

National Safety and Quality
Health Service Standards

Guide for Multi-Purpose Services and Small Hospitals



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Introduction

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care. 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.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare-associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, these NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

The Commission has developed the *National Safety and Quality Health Service Standards Guide for Multi-Purpose Services and Small Hospitals* to assist health service organisations to align their patient safety and quality improvement programs using the framework of the NSQHS Standards (second edition).

Multi-purpose services and small hospitals typically have fewer than 50 beds, provide many different services and are geographically isolated from larger hospitals. This guide includes examples of suggested reflective questions, strategies for improvement and resources that multi-purpose services and small hospitals can use to implement the NSQHS Standards.

For multi-purpose services, the NSQHS Standards apply to both the acute and aged care sections of the service. The definition of ‘patients’ and ‘consumers’ in this guide includes residents of a multi-purpose service.

The Clinical Governance Standard and the Partnering with Consumers Standards set the overarching system requirements for the effective implementation of the remaining six standards, which consider specific high-risk clinical areas

of patient care. The NSQHS Standards describe the patient care journey and are designed to be implemented in an integrated way. Similar implementation strategies apply to multiple actions across the NSQHS Standards. It is important to identify the links between actions across each of the eight NSQHS Standards. This will help health service organisations to ensure that their safety and quality systems are integrated, and reduce the duplication of effort in implementing the eight standards separately.

Important improvements in the safety and quality of patient care have been documented following implementation of the first edition of the NSQHS Standards from 2011, including:

- A decline in the *Staphylococcus aureus* bacteraemia rate per 10,000 patient days under surveillance between 2010 and 2014, from 1.1 to 0.87 cases
- A drop in the yearly number of methicillin-resistant *S. aureus* bacteraemia cases between 2010 and 2014, from 505 to 389
- A decline of almost one-half in the national rate of central line-associated bloodstream infections between 2012–13 and 2013–14, from 1.02 to 0.6 per 1,000 line days
- Greater prioritisation of antimicrobial stewardship activities in hospitals
- Better documentation of adverse drug reactions and medication history
- Reduction in the yearly red blood cell issues by the National Blood Authority between mid-2010 and mid-2015, from approximately 800,000 units to 667,000 units
- Declining rates of intensive care unit admissions following cardiac arrests and in-hospital cardiac arrest rates.

The Commission has worked closely with partners to review the NSQHS Standards and develop the second edition, embedding person-centred care and addressing the needs of people who may be at greater risk of harm. The NSQHS Standards (2nd ed.) set requirements for providing comprehensive care for all patients, and include actions related to health literacy, end-of-life care, care for Aboriginal and Torres Strait Islander people, and care for people with lived experience of mental illness or cognitive impairment.



The eight NSQHS Standards are:



Clinical Governance, which describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.



Partnering with Consumers, which describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality health care.



Preventing and Controlling Healthcare-Associated Infection, which describes the systems and strategies to prevent infection, to manage infections effectively when they occur, and to limit the development of antimicrobial resistance through prudent use of antimicrobials, as part of effective antimicrobial stewardship.



Medication Safety, which describes the systems and strategies to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and monitor use of the medicines.



Comprehensive Care, which describes the integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.



Communicating for Safety, which describes the systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.



Blood Management, which describes the systems and strategies for the safe, appropriate, efficient and effective care of patients' own blood, as well as other supplies of blood and blood products.



Recognising and Responding to Acute Deterioration, which describes the systems and processes to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

For each standard, this guide contains:

- A description of the standard
- A statement of intent
- A list of criteria that describe the key areas covered by the standard
- Explanatory notes on the content of the standard
- Item headings for groups of actions in each criterion
- Actions that describe what is required to meet the standard
- Key tasks, strategies, and use of examples of evidence to support each action.

Icons for specific actions

This guide uses icons to indicate actions that are relevant for particular groups or issues.



This icon indicates actions for which considering Aboriginal and Torres Strait Islander people specifically can improve the care provided.

