, efficient and equitable.

A quality improvement approach

A ‘quality improvement approach’ aims to continually raise the quality of a service. It is concerned with comparing the quality of the service that is about to be produced, with the quality of what has been produced in the past. Adopting a quality improvement approach provides a means to measure if improvements have been achieved. This is a continuous process, so if the desired outcome has not been reached, the cycle can be adapted to allow the community health service to continually improve the safety and quality of care.

Figure A1: Model for improvement

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<tr>
<th>AIM</th>
<th>MEASURE</th>
<th>CHANGE</th>
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</thead>
<tbody>
<tr>
<td>What are we trying to accomplish?</td>
<td>How will we know if a change is an improvement?</td>
<td>What changes can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

It is crucial that quality improvement is a priority if the health service executives and management are to promote a quality improvement culture. Quality improvement should be an integral part of everyone’s work, regardless of role or position. Working as a team will improve the experience and outcomes for consumers and team members.

There are two basic components to a quality improvement approach:

- The first is to determine what you want to change (Figure A1).
- The second is to test if the expected change has occurred using a quality improvement model, e.g. the Plan–Do–Study–Act cycle (Figure A2).
Using the Plan–Do–Study–Act (PDSA) cycle involves developing a plan to test the change (Plan); carrying out the test (Do); observing and learning from the consequences (Study); and determining what modifications should be made to the test (Act). The PDSA model enables change by using a series of small-scale cycles which successively build on the knowledge from the previous cycle. A change that works on a small scale and is improved in subsequent PDSA cycles can then be implemented on a larger scale.

The NSQHS Standards provide a safety and quality improvement framework for health service organisations, as is illustrated in the following example for Standard 5: Patient Identification and Procedure Matching, Item 5.5, ‘Processes to match consumers and their care’ (adapted from Quality Improvement Guide).

<table>
<thead>
<tr>
<th>NSQHS Standard</th>
<th>Steps</th>
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</table>
| **Plan** 5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols. | • What is the purpose of the PDSA:  
○ Are you developing a new process to match consumers and their intended treatment?  
○ Are you testing your process to review its effectiveness?  
○ What indicator of success will you measure?  
○ How will you collect information on this indicator?  
○ Will you test the process is being used with consumers?  
○ How many consumers will be included in the test and over what time period?  
○ What do you hypothesise will happen?  
○ Develop a plan to test the change. |
| **Do** 5.5.1 A documented process to match patients and their intended treatment is in use. | • Conduct the test  
• Document any problems or unintended consequences. |
| **Study** 5.5.2 The process to match patients to any intended procedure, treatment or investigation is regularly monitored. | • Analyse the information you have collected  
• Compare the results to your predictions — did the plan work?  
• Reflect on what was learned. |
| **Act** 5.5.3 Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation. | • Refine the change idea, based on lessons learned from the test  
• Prepare a plan for the next test. |
Community health services will need to meet all core actions in the NSQHS Standards to achieve accreditation.

Using a risk management approach will provide community health services with a framework to assess and address risks identified in the organisation.

Community health services will need to assess the risks associated with an action and develop a plan of action that is prioritised in accordance with the findings of the risk assessment. Community health services may also need to complete a sample audit to establish baseline data for the identified risks.

To determine if a standardised risk management approach has been set for your community health service, it is recommended you contact your state or territory health department or overarching health service organisation, for information on the recommended risk framework.

Who is at risk?

- Consumers — some consumers more than others. Examples include the elderly, consumers undergoing surgery, neonates, or consumers with indwelling devices.
- Healthcare workforce — the workforce may have extensive exposure to risk.
- The organisation — this could be corporate or clinical risk.

What sort of risk needs to be identified?

- The health system — the risk may be outside the control of an organisation.
- The organisation — the risk may be corporate or clinical in nature.
- The team who are delivering the care — the risk may come from work practices or workplace culture.
- The consumer — may face risk from their lifestyle, age, location, exposure or family history.

