

Map of the Cosmetic Surgery Standards to the National Safety and Quality Health Service Standards

Introduction

This document maps the National Safety and Quality Cosmetic Surgery Standards (Cosmetic Surgery Standards) with the National Safety and Quality Health Service (NSQHS) Standards. The purpose of the document is to assist service providers who are already assessed to the NSQHS Standards to implement the Cosmetic Surgery Standards.

This document should be used alongside the *Cosmetic Surgery Module* which provides an overview of the actions that Services are required to implement in addition to the NSQHS Standards, allowing them to comply with both the NSQHS Standards and the Cosmetic Surgery Standards.

Cosmetic surgery employs invasive surgical procedures, to revise or change the appearance, colour, texture, structure or position of normal bodily features and involves cutting beneath the skin, with the purpose of achieving what the patient perceives to be a more desirable appearance. Cosmetic surgery is not used to prevent, diagnose or treat illness, disease or other medical conditions.

In this context, and in line with the Medical Board of Australia definitions, cosmetic surgery does not include:

- Non-surgical cosmetic procedures that do not involve cutting beneath the skin (including mole removal for the purposes of appearance)
- Surgery and procedures that have a medical justification and which may also lead to improvement in appearance
- Reconstructive surgery
- Gender affirmation surgery.

National Safety and Quality Cosmetic Surgery Standards

The Cosmetic Surgery Standards are person-centred and describe the processes and structures that are needed to deliver safe and high-quality cosmetic surgery practice. The Cosmetic Surgery Standards have been developed for implementation in Australia in every Service where cosmetic surgery is performed. They are aligned in structure and intent to the NSQHS Standards and are comprised of seven individual standards. The Clinical Governance Standard and the Partnering with Consumers Standard set the overarching requirements, or clinical governance framework, for the effective implementation of all other standards.

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

National Safety and Quality Health Service Standards

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. Implementation is mandated in all hospitals, day procedure services and public dental services across Australia.

When used in assessment they provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

Key to the maps

Services who are assessed to the NSQHS Standards can use these maps to review the actions they need to implement to meet the Cosmetic Surgery Standards.

Of the 101 actions in the Cosmetic Surgery Standards, this document identifies:

- **81 actions** as a full match with actions in the NSQHS Standards
- **9 actions** as a partial match, where further implementation activities are required
- **11 actions** having no direct match.

The 20 partial match and no direct match actions identified through this process are specific to cosmetic surgery and form the basis of the Cosmetic Surgery Module. Organisations completing the NSQHS Standards and the Cosmetic Surgery Module will be assessed in a single assessment process, thereby reducing compliance burden.

Overview – mapping of Cosmetic Surgery Standards to NSQHS Standards



Clinical Governance Standard		Partnering with Consumers Standard		Preventing and Controlling Infections Standard		Medication Safety Standard		Comprehensive Care Standard		Communicating for Safety Standard		Recognising and Responding to Acute Deterioration Standard	
Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards	Cosmetic Surgery Standards	NSQHS Standards
1.01	1.01	2.01	2.01	3.01	3.01	4.01	4.01	5.01	5.01	6.01	6.01	7.01	8.01
1.02	1.05	2.02	2.02	3.02	3.02	4.02	4.02	5.02	5.02	6.02	6.02	7.02	8.02
1.03	---	2.03	2.03	3.03	3.03	4.03	4.04	5.03	5.04	6.03	6.04	7.03	8.04
1.04	---	2.04	2.04	3.04	3.05	4.04	4.05	5.04	5.05	6.04	6.05	7.04	8.05
1.05	1.06	2.05	---	3.05	3.06	4.05	4.07	5.05	5.06	6.05	6.06	7.05	8.08
1.06	1.07	2.06	---	3.06	3.07, 3.14	4.06	4.08	5.06	6.04	6.06	6.07	7.06	8.07
1.07	---	2.07	---	3.07	3.08	4.07	4.09, 1.28	5.07	---	6.07	6.08	7.07	8.10
1.08	1.08, 1.09	2.08	2.06	3.08	3.09	4.08	4.11	5.08	5.07	6.08	6.09	7.08	8.11
1.09	1.10	2.09	2.07	3.09	3.10	4.09	4.12	5.09	---	6.09	6.10	7.09	8.13
1.10	1.11	2.10	---	3.10	3.11	4.10	4.13	5.10	5.24	6.10	6.11	7.10	8.12
1.11	1.12	2.11	2.10	3.11	3.12	4.11	4.14	5.11	5.25				
1.12	1.13	2.12	---	3.12	3.13	4.12	4.15	5.12	5.26				
1.13	1.14	2.13	2.12, 2.14	3.13	3.14								
1.14	1.16			3.14	3.15								
1.15	---			3.15	3.16								
1.16	1.16, 1.17			3.16	3.17								
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1.18	1.19, 1.20			3.18	3.19								
1.19	1.22												
1.20	1.23												
1.21	1.24												
1.22	1.25												
1.23	1.27												
1.24	1.28												
1.25	1.29												
1.26	1.32												