The following icons identify actions relating to safety and quality issues that were addressed in separate standards in the first edition of the NSQHS Standards. These issues have been incorporated into the requirements of the second edition.

The Comprehensive Care Standard includes actions relating to:



Preventing falls and harm from falls



Preventing and managing pressure injuries

The Communicating for Safety Standard includes actions relating to:



Patient identification and procedure matching



This guide relates to the second edition of the NSQHS Standards, released in November 2017.

The key tasks, strategies and use of resources provided in this guide are not mandatory.

Health service organisations can choose improvement strategies that are specific to their local context. These strategies should be meaningful, useful and relevant to the organisation's governance, structure, the workforce and consumers.

Organisations that are part of a corporate group may need to refer to the implementation strategies recommended by the group's governing body or management.

Organisations should refer to *NSQHS Accreditation Workbook* for examples of evidence.

More information

A range of other supporting resources to assist health service organisations to implement the NSQHS Standards are available on the [Commission's website](#).

The Advice Centre provides support for health service organisations, surveyors and accrediting agencies on NSQHS Standards implementation.

Email: accreditation@safetyandquality.gov.au

Phone: 1800 304 056

1

Clinical Governance Standard





Clinical Governance Standard

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are patient centred, safe and effective.

Intention of this standard

To implement a clinical governance framework that ensures that patients and consumers receive safe and high-quality health care.

Criteria

Governance, leadership and culture

Patient safety and quality systems

Clinical performance and effectiveness

Safe environment for the delivery of care



Introduction

Patients and the community trust clinicians and health service organisations to provide safe, high-quality health care.

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, workforce, patients and consumers, and other stakeholders to deliver safe and high-quality health care. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

Each health service organisation needs to put in place strategies for clinical governance that consider the organisation's local circumstances.

To support the delivery of safe and high-quality care for patients and consumers, the Australian Commission on Safety and Quality in Health Care (the Commission) has developed the National Model Clinical Governance Framework. The framework has five components based on the criteria in the Clinical Governance Standard and the Partnering with Consumers Standard. Health service organisations should refer to the framework for more details on clinical governance, and the associated roles and responsibilities.

See the National Model Clinical Governance Framework¹ and *National Safety and Quality Health Service Standards Guide for Governing Bodies*.²



CRITERION: Governance, leadership and culture

Leaders at all levels in the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients.

Corporate governance encompasses the establishment of systems and processes that shape, enable and oversee the management of an organisation. It is the activity performed by governing bodies (often boards) of formulating strategy, setting policy, delegating responsibility, supervising management, and ensuring appropriate risk management and accountability arrangements are in place throughout the organisation.

For multi-purpose services (MPSs) and small hospitals, the governing body may be geographically removed from the organisation and operate as part of a local health network or private hospital group. However, the responsibilities of governing are the same.

Management has an operational focus, whereas governance has a strategic focus. Managers run organisations, whereas the governing body ensures that the organisation is run well and in the right direction. It is the board's responsibility to ensure good governance.³

The governing body derives its authority to conduct the business of the organisation from the enabling legislation, licences and the organisation's constitutional documents. The organisation is governed using corporate and clinical governance processes, elements of which are implemented by the governing body and by the workforce. As part of governance, the governing body:

- Establishes the strategic direction for the organisation
- Endorses a strategic and policy framework
- Delegates responsibility for operating the organisation to the chief executive officer, who in turn delegates specific responsibilities to the workforce
- Supervises the performance of the chief executive officer
- Monitors the organisation's performance.¹



Governance, leadership and culture

Action 1.1



The governing body:

- 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

Reflective questions

How does the governing body understand and promote safety and quality within the health service organisation?

How does the governing body set strategic direction and define safety and quality roles and responsibilities within the health service organisation?

What information does the governing body use to monitor progress and report on strategies for safe and high-quality clinical care?

Strategies for improvement

The governing body of MPSs or small hospitals that are part of a local health network or private hospital group will be responsible for endorsing and monitoring the established clinical governance framework and safety and quality systems.