What are the principles of risk management?

The five basic principles of risk management are to:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Avoid risk</td>
<td>Identify appropriate strategies that can be used to avoid the risk whenever possible. If a risk cannot be eliminated then it must be managed.</td>
</tr>
<tr>
<td>Identify risk</td>
<td>Assess the risk; identify the nature of the risk and who is involved.</td>
</tr>
<tr>
<td>Analyse risk</td>
<td>Examine how a risk can occur to find out: what is the likelihood and what are the consequences of this risk occurring.</td>
</tr>
<tr>
<td>Evaluate risk</td>
<td>Determine how the risk can be reduced or eliminated. Document the process and response/outcomes.</td>
</tr>
<tr>
<td>Treat risks</td>
<td>Manage the risk by determining who is responsible for taking actions, and when and how this will be monitored.</td>
</tr>
</tbody>
</table>

What are the steps to minimise risks?

To minimise risks, community health services will need to identify:

1. Who is at risk?
2. What is involved?
3. Why can it happen?
4. How likely is it?
5. What are the consequences?
6. What can be done?
7. Is the solution applied to the situation/risk identified?

You can use a risk management approach such as that set out in the *Australian / New Zealand Standard Risk Management — Principles and Guidelines*™, or your organisation may use a general risk analysis matrix, such as the matrix below:
Table A1: General risk analysis matrix

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Negligible</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Possible</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Very high</td>
<td>Very high</td>
</tr>
<tr>
<td>Likely</td>
<td>Medium</td>
<td>High</td>
<td>Very high</td>
<td>Very high</td>
<td>Extreme</td>
</tr>
<tr>
<td>Almost certain</td>
<td>Medium</td>
<td>Very high</td>
<td>Very high</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
</tbody>
</table>

Key: Low risk - Manage by routine procedures.
Medium risk - Manage by specific monitoring or audit procedures.
High risk - This is serious and must be addressed immediately.
Very high risk - The magnitude of the consequences of an event, should it occur, and the likelihood of that event occurring, are assessed in the context of the effectiveness of existing strategies and controls.

Source: Australian Guidelines for the Prevention and Control of Infections in Health Care (Table A2.1).41

How will we know how often the risk is likely to happen and what is the impact of the risk?

The risk assessment requires you to assess whether the risk is likely to be common or rare, or severe or mild. The sources of data that may help you understand how likely the risk will occur in the clinical or corporate environment include:

- monitoring and audit results to identify frequency or scope of risk
- surveillance data
- complaints
- observations
- literature
- benchmarking.

What are successful risk management strategies?

A range of strategies are available to address the risk identified, refer to the Australian Guidelines for the Prevention and Control of Infections in Health Care.41 These strategies will be influenced by a base-line review or gap analysis conducted by the organisation assessing the current governance arrangements, systems, processes, practices and their effectiveness.

Community health services will need to develop an action plan to prioritise strategies and resources to address the risks. This plan should consider timeframes for action.

How can collaboration help reduce risk?

Collaborating with others may help you to:

- Identify risks that are not always obvious to those in, or providing, the services.
- Recognise how risks impact upon other areas (e.g. workplace health and safety, human resources, education and consumers).
- Develop and utilise a standardised tool for identification and analysis of risk.
- Implement, monitor and evaluate the effectiveness of risk management strategies.
- Minimise duplication of resources required to develop and undertake risk assessment and management.