KEY	
	No direct match
	Partial match
	Full match

Detailed mapping of Cosmetic Surgery Standards with the NSQHS Standards



Clinical Governance Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Governance, leadership and culture	<p>1.01 The Service:</p> <ul style="list-style-type: none"> a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures these are communicated effectively to the workforce d. Establishes and maintains a clinical governance framework and uses the processes within the framework to drive improvements in safety and quality e. Clearly defines the safety and quality roles, responsibilities and accountabilities for those governing the service, management, clinicians and the workforce f. Monitors the action taken as a result of clinical incidents g. Reviews and monitors its progress on safety and quality performance h. Establishes and maintains systems for integrating care with other services involved in a patient's care 	<div style="border: 1px solid blue; border-radius: 5px; padding: 2px; display: inline-block;">Partial match</div>	<p>1.01 The governing body:</p> <ul style="list-style-type: none"> a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance 	<p>This action only requires additional compliance strategies for sub-action h</p>

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Governance, leadership and culture (continued)	1.02 The Service considers and prioritises the safety and quality of health care for patients in its business decision-making	Full match	1.05 The health service organisation considers the safety and quality of health care for patients in its business decision-making	
	1.03 The Service establishes and maintains systems to adapt clinical practices to reduce and mitigate its contribution to emissions	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	1.04 The Service has processes to assure itself clinicians conducting cosmetic surgery: <ol style="list-style-type: none"> a. Fully comply with Medical Board of Australia and jurisdictional requirements b. Allow sufficient time for informed consent processes to occur c. Ensure advertising of cosmetic surgery that they commission or are referenced in complies with legislation, national codes and guidelines 	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
Clinical leadership	1.05 Clinical leaders support clinicians and others in the workforce to: <ol style="list-style-type: none"> a. Understand and perform their delegated safety and quality roles and responsibilities b. Function within the clinical governance framework to improve the safety and quality of cosmetic surgery for patients 	Full match	1.06 Clinical leaders support clinicians to: <ol style="list-style-type: none"> a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients 	
Policies and procedures	1.06 The Service uses a risk management approach to: <ol style="list-style-type: none"> a. Set out, review, and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements 	Full match	1.07 The health service organisation uses a risk management approach to: <ol style="list-style-type: none"> a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Measurement and quality improvement	<p>1.07 The Service supports clinicians to contribute complete and accurate clinical data to clinical quality registries specified by the Medical Board of Australia relevant to a clinicians' scope of clinical practice</p>	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	<p>1.08 The Service:</p> <ul style="list-style-type: none"> a. Uses reports from clinical quality registries, its administrative, clinical and performance data to identify priorities for safety and quality improvement b. Acts on, reviews and monitors identified priorities for safety and quality improvement c. Measures changes in safety and quality indicators and outcomes d. Provides timely information on safety and quality improvement and performance to the governing body, the workforce and patients 	Partial match	<p>1.08 The health service organisation uses organisation-wide quality improvement systems that:</p> <ul style="list-style-type: none"> a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems <p>1.09 The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:</p> <ul style="list-style-type: none"> a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations 	This action only requires additional compliance strategies for sub-action a

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Risk management	<p>1.09 The Service:</p> <ul style="list-style-type: none"> a. Supports the workforce to identify, mitigate, report and manage safety and quality risks b. Routinely documents and monitors safety and quality risks c. Plans for, and manages, service provision during internal and external emergencies and disasters, including cyber security risks and threats 	Full match	<p>1.10 The health service organisation:</p> <ul style="list-style-type: none"> a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters 	
Incident management and open disclosure	<p>1.10 The Service has an incident management system that:</p> <ul style="list-style-type: none"> a. Supports the workforce to communicate concerns, recognise and report incidents b. Supports patients, carers and families to communicate concerns or report incidents c. Involves the workforce in the review of incidents d. Provides timely feedback on the analysis of incidents to the workforce and patients who have communicated concerns or incidents e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Is regularly reviewed and improved to support the effectiveness of care 	Full match	<p>1.11 The health service organisation has organisation-wide incident management and investigation systems, and:</p> <ul style="list-style-type: none"> a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Incident management and open disclosure (continued)	<p>1.11 The Service supports clinicians to use the Australian Open Disclosure Framework when a patient is harmed from the provision of cosmetic surgery</p>	Full match	<p>1.12 The health service organisation:</p> <ul style="list-style-type: none"> a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes 	
Feedback and complaints management	<p>1.12 The Service:</p> <ul style="list-style-type: none"> a. Has processes to regularly seek feedback from patients about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Reviews and reports on feedback to improve safety and quality systems 	Full match	<p>1.13 The health service organisation:</p> <ul style="list-style-type: none"> a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality system 	
	<p>1.13 The Service:</p> <ul style="list-style-type: none"> a. Supports patients to report complaints b. Has processes to address complaints in a timely way c. Uses information from the analysis of complaints to improve safety and quality d. Provides patients with the contact details of relevant healthcare complaints authorities when there are unresolved complaints 	Partial match	<p>1.14 The health service organisation has an organisation-wide complaints management system, and:</p> <ul style="list-style-type: none"> a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system 	This action only requires additional compliance strategies for sub-action d