The governing body of small hospitals that are not part of a local health network or private hospital group will need to set up a clinical governance framework using the National Model Clinical Governance Framework¹ and:

- Ensure that the roles, responsibilities and accountabilities for safety, quality and clinical governance within the organisation are clearly articulated
- Review the organisational structure, and the position descriptions and contracts for managers, and ensure that roles, responsibilities and accountabilities for safety (including clinical safety) and quality are clearly defined and articulated at all levels in the organisation
- Endorse the organisation's strategic plans, such as the safety and quality improvement plan, and the plan for partnering with consumers
- Review the template or calendar for reporting to the governing body on safety and quality indicators and data, and ensure that it covers all services, major risks, dimensions of quality and key elements of the quality management system
- Regularly review quality indicators to ensure that they are relevant and comprehensive
- Review relevant data from clinical incidents, and reports of complaints and other incidents
- Review the processes for providing feedback to the workforce, patients, consumers and the community about the organisation's safety and quality performance
- Review the organisation's audit program to ensure that it has enough safety and quality content
- Ensure that mitigation strategies are in place to deal with all major risks
- Ensure that systems are in place to regularly survey and report on organisational culture.



Action 1.2

The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people

Reflective question

What information from the organisation's performance, external sources, and the local Aboriginal and Torres Strait Islander community does the governing body use to identify and prioritise the specific health needs of Aboriginal and Torres Strait Islander patients?

Strategies for improvement

The governing body of MPSs or small hospitals that are part of a local health network or private hospital group will be responsible for setting safety and quality priorities to cover the specific needs of Aboriginal and Torres Strait Islander people who use the organisation's services.

The governing body of small hospitals that are not part of a local health network or private hospital group will need to set organisational goals to cover the specific health needs of Aboriginal and Torres Strait Islander people and focus the whole organisation on the elements of care that need to be provided.

The governing body and management should review the demographic profile of the patient population, and consider the health issues facing Aboriginal and Torres Strait Islander people who use their services. This will help to inform their decisions on which strategies might be used to best meet the needs of Aboriginal and Torres Strait Islander patients and consumers.

To understand the safety and quality issues facing Aboriginal and Torres Strait Islander people and the priorities for improving care, the governing body may need to:

- Consult with Aboriginal and Torres Strait Islander health service providers and communities with established referral processes
- Review information on the number and needs of Aboriginal and Torres Strait Islander patients using the health service

- Review performance data relating to Aboriginal and Torres Strait Islander patients, such as discharges against medical advice or unplanned readmissions within 28 days; these data may also include information on neonatal birth weight, or records of participation in chronic care and other programs
- Review feedback, outcome data, incidents and complaints to identify potential barriers for Aboriginal and Torres Strait Islander people in using the organisation's services
- Review workforce indicators such as the proportion of the workforce who identify as being of Aboriginal or Torres Strait Islander origin, as well as the effectiveness and coverage of cultural competency training for the workforce
- Endorse priorities and identified targets, and have mechanisms in place to review strategies to improve the safety and quality of health care for Aboriginal and Torres Strait Islander people
- Routinely review progress against Aboriginal and Torres Strait Islander safety and quality improvement strategies
- Review relevant internal and external data to inform planning and future decision-making relating to service development.

The governing body should review how this information is incorporated into organisational strategies to improve the care and experience for Aboriginal and Torres Strait Islander patients and consumers, and receive routine reports on the implementation of these strategies.

Further strategies are available in [*NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*](#).



Organisational leadership

Action 1.3

The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality

Reflective questions

Does the health service organisation have a documented clinical governance framework?

How is the effectiveness of the clinical governance framework reviewed?

Strategies for improvement

For MPSs or small hospitals that are part of a local health network or private hospital group for which the clinical governance framework has been described, managers should ensure that well-designed and integrated systems are in place that provide safe and high-quality health care.