To assist with implementation of Standard 3, specialised risk matrices have been developed using this approach. Specialised risk matrices exist for specific purposes, such as:

- Aseptic Technique Risk Matrix48
- Workforce Immunisation Risk Matrix89

These resources are available from the Commission’s web site.
Appendix 3: Steps in applying for non-applicable actions

<table>
<thead>
<tr>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>A community health service assesses an action as non-applicable and applies to the accrediting agency by providing evidence or a rationale for the action to be rated as non-applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of submissions for non-applicable actions by the accrediting agency will be against the following criteria:</td>
</tr>
<tr>
<td>• The community health service demonstrates an action, criteria or individual NSQHS Standard is non-applicable because a particular service or product is not provided by the community health service, e.g. blood and blood products or wristbands.</td>
</tr>
<tr>
<td>• The community health service demonstrates an action, criteria or individual NSQHS Standard has limited applicability to the services it provides. For example, Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care is non-applicable in a non-acute healthcare setting.</td>
</tr>
<tr>
<td>• If a community health service changes the types of services offered and an action, criteria or individual NSQHS Standard that was previously assessed is no longer applicable.</td>
</tr>
<tr>
<td>• Advice to accrediting agencies on non-applicable actions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirmation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The accrediting agency confirms with the community health service, surveyor and regulator that an action is non-applicable for the purpose of accreditation of that organisation based on the evidence, context and precedence. A community health service can appeal any decision with their accrediting agency, which will have their own appeals process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>All actions that are confirmed as non-applicable and the basis for the decision is provided to the Commission, as the national coordinator, to determine national trends with a view to:</td>
</tr>
<tr>
<td>• clarifying the requirements of the action</td>
</tr>
<tr>
<td>• providing additional tools and resources for community health services to meet a NSQHS Standard</td>
</tr>
<tr>
<td>• making amendments to the Accreditation Workbooks</td>
</tr>
<tr>
<td>• considering amendments to the NSQHS Standards.</td>
</tr>
<tr>
<td>This information will be used for the purpose of a national review on the applicability of the criteria to community health services.</td>
</tr>
</tbody>
</table>
This decision support tool has been developed as general guidance for community health services undertaking self-assessment. It is designed to be read in conjunction with the 10 Safety and Quality Improvement Guides developed by the Commission.