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Healthcare records	<p>1.14 The Service has a system for maintaining a record of care that:</p> <ul style="list-style-type: none"> a. Makes the record available to clinicians at the point of care b. Requires the workforce to maintain accurate and complete records c. Complies with security and privacy regulations d. Supports systematic audit of clinical information e. Integrates multiple information systems, where they are used 	Full match	<p>1.16 The health service organisation has healthcare record systems that:</p> <ul style="list-style-type: none"> a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used 	
	<p>1.15 The Service has processes to:</p> <ul style="list-style-type: none"> a. Collect patient information prior to admission b. Ensure patients that are admitted comply with the Service's admission policies 	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Healthcare records (continued)	<p>1.16 The Service uses a digital clinical information system that:</p> <ul style="list-style-type: none"> a. Enables clinical information to be integrated into nationally agreed electronic health records b. Supports interoperability by the use of national healthcare unique identifier and standard national terminology 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>1.16 The health service organisation has healthcare record systems that:</p> <ul style="list-style-type: none"> a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used <p>1.17 The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:</p> <ul style="list-style-type: none"> a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies 	
	<p>1.17 Where the Service is adding clinical information into the nationally agreed electronic health records, they implement processes for the workforce to access information in compliance with legislative requirements</p>	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>1.18 The health service organisation providing clinical information into the My Health Record system has processes that:</p> <ul style="list-style-type: none"> a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Safety and quality training	<p>1.18 The Service:</p> <ul style="list-style-type: none"> a. Provides its workforce with orientation and training to their safety and quality roles on commencement with the service, when safety and quality responsibilities change and when new services are introduced b. Identifies the training needs of its workforce to meet the requirements of these standards c. Ensures the workforce completes mandatory safety and quality training 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>1.19 The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:</p> <ul style="list-style-type: none"> a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation <p>1.20 The health service organisation uses its training systems to:</p> <ul style="list-style-type: none"> a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training 	
Evaluating performance	<p>1.19 The Service has effective and reliable processes to:</p> <ul style="list-style-type: none"> a. Regularly review the performance of its workforce b. Monitor performance to ensure clinicians are adhering to professional standards, codes and guidelines c. Identify needs for training and development of safety and quality d. Makes mandatory notifications about clinicians as required by legislation and jurisdictional requirements 	<div style="border: 1px solid blue; border-radius: 50%; padding: 2px; display: inline-block;">Partial match</div>	<p>1.22 The health service organisation has valid and reliable performance review processes that:</p> <ul style="list-style-type: none"> a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system 	<p>This action only requires additional compliance strategies for sub-actions b and d</p>

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Credentialing and scope of clinical practice	1.20 The Service has processes to: <ul style="list-style-type: none"> a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation b. Monitor performance to ensure that clinician's function within their designated scope of clinical practice c. Review data from safety and quality incidents, feedback and complaints received d. Use information from safety and quality incidents, feedback and complaints to review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered 	Full match	1.23 The health service organisation has processes to: <ul style="list-style-type: none"> a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered 	
	1.21 The Service has credentialling processes to verify the qualifications and experience of clinicians providing cosmetic surgery to ensure only medical practitioners with appropriate qualifications, skills and training recognised by national legislation: <ul style="list-style-type: none"> a. Conduct cosmetic surgery b. Assist with the provision of anaesthetics for cosmetic surgery 	Full match	1.24 The health service organisation: <ul style="list-style-type: none"> a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process 	
Safety and quality roles and responsibilities	1.22 The Service has processes to support its workforce to understand the clinical governance framework and fulfill their assigned safety and quality roles and responsibilities	Full match	1.25 The health service organisation has processes to: <ul style="list-style-type: none"> a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Evidence-based care	<p>1.23 The Service has processes that:</p> <ul style="list-style-type: none"> a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care 	Full match	<p>1.27 The health service organisation has processes that:</p> <ul style="list-style-type: none"> a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care 	
Variation in clinical care and patient outcomes	<p>1.24 The Service supports its clinicians to:</p> <ul style="list-style-type: none"> a. Monitor and review data on variation in patient outcomes and clinical care provided against best practice care b. Explore reasons for variation from best practice c. Use information on unwarranted clinical variation to improve clinical care and patient outcomes 	Full match	<p>1.28 The health service organisation has systems to:</p> <ul style="list-style-type: none"> a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Safe environment	<p>1.25 The Service maximises safety and quality of care:</p> <ul style="list-style-type: none"> a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are safe and fit for purpose 	Full match	<p>1.29 The health service organisation maximises safety and quality of care:</p> <ul style="list-style-type: none"> a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose 	
	<p>1.26 The Service admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so</p>	Full match	<p>1.32 The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so</p>	