Small hospitals that are not part of a local health network or private hospital group will need to document the clinical governance framework using the National Model Clinical Governance Framework.¹

All organisations will need to ensure systems and processes for:

- Policy development and maintenance
- Risk identification and management
- Testing organisational culture
- Clinical practice management
- Workforce performance and skills management
- Incidents and complaints management
- Patients' rights and engagement.

To ensure the effectiveness of these systems and processes, managers should use the clinical governance framework to:

- Monitor, analyse and report on performance
- Collect, analyse and report on feedback
- Recommend actions to improve the safety and quality of care, and provide advice to the governing body about the issues identified and actions taken.

Strategies may include:

- Identifying an individual or group responsible for overseeing the clinical governance framework; this could be an extra responsibility for a current committee
- Informing the workforce about the key aspects of the clinical governance framework and their roles and responsibilities for clinical leadership and improving safety and quality at all levels in the organisation
- Conducting performance reviews
- Reviewing results of clinical audits and system evaluation reports for compliance with the clinical governance framework.



Action 1.4

The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

Reflective questions

What strategies are used to improve outcomes for Aboriginal and Torres Strait Islander patients?

How are these strategies monitored, evaluated and reported?

Strategies for improvement

Health service organisations are responsible for designing, implementing and monitoring the strategies to achieve the priorities set by the governing body to improve the health of Aboriginal and Torres Strait Islander people. Strategies for improvement may include:

- Forming sustainable partnerships with local Aboriginal and Torres Strait Islander people by working with local communities to understand and acknowledge their healthcare needs, and the risks and barriers to accessing health care, and developing strategies and priorities for improved care delivery
- Providing flexibility in health service delivery and the patient journey; flexible health service organisations are more likely to be person centred and, as a result, increase patient engagement and participation in their care
- Employing Aboriginal and Torres Strait Islander people at all levels of the health service, and supporting and empowering them, which can improve the cultural competency of an organisation
- Monitoring safety and quality for Aboriginal and Torres Strait Islander people; health service organisations should have goals or targets for the care of their Aboriginal and Torres Strait Islander patients, and should routinely measure and report on specific performance indicators related to those goals and targets.

Other specific strategies may include:

- Establishing mechanisms to review and develop tailored care plans for Aboriginal and Torres Strait Islander people who often use the health service
- Reviewing the appropriateness and effectiveness of models of care for Aboriginal and Torres Strait Islander people, including options to provide care using outreach services
- Developing a workforce and employment strategy that sets targets and identifies how to increase or maintain the participation of Aboriginal and Torres Strait Islander people in the health workforce across clinical, managerial, support and advocacy roles
- Coordinating early discharge planning that considers the need for community social and health services
- Providing information materials in Aboriginal and Torres Strait Islander languages, if appropriate
- Coordinating service provision using flexible hours of service delivery (that is, outside a 9-to-5 working day)^{4,5}
- Discussing the safety and quality issues facing Aboriginal and Torres Strait Islander patients with the workforce, especially members of the Aboriginal and Torres Strait Islander health workforce, and Aboriginal and Torres Strait Islander consumers or community representatives
- Reviewing the scope and effectiveness of strategies in place to improve care for Aboriginal and Torres Strait Islander people.

Further strategies are available in [*NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*](#).



Action 1.5



The health service organisation considers the safety and quality of health care for patients in its business decision-making

Reflective questions

How are patient safety and quality issues considered when making business decisions?

How are decisions about patient safety and quality of care documented?

Strategies for improvement

For MPSs or small hospitals that are part of a local health network or private hospital group, business decisions may be the responsibility of the Local Hospital Network or state or territory health department.

For small hospitals that are not part of a local health network:

- Include safety and quality goals, objectives and strategies prominently in business and strategic planning; this will ensure that all strategic and decision-making processes consider the safety and quality of all services being provided
- Consider the safety and quality implications when making business decisions in the terms of reference for committees (for example, finance and audit committees, strategic planning committees)
- Ensure that decisions about the procurement of building, plant, consumables and equipment are informed, and that products and services are fit for purpose, comply with relevant standards, and take into consideration safety and quality issues
- Review templates for submitting business proposals to the governing body and management, and ensure that they take account of effects on safety and quality.