### Appendix 4: Decision support tool for determining the level of performance to meet the NSQHS Standards

<table>
<thead>
<tr>
<th>Issue</th>
<th>Satisfactory performance</th>
<th>Unsatisfactory performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies, procedures and/or protocols are in use</td>
<td>• Documents detail the date they become effective and the date of the next revision.</td>
<td>• Documentation is:</td>
</tr>
<tr>
<td></td>
<td>• Source documents are referenced, particularly where they are represented as best practice or evidence-based.</td>
<td>○ out-dated</td>
</tr>
<tr>
<td></td>
<td>• Documents may reference the consultation processes undertaken or collaborative group involved in their development.</td>
<td>○ incomplete</td>
</tr>
<tr>
<td></td>
<td>• The documents are adapted to the specific context and setting in which they are used by the community health service.</td>
<td>○ either overly complex and detailed or lacking in specificity</td>
</tr>
<tr>
<td></td>
<td>• The workforce knows the documents exist, can access them, and know and use the contents.</td>
<td>○ not related to the organisation, e.g. policy developed by another organisation or body and not adapted for use by the community health service</td>
</tr>
<tr>
<td>Monitor and report</td>
<td>• Data sampling or collection occurs across the community health service.</td>
<td>• Data is not sufficiently proximal to the issue being examined to provide meaningful information.</td>
</tr>
<tr>
<td></td>
<td>• Quality of data is known.</td>
<td>○ No feedback is provided or the feedback provided is not sufficiently specific to be of use.</td>
</tr>
<tr>
<td></td>
<td>• Processes exist to test and improve the quality of the data.</td>
<td>○ Feedback is not available to individuals, the workforce, units, governance committees or areas that can make improvements.</td>
</tr>
<tr>
<td></td>
<td>• Feedback is provided to targeted areas and available across the community health service.</td>
<td>○ Data is not sufficiently recent to be relevant to the current provision of service.</td>
</tr>
<tr>
<td></td>
<td>• Data presented in reports is meaningful and relevant.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Data collection and reporting informs a problem area or an area of specific risk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Timeliness of the collection and review of the data is consistent with the issue being examined.</td>
<td></td>
</tr>
<tr>
<td>Action is taken to improve</td>
<td>• The action being taken is applicable to the issue/risk identified and focuses on key risks or priority areas identified by the community health service.</td>
<td>• Action is limited to an area of interest rather than an organisational priority or risk.</td>
</tr>
<tr>
<td></td>
<td>• Action is timely and responsive to issues as they arise.</td>
<td>○ Significant delays exist between the identification of an issue and action being taken.</td>
</tr>
<tr>
<td></td>
<td>• Relevant workforce are engaged in the development and implementation of the improvement.</td>
<td>○ Action is disparate and not coordinated, does not involve relevant workforce across the organisation.</td>
</tr>
<tr>
<td></td>
<td>• Action outcomes are, or will be, communicated to the workforce, consumers and carers, and governance committees.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Action outcomes could inform future improvement strategies broadly across the community health service.</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>• Training provided or accessed is matched to workforce training needs.</td>
<td>• Training does not address safety and quality of care needs, or workforce training needs.</td>
</tr>
<tr>
<td></td>
<td>• A system, such as a register, is in place to track workforce participation in training and qualifications.</td>
<td>○ The workforce are not aware of training.</td>
</tr>
<tr>
<td></td>
<td>• Training programs are evaluated.</td>
<td>○ The workforce are not able to access training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ The workforce are not given the opportunity to provide feedback or evaluate training.</td>
</tr>
</tbody>
</table>
## Appendix 4: Decision support tool for determining the level of performance to meet the NSQHS Standards (continued)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Satisfactory performance</th>
<th>Unsatisfactory performance</th>
</tr>
</thead>
</table>
| **Risk assessment** | - Clear and agreed processes exist to identify and record risks for the consumer, the organisation and for individual service areas.  
- Process of assessment is rigorous.  
- A scale to rate risk is consistently applied.  
- The risks are reviewed on a regular basis.  
- Risks are assessed at all levels of an organisation.  
- Data used to assess risks is current. | - There is no formal process for identifying, recording and rating of risk.  
- Different methods for rating risk are used across the organisation.  
- Risks are identified and rated at an organisational level, not at an individual service level. |
| **Regular review** | - Review occurs across the relevant organisation or a representative sample that is appropriate for the issue under review.  
- Risk assessment is used as the basis to determine the location and size of the sample.  
- Frequency and timing of the review is both organisationally appropriate and consistent with the level of risk of the issue. | - Frequency of review is insufficient in providing information that can be used to introduce change.  
- Size of the review is too small or biased to provide meaningful information.  
- Data collected is not current.  
- The review inappropriately excludes consumers. |
| **Evidence base or best practice** | - Reference is current and source is accepted as reputable and authoritative, and may include professional bodies, published articles or published research.  
- May be peer reviewed.  
- Where possible and appropriate, are consistent with national specifications or standards. | - Material or resources are not referenced, or source is not clear.  
- Reference material is out of date.  
- Inconsistencies are apparent in the material or resources. |
| **Processes and systems are in place** | - Processes and systems:  
  - are responsive in their ability to address issues  
  - clearly delineate roles, responsibilities and accountabilities  
  - interface with risk management, governance, operational processes and procedures for each Standard. | - The workforce are not aware of the processes and systems.  
- Processes and systems are cumbersome or not adhered to. |
| **Communication** | - Format of communication (e.g. email, posters or web site updates) is appropriate to the purpose.  
- Language is clear and concise.  
- Workforce are aware of the communication.  
- Processes for routinely distributing relevant communication materials are in place.  
- The needs of culturally and linguistically diverse populations are taken into consideration.  
- Communication strategies are evaluated and modified accordingly. | - Format is inappropriate for purpose.  
- Communication is not adapted for the target audience.  
- Key pieces of communication do not reach the target audience.  
- Communication strategies are rarely or not evaluated. |
| **Equipment** | - Workforce are trained in use of equipment.  
- Equipment is maintained and records kept of faults, repairs and maintenance. | - Workforce does not know how to use the available equipment appropriately.  
- Equipment is not available.  
- Equipment is not maintained or repaired. |
Met with merit