Partnering with Consumers Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	2.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Monitoring processes for partnering with consumers 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	2.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers 	
Applying quality improvement systems	2.02 The Service applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	2.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers 	
Healthcare rights	2.03 Partnering with patients underpins the delivery of services. Patients are partners in their own care to the extent they choose. The Service: <ul style="list-style-type: none"> a. Uses the Australian Charter of Healthcare Rights b. Has processes to support the workforce apply the principles of the Australian Charter of Healthcare Rights in the planning and delivery of cosmetic surgery c. Makes the Australian Charter of Healthcare Rights easily accessible for the workforce and patients 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	2.03 The health service organisation uses a charter of rights that is: <ul style="list-style-type: none"> a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Informed consent	2.04 The Service ensures that its informed consent processes comply with legislation and best practice	Full match	2.04 The health service organisation ensures that its informed consent processes comply with legislation and best practice	
	2.05 The Service has processes to provide patients with informed financial consent relating to cosmetic surgery prior to admission	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	2.06 The Service has processes to assure itself that clinicians conducting cosmetic surgery have provided patients: a. Information about the cosmetic surgery including expected outcomes, duration of expected outcomes, risks relevant to the patient and possible complications b. Information about any medical devices planned for use c. Information on all financial costs relating to the cosmetic surgery d. Information on any possible future costs including management of complications	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
	2.07 The Service has processes to ensure informed consent is given by a legally eligible decision-maker for patients under the legal age of consent	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
Shared decisions and planning care	2.08 The Service has processes for clinicians to partner with patients to plan, communicate, set and review goals, make decisions and document their preferences for cosmetic surgery	Full match	2.06 The health service organisation has processes for clinicians to partner with patients and/ or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
	2.09 The Service supports the workforce to partner with patients, so that patients can be actively involved in their own care	Full match	2.07 The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
<p>Accessing service information</p>	<p>2.10 The Service makes information freely available to consumers on:</p> <ul style="list-style-type: none"> a. Service location(s) and access details b. The medical practitioners conducting cosmetic surgery in the facility c. Estimated costs associated with cosmetic surgery performed in the facility d. Where estimated costs of services not directly charged by the Service can be obtained e. Where to access post-operative health care if the Service is closed, and in an emergency f. Mechanisms for providing feedback and contact details for the appropriate healthcare complaints authority 	<p>No direct match</p>	<p>—</p>	<p>Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards</p>
<p>Communication that supports effective partnerships</p>	<p>2.11 The Service supports clinicians to communicate with patients, about cosmetic surgery to ensure:</p> <ul style="list-style-type: none"> a. Information is provided in a way that meets the needs of patients, and is easy to understand and use b. The clinical needs of patients are addressed while they are accessing cosmetic surgery c. On discharge, patients are provided with verbal and written information about their ongoing care and what to do if emergency assistance is required 	<p>Partial match</p>	<p>2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p> <ul style="list-style-type: none"> a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge 	<p>This action only requires additional compliance strategies for sub-action c</p>

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Advertising	<p>2.12 The Service has processes to assure itself that advertising of cosmetic surgery it commissions or is referenced in:</p> <ul style="list-style-type: none"> a. Is not false, misleading or deceptive, or likely to be misleading, or deceptive b. Does not offer a gift, discount or other inducement c. Does not use testimonials or purported testimonials about the surgery d. Does not create unreasonable expectation of beneficial treatment e. Does not directly or indirectly encourage the indiscriminate use of cosmetic surgery 	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards
Partnerships in the planning, design, monitoring and evaluation of cosmetic surgery services	<p>2.13 The Service partners with the workforce and patients to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of cosmetic surgery services</p>	Full match	<p>2.12 The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation</p> <p>2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce</p>	