Clinical leadership

Action 1.6

Clinical leaders support clinicians to:

- 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

Reflective questions

How do clinical leaders engage with other clinicians on safety and quality matters?

How does the health service organisation ensure that the clinical workforce operates within the clinical governance framework?

Strategies for improvement

Strong leadership can drive safety and quality improvements, and make them a priority. Commitment from leaders is important, because their actions and attitudes influence the perceptions, attitudes and behaviours of the workforce.⁶

Clinical leaders may support the clinical workforce by:

- Supervising relevant members of the clinical workforce
- Conducting performance appraisals or peer reviews
- Reviewing safety and quality performance data within the organisation
- Ensuring that the workforce understands the clinical governance system.

Strategies to achieve this may include:

- Providing safety and quality training for clinicians
- Ensuring that the workforce has access to information about their expected roles and responsibilities for safety and quality, and the operation of the clinical governance framework
- Clearly documenting the reporting lines and relationships for safety and quality performance
- Conducting performance appraisals and auditing clinical practice to ensure that clinicians operate within the clinical governance framework
- Reviewing clinical audit results and taking action to deal with any issues identified
- Reporting audit findings to the governing body.



CRITERION: Patient safety and quality systems

Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.

Effective clinical governance creates a learning environment and a comprehensive program of

continuous quality improvement. The organisation's safety and quality systems should ensure that patient safety and quality incidents are recognised, reported and analysed, and used to improve the care provided. It is important that these systems are integrated with governance processes to enable health service organisations to actively manage risk, and to improve the safety and quality of care.

Policies and procedures

Action 1.7



The health service organisation uses a risk management approach to:

- 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

Reflective questions

How does the health service organisation ensure that its policy documents are current, comprehensive and effective?

How does the health service organisation ensure that its policy documents comply with legislation, regulation, and state or territory requirements?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should ensure that local procedures or work instructions are consistent with established policies, procedures and protocols, and are relevant to their patients and the services they provide. This will only be relevant if there is a process at the network or group level to develop, implement and regularly review policies, procedures and protocols.

Small hospitals that are not part of a local health network or private hospital group should develop, review and maintain policies, procedures and protocols. These documents should cover clinical

safety and quality risks, and be consistent with the organisation's regulatory obligations.

All policy documents should be incorporated into a single coherent system to maximise the effectiveness of the policy development process.

The workforce should have:

- Ready access to relevant policies, procedures and protocols
- Position descriptions, contracts, by-laws or other mechanisms that require the workforce to comply with their roles, responsibilities and accountabilities, and with organisational policies, procedures and protocols.

Monitor compliance with the organisation's policies, procedures and protocols. If appropriate, incorporate the information into the organisation's risk register and quality improvement plan.



Measurement and quality improvement

Action 1.8



The health service organisation uses organisation-wide quality improvement systems that:

- 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

Reflective questions

How does the quality improvement system reflect the health service organisation's safety and quality priorities and strategic direction?

How does the health service organisation identify and document safety and quality risks?

What processes are used to ensure that the actions taken to manage identified risks are effective?

Strategies for improvement

Identify the local governance arrangement for monitoring and improving safety and quality, including identifying local individuals or groups with responsibility for oversight of clinical safety and quality risk management.

MPSs or small hospitals that are part of a local health network or private hospital group should use the description of 'high quality' that is reflected through the network or group's vision, mission and values.

Small hospitals that are not part of a local health network or private hospital group should develop a description of 'high quality' – for example, describe an effective and safe health service organisation in which consumers have a good experience of care.