For an action to be assessed as ‘met with merit’ it is expected that the community health service would be able to demonstrate all of the following:

- All of the requirements of satisfactory performance are met for the specific standard.
- The improvement is apparent in all relevant areas of the organisation.
- The improvement is sustainable.
- The improvement is built into day-to-day operations.
- The performance reflects the safety and quality culture of the organisation.
- The improvement is evaluated.
To assist with your preparations for accreditation, a series of tables grouping similar actions can be found below.

### Table A2: Summary of actions for policies, procedures and protocols

An overarching requirement of the NSQHS Standards is to establish a process for developing, reviewing and updating policies, procedures and protocols. The table below will assist health service organisations to identify criteria and actions relating to policies, procedures and protocols.

<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
</table>
| 1.1 Implementing a governance system that sets out the policies, procedures and/or protocols for:  
  - establishing and maintaining a clinical governance framework  
  - identifying safety and quality risks  
  - collecting and reviewing performance data  
  - implementing prevention strategies based on data analysis  
  - analysing reported incidents  
  - implementing performance management procedures  
  - ensuring compliance with legislative requirements and relevant industry standards  
  - communicating with and informing the clinical and non-clinical workforce  
  - undertaking regular clinical audits | 1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols | 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 | C |
| 2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:  
  - strategic and operational/services planning  
  - decision making about safety and quality initiatives  
  - quality improvement activities | 2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation | D |
| 3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risk to patients of healthcare associated infections | 3.1.1 A risk management approach is taken when implementing policies, procedures and/or protocols for:  
  - standard infection control precautions  
  - transmission-based precautions  
  - aseptic technique  
  - safe handling and disposal of sharps | C |
<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
</table>
| Prevention and management of occupational exposure to blood and body substances | - prevention and management of occupational exposure to blood and body substances  
- environmental cleaning and disinfection  
- antimicrobial prescribing  
- outbreaks or unusual clusters of communicable infection  
- processing of reusable medical devices  
- single-use devices  
- surveillance and reporting of data where relevant  
- reporting of communicable and notifiable diseases  
- provision of risk assessment guidelines to workforce  
- exposure-prone procedures | C/D |
| 3.1.2 The use of policies, procedures and/or protocols is regularly monitored | | C |
| 3.1.4 Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols | | D |
| Promoting collaboration with occupational health and safety programs to decrease the risk of infection or injury to healthcare workers | 3.7.1 Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are being implemented to address:  
- communicable disease status  
- occupational management and prophylaxis  
- work restrictions  
- personal protective equipment  
- assessment of risk to healthcare workers for occupational allergies  
- evaluation of new products and procedures | C |
| Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection | 3.13.1 Mechanisms are in use to check for pre-existing healthcare associated infection or communicable disease on presentation for care | C |
| Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers | 3.15.1 Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including:  
- maintenance of building facilities  
- cleaning resources and services  
- risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved  
- waste management within the clinical environment  
- laundry and linen transportation, cleaning and storage  
- appropriate use of personal protective equipment | C |
<p>| 3.15.2 Policies, procedures and/or protocols for environmental cleaning are regularly reviewed | | C |</p>
<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1</strong> Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines</td>
<td>4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines</td>
<td>C</td>
</tr>
</tbody>
</table>
| **5.1** Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that:  
  - define approved patient identifiers  
  - require at least three approved patient identifiers on registration or admission  
  - require at least three approved patient identifiers when care, therapy or other services are provided  
  - require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated | 5.1.1 Use of an organisation-wide patient identification system is regularly monitored                   | C   |
| **5.5** Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols | 5.5.1 A documented process to match patients and their intended treatment is in use                      | C   |
| **6.1** Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialities, including:  
  - documented policy, procedures and/or protocols  
  - agreed tools and guides | 6.1.1 Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored | C   |
|                                                                                                   | 6.1.2 Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols | C   |
| **6.2** Establishing and maintaining structured and documented processes for clinical handover     | 6.2.1 The workforce has access to documented structured processes for clinical handover that include:  
  - preparing for handover, including setting the location and time whilst maintaining continuity of patient care  
  - organising relevant workforce members to participate  
  - being aware of the clinical context and patient needs  
  - participating in effective handover resulting in transfer of responsibility and accountability for care | C   |
| **8.1** Developing and implementing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls | 8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools | C   |
|                                                                                                   | 8.1.2 The use of policies, procedures and/or protocols are regularly monitored                           | C   |
| **10.1** Developing, implementing and reviewing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls | 10.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools | C   |
Table A3: Summary of training actions
The table below will assist health service organisations to identify which NSQHS Standards require the workforce to participate in education and training.