Preventing and Controlling Infections Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	3.01 The workforce uses the safety and quality systems from Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	3.01 The workforce uses the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance (continued)	<p>3.02 The Service:</p> <ul style="list-style-type: none"> a. Identifies and manages risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Has resources and processes to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks 	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; width: 20px; margin: 0 auto;">Full match</div>	<p>3.02 The health service organisation:</p> <ul style="list-style-type: none"> a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Applying quality improvement systems	<p>3.03 The Service applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.03 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Surveillance	<p>3.04 The Service has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that:</p> <ul style="list-style-type: none"> a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data, where available, to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, patients and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, patients and other relevant groups 	Full match	<p>3.05 The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that:</p> <ul style="list-style-type: none"> a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups 	
Standard and transmission-based precautions (see footnote * on page 26)	<p>3.05 The Service has processes to apply standard and transmission-based precautions that are fit for the setting and consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>, and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p>	Full match	<p>3.06 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p>	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Standard and transmission-based precautions (continued)	<p>3.06 The Service has:</p> <ul style="list-style-type: none"> a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions h. Processes for appropriate storage and management of clinical waste and linen 	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.07 The health service organisation has:</p> <ul style="list-style-type: none"> a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions <p>3.14 The health service organisation has processes to evaluate and respond to infection risks for:</p> <ul style="list-style-type: none"> a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Standard and transmission-based precautions (continued)	<p>3.07 The workforce applies standard and transmission-based precautions whenever required, and consider:</p> <ul style="list-style-type: none"> a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; workflow design; service design; surface finishes e. Precautions required when a patient is moved within the service or between external services f. The need for additional environmental cleaning or disinfection processes and resources g. The type of procedure being performed h. Equipment required for routine care 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.08 Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider:</p> <ul style="list-style-type: none"> a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; workflow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Standard and transmission-based precautions (continued)	3.08 The service has processes to: <ul style="list-style-type: none"> a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient’s infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection 	Full match	3.09 The health service organisation has processes to: <ul style="list-style-type: none"> a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient’s infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection 	
Hand hygiene	3.09 The Service has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: <ul style="list-style-type: none"> a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Supports the workforce and consumers to practise hand hygiene 	Full match	3.10 The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: <ul style="list-style-type: none"> a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements: b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance 	

* Standard precautions include hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or body fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management. Transmission-based precautions include droplet, contact and airborne precautions, or a combination of these precautions based on the route of transmission of infection.