The organisation then:

- Shares this information with the workforce
- Determines how feedback will be collected from the workforce, patients and consumers

- Considers whether there is a coherent, planned and systematic schedule of audits of clinical and organisational systems, and reliable processes to capture findings and implement necessary improvements
- Develops a schedule for reporting to the governing body and managing the design and performance of key clinical systems
- Monitors and reviews progress on actions taken to improve safety and quality, and provides feedback to the workforce, patients and consumers
- Provides information and training, if necessary, to the workforce, patients and consumers to assist their involvement in analysing performance data.

One safety and quality measure that could be used in public health service organisations is hospital-acquired complications (HAC). HAC refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. The national list of HACs includes 16 complications that were selected based on the criteria of preventability, patient impact, service impact and clinical priority. Not all complications will be relevant to MPSs or small hospitals.

The HACs list, and further information on how it was developed and tested, are available on the [Commission's website](#).⁷



Action 1.9

The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:

- a. The governing body
- b. The workforce
- c. Consumers and the local community
- d. Other relevant health service organisations

Reflective question

What processes are used to ensure that key stakeholders are provided with accurate and timely information about safety and quality performance?

Strategies for improvement

- Develop a reporting schedule that outlines the topic areas, format and frequency of reporting on safety and quality performance, and the effectiveness of the safety and quality systems
- Involve the workforce, consumers, local communities and other health service organisations in identifying the information, format and frequency of reporting to these groups on safety and quality performance, and the effectiveness of the safety and quality systems
- Routinely collect process and outcome data that include all clinical areas and cover all locations of service delivery, and monitor data for trends and reporting clinical alerts.

Suitable metrics may include:

- Key relevant national priority indicators and regulatory requirements
- Indicators covering safety, clinical effectiveness, patient experience, access and efficiency across the organisation's services, and service locations
- Compliance with best-practice pathways.

Some organisations may choose to be involved in benchmarking groups, for which they submit clinical indicator data and are provided with benchmarking reports. This enables them to assess their performance against data collated from other similar peer groups.



Risk management

Action 1.10



The health service organisation:

- 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

Reflective questions

How does the health service organisation identify and document risk?

What processes does the health service organisation use to set priorities for, and manage, risks?

How does the health service organisation use the risk management system to improve safety and quality?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established risk management system.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt an organisation-wide risk management system, and ensure that it is appropriately designed, resourced, maintained and monitored.

In developing and maintaining the risk management system:

- Consider existing sources of information about patient safety, and whether more information is needed to reliably assess risk
- Consider whether risk management orientation, education and training are adequately covered in the organisation's education and training program

- Ensure clear allocation of roles, responsibility and accountabilities for maintaining the risk management systems and for performing the actions required
- Regularly review risks and report on risk to the governing body, the workforce and consumers
- Periodically review the effectiveness of the risk management system
- Use a risk management approach to planning for emergencies and disasters that may affect the organisation's operation or patient safety
- Implement and monitor a risk register, and review it regularly to ensure that
 - risk management policies, procedures and protocols are maintained
 - a reliable and systematic process of hazard identification is included across all areas
 - the workforce, patients and other stakeholders are actively encouraged and supported to report potential or actual risks
 - non-clinical risks are captured
 - the risk register can be used as a practical tool for risk management
 - all risks are assigned to a 'risk owner', who is responsible for managing, monitoring and ensuring that appropriate accountability arrangements are in place.



Incident management systems and open disclosure

Action 1.11



The health service organisation has organisation-wide incident management and investigation systems, and:

- 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

Reflective questions

How does the health service organisation identify and manage incidents?

How are the workforce and consumers involved in reviewing incidents?

How is the incident management and investigation system used to improve safety and quality?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established incident management and investigation system.

Small hospitals that are not part of a local health network should develop or adapt an incident management and investigation system, and ensure that it:

- Complies with state or territory requirements
- Is appropriately designed, resourced, maintained and monitored
- Clearly designates responsibility for maintaining the system
- Manages each incident from a clinical perspective.

Organisations should have a clear policy framework that defines the key elements of the system, and the roles and responsibilities of individuals and committees. The framework should describe the type of events to be reported, and the process for reporting, investigating, analysing and monitoring clinical incidents. It should also include the responsibility of clinicians to report incidents they observe or that arise from the use of healthcare records, including digital healthcare records.