Health service organisations will need to identify their safety and quality risks as well as the workforce knowledge and skills required to address these risks. Completing an assessment of training needs, and strategies to address these needs, means that training can be targeted to the relevant members of the workforce.

<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4 Implementing training in the assigned safety and quality roles and responsibilities</td>
<td>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</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>1.4.2 Annual mandatory training programs to meet the requirements of these Standards</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality</td>
<td>D</td>
</tr>
<tr>
<td>1.12 Ensuring that systems are in place for ongoing safety and quality education and training</td>
<td>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 development</td>
<td>C</td>
</tr>
<tr>
<td>2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation</td>
<td>2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role</td>
<td>D</td>
</tr>
<tr>
<td>2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships</td>
<td>2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>2.6.2 Consumers and/or carers are involved in training the clinical workforce</td>
<td>D</td>
</tr>
<tr>
<td>3.9 Implementing protocols for invasive device procedures regularly performed within the organisation</td>
<td>3.9.1 Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices</td>
<td>C</td>
</tr>
<tr>
<td>3.10 Developing and implementing protocols for aseptic technique</td>
<td>3.10.1 The clinical workforce is trained in aseptic technique</td>
<td>C</td>
</tr>
<tr>
<td>3.18 Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices</td>
<td>3.18.1 Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices</td>
<td>C</td>
</tr>
</tbody>
</table>
Table A4: Summary of actions related to the consumer clinical record

The table below will assist health service organisations to identify criteria and actions relating to consumer clinical records.

Key:  
C = Core action  
D = Developmental action

<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.9 Using an integrated patient clinical record that identifies all aspects of the patient’s care</td>
<td>1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards</td>
<td>C</td>
</tr>
<tr>
<td>1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment</td>
<td>1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent</td>
<td>C</td>
</tr>
<tr>
<td>4.6 The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care</td>
<td>4.6.1 A best possible medication history is documented for each patient</td>
<td>C</td>
</tr>
<tr>
<td>4.7 The clinical workforce documenting the patient’s previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care</td>
<td>4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record</td>
<td>C</td>
</tr>
<tr>
<td>4.8 The clinical workforce reviewing the patient’s current medication orders against their medication history and prescriber’s plan, and reconciling any discrepancies</td>
<td>4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings</td>
<td>D</td>
</tr>
<tr>
<td>4.14 Developing a medication management plan in partnership with patients and carers</td>
<td>4.14.1 An agreed medication management plan is documented and available in the patient’s clinical record</td>
<td>D</td>
</tr>
<tr>
<td>8.5 Identifying risk factors for pressure injuries using an agreed screening tool for all presenting patients within timeframes set by best practice guidelines</td>
<td>8.5.2 The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation</td>
<td>C</td>
</tr>
<tr>
<td>8.6 Conducting a comprehensive skin inspection in timeframes set by best practice guidelines on patients with a high risk of developing pressure injuries at presentation, regularly as clinically indicated during a patient’s admission, and before discharge</td>
<td>8.6.1 Comprehensive skin inspections are undertaken using an agreed assessment tool and documented in the patient clinical record for patients at risk of pressure injuries</td>
<td>C</td>
</tr>
<tr>
<td>8.7 Implementing and monitoring pressure injury prevention plans and reviewing when clinically indicated</td>
<td>8.7.1 Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>8.7.3 Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan</td>
<td>D</td>
</tr>
</tbody>
</table>
### 8.8 Implementing best practice management and ongoing monitoring as clinically indicated