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Aseptic technique	<p>3.10 The Service has processes for aseptic technique that:</p> <ul style="list-style-type: none"> a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique 	Full match	<p>3.11 The health service organisation has processes for aseptic technique that:</p> <ul style="list-style-type: none"> a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique 	
Invasive medical devices	<p>3.11 The Service has processes for the appropriate selection, use, management and removal of invasive medical devices that are consistent with the current edition of the <u><i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i></u></p>	Full match	<p>3.12 The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the <u><i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i></u></p>	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Clean and safe environment	<p>3.12 The Service has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the <u><i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i></u> and jurisdictional requirements to:</p> <ol style="list-style-type: none"> Respond to environmental risks, including novel infections Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies Provide access to training on cleaning processes for routine and outbreak situations, and novel infections Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy Use the results of audits to improve environmental cleaning processes and compliance with policy 	Full match	<p>3.13 The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the <u><i>Australian Guidelines for the Prevention and Control of infection in Healthcare</i></u> and jurisdictional requirements to:</p> <ol style="list-style-type: none"> Respond to environmental risks, including novel infections Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies Provide access to training on cleaning processes for routine and outbreak situations, and novel infections Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy Use the results of audits to improve environmental cleaning processes and compliance with policy 	
	<p>3.13 The Service has processes to evaluate and respond to infection risks for:</p> <ol style="list-style-type: none"> New and existing equipment, devices and products used in the organisation Clinical and non-clinical areas, and workplace amenity areas Maintenance, repair and upgrade of equipment, furnishings and fittings Handling, transporting and storing linen Novel infections, and risks identified as part of a public health response or pandemic planning 	Full match	<p>3.14 The health service organisation has processes to evaluate and respond to infection risks for:</p> <ol style="list-style-type: none"> New and existing equipment, devices and products used in the organisation Clinical and non-clinical areas, and workplace amenity areas Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings Handling, transporting and storing linen Novel infections, and risks identified as part of a public health response or pandemic planning 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Workforce screening and immunisation	3.14 The Service has a risk-based workforce vaccine-preventable diseases screening and immunisation policy and program that: <ul style="list-style-type: none"> a. Is consistent with the current edition of the <u><i>Australian Immunisation Handbook</i></u> b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	3.15 The health service organisation has a risk-based workforce vaccine-preventable diseases screening and immunisation policy and program that: <ul style="list-style-type: none"> a. Is consistent with the current edition of the <u><i>Australian Immunisation Handbook</i></u> b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce, consumers and patients 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Infections in the workforce	<p>3.15 The Service has risk-based processes for preventing and managing infections in the workforce that:</p> <ul style="list-style-type: none"> a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the <u><i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i></u> b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and ongoing services, including for novel infections d. Promote non-attendance for staff at work if unwell and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and services f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.16 The health service organisation has risk-based processes for preventing and managing infections in the workforce that:</p> <ul style="list-style-type: none"> a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the <u><i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i></u> b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Reprocessing of reusable medical devices	<p>3.16 When reusable equipment and devices are used, the Service has:</p> <ul style="list-style-type: none"> a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A process for critical and semi-critical equipment, instruments and devices that is capable of identifying <ul style="list-style-type: none"> ■ the patient ■ the procedure ■ the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.17 When reusable equipment and devices are used, the health service organisation has:</p> <ul style="list-style-type: none"> a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying <ul style="list-style-type: none"> ■ the patient ■ the procedure ■ the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Antimicrobial stewardship	<p>3.17 The Service has an antimicrobial stewardship program that:</p> <ul style="list-style-type: none"> a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence-based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current <i><u>Antimicrobial Stewardship Clinical Care Standard</u></i> e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement 	<div style="border: 1px solid black; border-radius: 50%; padding: 2px; width: 20px; margin: 0 auto;">Full match</div>	<p>3.18 The health service organisation has an antimicrobial stewardship program that:</p> <ul style="list-style-type: none"> a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence-based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current <i><u>Antimicrobial Stewardship Clinical Care Standard</u></i> e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Antimicrobial stewardship (continued)	<p>3.18 The Service’s antimicrobial stewardship program will:</p> <ul style="list-style-type: none"> a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding <ul style="list-style-type: none"> ■ compliance with the antimicrobial stewardship policy and guidance ■ areas of action for antimicrobial resistance ■ areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing ■ the service’s performance over time for use and appropriateness of use of antimicrobials 	<div style="border: 1px solid green; border-radius: 50%; padding: 2px; display: inline-block;">Full match</div>	<p>3.19 The antimicrobial stewardship program will:</p> <ul style="list-style-type: none"> a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding <ul style="list-style-type: none"> ■ compliance with the antimicrobial stewardship policy and guidance ■ areas of action for antimicrobial resistance ■ areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing ■ the health service organisation’s performance over time for use and appropriateness of use of antimicrobials 	



Medication Safety Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	4.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ol style="list-style-type: none"> Implementing policies and procedures for medication management Managing risks associated with medication management Identifying training requirements for medication management 	Full match	4.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ol style="list-style-type: none"> Implementing policies and procedures for medication management Managing risks associated with medication management Identifying training requirements for medication management 	
Applying quality improvement systems	4.02 The Service applies the quality improvement system from the Clinical Governance Standard when: <ol style="list-style-type: none"> Monitoring the effectiveness and performance of medication management Implementing strategies to improve medication management outcomes and associated processes Reporting on outcomes for medication management 	Full match	4.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ol style="list-style-type: none"> Monitoring the effectiveness and performance of medication management Implementing strategies to improve medication management outcomes and associated processes Reporting on outcomes for medication management 	
Medicines scope of clinical practice	4.03 The Service has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	Full match	4.04 The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
Medication reconciliation	4.04 Clinicians take a best possible medication history as part of the assessment of a patient's suitability for cosmetic surgery and is reconfirmed as early as possible in the provision of cosmetic surgery and at transitions of care	Full match	4.05 Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Adverse events involving medicines	4.05 The Service has processes for documenting a patient's history of medicine allergies and adverse events involving medicines and medical devices in the record for cosmetic surgery on presentation	Full match	4.07 The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
	4.06 The Service has processes for documenting adverse events involving medicines and medical devices experienced by patients during an episode of care in the healthcare record and in the Service's incident reporting system	Partial match	4.08 The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	This action only requires additional compliance strategies for the documentation and reporting of adverse events involving medical devices
	4.07 The Service has processes for reporting adverse events involving medicines and medical devices experienced by patients to: a. Relevant clinicians involved in the patient's care b. Therapeutic Goods Administration, in accordance with its requirements	Partial match	4.09 The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements 1.28 The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	This action only requires additional compliance strategies for the reporting of adverse events involving medical devices to relevant clinicians and the Therapeutic Goods Administration