Organisations need to ensure that:

- The workforce is trained in the assessment and use of the risk management system
- Patients are informed about and supported to report risks or concerns
- A reporting and management framework is implemented to routinely report incident data to the governing body, the workforce and consumers, and to drive improvements in safety and quality
- The incident management and investigation system is periodically audited to improve its design and performance, and to determine if it is adequately resourced



- Processes are in place to ensure the confidentiality of information and the ability of the workforce to report anonymously
- Analysis of incident data is used to identify trends and opportunities for improvement, and is disseminated to the workforce and consumers
- The incident management and investigation system is linked to the organisation's open disclosure, risk management, credentialing and scope of clinical practice processes; the state or territory incident management and investigation system, if applicable; and the procedure for communicating with the organisation's professional indemnity insurers.

Action 1.12

The health service organisation:

- a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework⁸
- b. Monitors and acts to improve the effectiveness of open disclosure processes

Reflective questions

How are clinicians trained and supported to discuss with patients incidents that caused harm?

How is information from the open disclosure program used to improve safety and quality?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established open disclosure framework.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt and implement the Australian Open Disclosure Framework in a way that reflects the context of services provided.

An open disclosure discussion should include:

- The elements of an apology or expression of regret (including the word 'sorry')
- A factual explanation of what happened
- An opportunity for the patient to relate their experience
- An explanation of the steps being taken to manage the event and prevent a recurrence.

Health service organisations implementing an open disclosure program should:

- Develop or adapt policies, procedures or protocols that are consistent with the Australian Open Disclosure Framework
- Ensure that responsibility for implementing the framework is allocated to an individual or committee
- Ensure that a system is in place for monitoring compliance with the framework; all variations from the framework should be investigated and addressed
- Review regular reports on open disclosure to ensure that the principles and processes of the framework are met
- Periodically conduct audits that focus on the management of clinical incidents and consistency with the Australian Open Disclosure Framework
- Provide training and support for the relevant members of the workforce who will be involved in open disclosure in the organisation, including those responsible for managing open disclosure issues.

See the [Australian Open Disclosure Framework web page](#) for more information.⁹



Feedback and complaints management

Action 1.13



The health service organisation:

- 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 systems

Reflective questions

How does the health service organisation collect patient experience feedback?

How does the health service organisation collect feedback from the workforce?

How are patient experience data and workforce feedback used to improve safety and quality?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established processes for seeking feedback from patients, carers and families about their experience of care, and for seeking feedback from the workforce on their understanding of safety and quality.

Small hospitals that are not part of a local health network or private hospital group should:

- Implement a comprehensive feedback system that is appropriately designed, resourced and maintained to
 - collect patient experience data
 - collect data on the workforce's understanding of safety and quality
- Describe the framework for reviewing feedback data from patients and the workforce, and incorporate issues identified into the organisation's quality improvement system
- Review reports on the analysis of patient experience data and the actions to deal with issues identified
- Periodically review the effectiveness of the organisation's feedback system.

Reported patient experiences are an important element in determining the quality of care provided. Patient and carer feedback should be gathered systematically, using well-designed (and, ideally, validated) data collection tools. The data should be used to improve the quality of care.

Strategies for obtaining patient experience feedback may include:

- Using a validated survey instrument that incorporates the national core common patient experience questions
- Regularly collecting feedback from patients, and providing feedback to the workforce, governing body and consumers
- Using focus groups of consumers to consider specific issues, or issues relating to a specific location or service provision.



Action 1.14

- The health service organisation has an organisation-wide complaints management system, and:
- Encourages and supports patients, carers and families, and the workforce to report complaints
 - Involves the workforce and consumers in the review of complaints
 - Resolves complaints in a timely way
 - Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken
 - Uses information from the analysis of complaints to inform improvements in safety and quality systems
 - Records the risks identified from the analysis of complaints in the risk management system
 - Regularly reviews and acts to improve the effectiveness of the complaints management system

Reflective questions

What processes are used to ensure that complaints are received, reviewed and resolved in a timely manner?