<table>
<thead>
<tr>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.8.2 Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record</td>
<td>C</td>
</tr>
<tr>
<td>8.8.3 Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans</td>
<td>C</td>
</tr>
</tbody>
</table>

### 10.7 Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment

<table>
<thead>
<tr>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record</td>
<td>C</td>
</tr>
</tbody>
</table>

### Table A5: Summary of actions that require data collection for audit or review

The table below identifies which of the NSQHS Standards require health service organisations to undertake sample or comprehensive audits or reviews.

**Key:**
- C = Core action
- D = Developmental action

<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>1.6.1 An organisation-wide quality management system is used and regularly monitored</td>
<td>C</td>
</tr>
<tr>
<td>1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence</td>
<td>1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored</td>
<td>C</td>
</tr>
<tr>
<td>1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce</td>
<td>1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice</td>
<td>C</td>
</tr>
<tr>
<td>1.18 Implementing processes to enable partnership with patients in decision about their care, including informed consent to treatment</td>
<td>1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent</td>
<td>C</td>
</tr>
<tr>
<td>3.5 Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative</td>
<td>3.5.1 Workforce compliance with current national hand hygiene guidelines is regularly audited</td>
<td>C</td>
</tr>
<tr>
<td>3.8 Developing and implementing a system for use and management of invasive devices based on the current national guidelines for preventing and controlling infections in health care</td>
<td>3.8.1 Compliance with the system for the use and management of invasive devices is monitored</td>
<td>C</td>
</tr>
<tr>
<td>3.10 Developing and implementing protocols for aseptic technique</td>
<td>3.10.2 Compliance with aseptic technique is regularly audited</td>
<td>C</td>
</tr>
<tr>
<td>3.11 Implementing systems for using standard precautions and transmission-based precautions</td>
<td>3.11.2 Compliance with standard precautions is monitored</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>3.11.4 Compliance with transmission-based precautions is monitored</td>
<td>C</td>
</tr>
<tr>
<td>This criterion will be achieved by</td>
<td>Actions required</td>
<td>C/D</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------</td>
<td>-----</td>
</tr>
<tr>
<td>3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system</td>
<td>3.14.3 Monitoring of antimicrobial usage and resistance is undertaken</td>
<td>C</td>
</tr>
<tr>
<td>3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers</td>
<td>3.15.3 An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly</td>
<td>C</td>
</tr>
<tr>
<td>3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers’ instructions</td>
<td>3.16.1 Compliance with relevant national or international standards and manufacturer’s instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored</td>
<td>C</td>
</tr>
<tr>
<td>4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks</td>
<td>4.2.1 The medication management system is regularly assessed</td>
<td>C</td>
</tr>
<tr>
<td>4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications</td>
<td>4.3.2 The use of the medication authorisation system is regularly monitored</td>
<td>C</td>
</tr>
<tr>
<td>4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents</td>
<td>4.4.1 Medication incidents are regularly monitored, reported and investigated</td>
<td>C</td>
</tr>
<tr>
<td>4.5 Undertaking quality improvement activities to enhance the safety of medicines use</td>
<td>4.5.1 The performance of the medication management system is regularly assessed</td>
<td>C</td>
</tr>
<tr>
<td>4.7 The clinical workforce documenting the patient’s previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care</td>
<td>4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration</td>
<td>C</td>
</tr>
<tr>
<td>4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use</td>
<td>4.9.2 The use of the information and decision support tools are regularly reviewed</td>
<td>C</td>
</tr>
<tr>
<td>4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer’s directions, legislation, jurisdictional orders and operational directives</td>
<td>4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed</td>
<td>C</td>
</tr>
<tr>
<td>4.10.3 The storage of temperature-sensitive medicines is monitored</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>4.10.5 The system for disposal of unused, unwanted or expired medications is regularly monitored</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely</td>
<td>4.11.1 The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed</td>
<td>C</td>
</tr>
<tr>
<td>5.2 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events</td>
<td>5.2.1 The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored</td>
<td>C</td>
</tr>
<tr>
<td>5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge</td>
<td>5.4.1 A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes</td>
<td>C</td>
</tr>
</tbody>
</table>
### Appendix 5: Tools to assist community health services prepare for accreditation (continued)