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Information for patients	<p>4.08 The Service has processes to support clinicians to provide patients with information about their individual medicines needs and risks</p>	Full match	<p>4.11 The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks</p>	
	<p>4.09 The Service has processes to:</p> <ul style="list-style-type: none"> a. Support patients to maintain a current and accurate medicines list b. Encourage patients to share their medicines list with receiving clinicians at transitions of care and/or does so on a patient's behalf with their consent c. Use information on a patient's medication history to minimise risks in the planning and delivery of cosmetic surgery 	Partial match	<p>4.12 The health service organisation has processes to:</p> <ul style="list-style-type: none"> a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes 	<p>This action only requires additional compliance strategies to demonstrate that the Service has processes to support patients to maintain and share an accurate medicines list, and uses a patient's medication history to minimise risks in the planning and delivery of cosmetic surgery</p>
Information and decision support tools for medicines	<p>4.10 The Service ensures that information and decision support tools for medicines are available to clinicians</p>	Full match	<p>4.13 The health service organisation ensures that information and decision support tools for medicines are available to clinicians</p>	
Safe and secure storage and distribution of medicines	<p>4.11 The Service complies with manufacturers' directions, legislation, and jurisdictional requirements for the:</p> <ul style="list-style-type: none"> a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines 	Full match	<p>4.14 The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the:</p> <ul style="list-style-type: none"> a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
High-risk medicines	<p>4.12 The Service:</p> <ul style="list-style-type: none"> a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, supply and administer high-risk medicines safely 	Full match	<p>4.15 The health service organisation:</p> <ul style="list-style-type: none"> a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely 	



Comprehensive Care Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	<p>5.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care 	Full match	<p>5.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care 	
Applying quality improvement systems	<p>5.02 The Service applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care 	Full match	<p>5.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care 	
Designing systems to deliver comprehensive care	<p>5.03 The Service has systems for comprehensive care that:</p> <ul style="list-style-type: none"> a. Provide care to patients in the setting that best meets their clinical needs b. Ensure timely referral of patients with specialist healthcare needs to relevant services c. Identify, at all times, the clinician with overall accountability for a patient's care 	Full match	<p>5.04 The health service organisation has systems for comprehensive care that:</p> <ul style="list-style-type: none"> a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Collaboration and teamwork	5.04 The Service has processes to: <ul style="list-style-type: none"> a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team 	Full match	5.05 The health service organisation has processes to: <ul style="list-style-type: none"> a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team 	
	5.05 Clinicians work collaboratively to plan and deliver comprehensive care	Full match	5.06 Clinicians work collaboratively to plan and deliver comprehensive care	
	5.06 The Service facilitates reporting to other relevant clinicians involved in a patient's ongoing care	Full match	6.04 The health service organisation has clinical communications processes to support effective communication when: <ul style="list-style-type: none"> a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge 	
Suitability for cosmetic surgery	5.07 The Service has processes to assure itself that clinicians conducting cosmetic surgery assess a patient's suitability for the cosmetic surgery and is informed by: <ul style="list-style-type: none"> a. A patient's general health, including psychological health and other medical conditions that may impact suitability for cosmetic surgery b. Where available, information from a patient's referring clinician c. The patient's goals d. Outcomes of independent psychological assessments when further assessment is undertaken 	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Screening and assessment	5.08 The Service has processes relevant to the patient accessing cosmetic surgery for integrated and timely screening and assessment	Full match	5.07 The health service organisation has processes relevant to the patients using the service and the services provided: <ul style="list-style-type: none"> a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion 	
Planning and delivering comprehensive care	5.09 The Service has processes to assure itself that clinicians conducting cosmetic surgery: <ul style="list-style-type: none"> a. Develop and agree to a plan for the cosmetic surgery with the patient b. Deliver cosmetic surgery in accordance with the agreed plan for cosmetic surgery c. Monitor patients following cosmetic surgery d. Provide post-operative discharge instructions to the patient, including when to seek emergency assistance e. Schedule follow-up health care when required 	No direct match	—	Requires full compliance with this action as it is specific to the Cosmetic Surgery Standards

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Minimising patient harm from falls	5.10 The Service has systems that are consistent with best-practice guidelines for: <ul style="list-style-type: none"> a. Falls prevention b. Minimising harm from falls c. Post-falls management 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	5.24 The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: <ul style="list-style-type: none"> a. Falls prevention b. Minimising harm from falls c. Post-fall management 	
	5.11 The Service ensures that equipment, devices and tools are available to promote safe mobility and manage risks of falls	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	5.25 The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	
	5.12 Clinicians providing care to patients at risk of falls provides patients with information about reducing falls risks and fall-prevention strategies	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	5.26 Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	