<table>
<thead>
<tr>
<th>This criterion will be achieved by</th>
<th>Actions required</th>
<th>C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.5</strong> Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols</td>
<td><strong>5.5.2</strong> The process to match patients to any intended procedure, treatment or investigation is regularly monitored</td>
<td>C</td>
</tr>
</tbody>
</table>
| **6.1** Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialties, including:  
  - documented policy, procedures and/or protocols  
  - agreed tools and guides | **6.1.3** Tools and guides are periodically reviewed | C   |
| **6.3** Monitoring and evaluating the agreed structured clinical handover processes, including:  
  - regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers  
  - undertaking quality improvement activities and acting on issues identified from clinical handover reviews  
  - reporting the results of clinical handover reviews at executive level of governance | **6.3.1** Regular evaluation and monitoring processes for clinical handover are in place | C   |
| **6.4** Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents | **6.4.1** Regular reporting, investigating and monitoring of clinical handover incidents is in place | C   |
| **8.2** Using a risk-assessment framework and reporting systems to identify, investigate and take action to reduce the frequency and severity of pressure injuries | **8.2.2** Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries | C   |
| **8.6** Conducting a comprehensive skin inspection in timeframes set by best practice guidelines on patients with a high risk of developing pressure injuries at presentation, regularly as clinically indicated during a patient’s admission, and before discharge | **8.6.2** Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments | C   |
| **10.1** Developing, implementing and reviewing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls | **10.1.2** The use of policies, procedures and/or protocols is regularly monitored | C   |
| **10.2** Using a robust, organisation-wide system of reporting, investigation and change management to respond to falls incidents | **10.2.2** Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation | C   |
| **10.5** Using a best practice-based tool to screen patients on presentation, during admission and when clinically indicated for the risk of falls | **10.5.2** Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls | C   |
| **10.6** Conducting a comprehensive risk assessment for patients identified at risk of falling in initial screening processes | **10.6.2** The use of the assessment protocol/guide/tool is monitored to identify the proportion of at-risk patients with a completed falls assessment | C   |
| **10.7** Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment | **10.7.2** The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored | C   |
Appendix 6: Resources to support community health services implement the NSQHS Standards

Standard 1

Standard 2


Standard 3


Information on antimicrobial use in the community for both prescribers and consumers is available from NPS MedicineWise at www.nps.org.au
Standard 4


Department of Health and Human Services Tasmania http://www.dhhs.tas.gov.au/about_the_department/business/community_sector_relations_unit/quality_and_safety

ISMP List of High Alert Medication in Community/Ambulatory Care http://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp


Standard 5


Standard 6


Standard 7


Standard 8


Appendix 6: Resources to support community health services implement the NSQHS Standards (continued)

**Standard 9**


**Standard 10**


References (continued)


80. Australian Commission on Safety and Quality in Health Care. Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Community Care, 2009.


83. Inglis A. Quality improvement, quality assurance, and benchmarking: comparing two frameworks for managing quality processes in open and distance learning. International Review of Research in Open and Distance Learning, 2005; Vol 6 (1).