Communicating for Safety Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	6.01 Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients. Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	6.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication 	
Applying quality improvement systems	6.02 The Service applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	6.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Organisational processes to support effective communication	<p>6.03 The Service has clinical communications processes to support effective communication when:</p> <ul style="list-style-type: none"> a. Patient identification and procedure matching should occur b. All or part of a patient's care is transferred within a service, between multidisciplinary teams, between clinicians or between services, and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes 	Full match	<p>6.04 The health service organisation has clinical communications processes to support effective communication when:</p> <ul style="list-style-type: none"> a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations, and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes 	
Correct identification and procedure matching	<p>6.04 The Service:</p> <ul style="list-style-type: none"> a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and cosmetic surgery is provided; and when clinical handover, transfer or discharge documentation is generated 	Full match	<p>6.05 The health service organisation:</p> <ul style="list-style-type: none"> a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated 	
	<p>6.05 The Service specifies the:</p> <ul style="list-style-type: none"> a. Processes to correctly match patients to their care b. Information that is documented about the process of correctly matching patients to their intended care 	Full match	<p>6.06 The health service organisation specifies the:</p> <ul style="list-style-type: none"> a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Clinical handover	<p>6.06 Processes for structured clinical handover are used to effectively communicate about the clinical care of patients.</p> <p>The Service, in collaboration with clinicians, defines the:</p> <ul style="list-style-type: none"> a. Minimum information content to be communicated at Clinical Handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of the patient c. Clinicians who are to be involved in the clinical handover 	Full match	<p>6.07 The health service organisation, in collaboration with clinicians, defines the:</p> <ul style="list-style-type: none"> a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 	
	<p>6.07 Clinicians use structured clinical handover processes that include:</p> <ul style="list-style-type: none"> a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient’s goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of information, responsibility and accountability for care 	Full match	<p>6.08 Clinicians use structured clinical handover processes that include:</p> <ul style="list-style-type: none"> a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient’s goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Communicating critical information	<p>6.08 Systems to effectively communicate critical information and risks when they emerge, or change are used to ensure safe patient care. Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, to patients and clinicians who make decisions about ongoing healthcare</p>	Full match	<p>6.09 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to:</p> <ul style="list-style-type: none"> a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 	
	<p>6.09 The Service ensures there are communication processes for patients, to directly communicate critical information and risks about care to clinicians</p>	Full match	<p>6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians</p>	
Documentation of information	<p>6.10 The Service has processes to contemporaneously document information in the healthcare record, including:</p> <ul style="list-style-type: none"> a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan 	Full match	<p>6.11 The health service organisation has processes to contemporaneously document information in the healthcare record, including:</p> <ul style="list-style-type: none"> a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan 	



Recognising and Responding to Acute Deterioration Standard

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Integrating clinical governance	7.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	8.01 Clinicians use the safety and quality systems from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration 	
Applying quality improvement systems	7.02 The Service applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	8.02 The health service organisation applies the quality improvement system from the Clinical Governance Standard when: <ul style="list-style-type: none"> a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems 	
Recognising acute deterioration	7.03 The Service has processes to detect acute physiological deterioration that require clinicians to: <ul style="list-style-type: none"> a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient 	<div style="border: 1px solid green; border-radius: 10px; padding: 2px; display: inline-block;">Full match</div>	8.04 The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: <ul style="list-style-type: none"> a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient 	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Recognising acute deterioration (continued)	<p>7.04 The Service has processes to recognise acute deterioration in mental state during or following cosmetic surgery that require clinicians to:</p> <ul style="list-style-type: none"> a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person’s known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state 	Full match	<p>8.05 The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:</p> <ul style="list-style-type: none"> a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person’s known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state 	
Escalating care	<p>7.05 The Service supports the workforce to:</p> <ul style="list-style-type: none"> a. Use protocols that specify criteria and pathways for escalating care to call for emergency assistance in a timely way b. Notify a patient’s other care providers, family and carers when their care is escalated 	Partial match	<p>8.08 The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance</p>	This action only requires additional compliance strategies for notifying a patient’s other care providers, family and carers when care is escalated
	<p>7.06 The service has processes for patients, carers or families to directly escalate care</p>	Full match	<p>8.07 The health service organisation has processes for patients, carers or families to directly escalate care</p>	

Item	Cosmetic Surgery Standards actions		NSQHS (2nd edition) Standards actions	Additional requirements
Responding to deterioration	7.07 The Service has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	Full match	8.10 The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
	7.08 The Service has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	Full match	8.11 The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
	7.09 The Service has processes for rapid referral to services that can provide definitive management of acute physical deterioration	Full match	8.13 The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
	7.10 The Service has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	Full match	8.12 The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	