How are complaints data used to improve safety and quality?

What processes are used to review the effectiveness of the complaints management system?

- Processes for supporting patients, carers and families to make complaints and to review organisational safety and quality performance information
- Workforce training in complaints handling, and involvement of the workforce in analysing complaints and feedback from complaints
- Periodic review of the effectiveness of the organisation's complaints management system.

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adapt and implement the established complaints management system.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt an organisation-wide complaints management system that includes:

- A policy for receiving and reporting on complaints and incorporating issues into the organisation's quality improvement system
- Clearly defined roles, responsibilities and accountabilities for individuals and groups involved in the complaints management system
- Regular reports on the analysis of complaints data and the actions to manage issues identified



Diversity and high-risk groups

Action 1.15



The health service organisation:

- a. Identifies the diversity of the consumers using its services
- b. Identifies groups of patients using its services who are at higher risk of harm
- c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care

Reflective questions

What are the sociodemographic characteristics of the patient population?

How do these characteristics affect patient risk of harm?

How is this information used to plan service delivery and manage inherent risks for patients?

Strategies for improvement

Understanding the characteristics of the patient population allows organisations to identify groups of patients that may be at greater risk of harm, or who are more likely to have a poor experience of health care because of their condition, age or gender; social, economic and geographic circumstances; cultural backgrounds, religion or preferred languages spoken; or sexuality.

Identify the groups of patients using the health service who have an increased risk of harm, and implement strategies to proactively manage these risks. This may involve:

- Reviewing demographic data (such as age, gender, postcode or ethnicity) to understand the diversity of the patient population
- Analysing relevant data to determine the key risks faced by different demographic groups
- Conducting a risk assessment for groups of patients, procedures or locations of treatments that are known to be high risk
- Developing strategies to identify high-risk patients, and mechanisms to provide extra safety and quality protections for those patients
- Discussing the strategies to overcome these risks with the clinical governance committee, the clinical workforce or representatives of the different risk groups.



Healthcare records

Action 1.16

The health service organisation has healthcare records systems that:

- 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

Reflective questions

How does the health service organisation ensure that clinicians have access to accurate and integrated healthcare records?

How does the health service organisation ensure the privacy and security of healthcare records?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established healthcare records management system.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt an organisation-wide records management system that:

- Ensures that healthcare records are available at the point of care
- Has processes to maintain the confidentiality and privacy of patient information, including infrastructure, policies and workforce training for paper-based and digital healthcare records, and ensures they are consistent with the law and good practice

- Ensures that the workforce is trained in the use and maintenance of healthcare records
- Documents accountabilities and terms of reference for the individuals or groups responsible for governance of the healthcare records system
- Periodically reviews the design of the healthcare record to ensure that it enables documentation of the relevant clinical elements and clinical audit
- Ensures that systems are in place for data entry to clinical registries, when required
- Periodically audits the performance of the healthcare records systems, and improves them as necessary
- When multiple information systems are used to capture patient clinical information, periodically reviews the data systems to ensure that the processes for information capture are well designed, well resourced and working effectively.



Action 1.17

The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:

- 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

Reflective questions

What processes are used to ensure that the health service organisation's information technology systems comply with the requirements of the My Health Record system?

How does the health service organisation ensure that the workforce is appropriately trained in the use of the My Health Record system, including the use of identifiers and terminology?

Strategies for improvement

The My Health Record system allows the secure collection, storage and exchange of health information between consumers and providers. It uses information from general practitioners, pharmacies, pathology laboratories, imaging services and hospitals to improve the safety and quality of care by supporting clinical handover and making clinical information accessible in different settings.

The My Health Record system uses unique national identifiers for patients, clinicians and health service organisations to ensure secure access to healthcare records. Use of national patient identifiers in local systems can prevent duplication of records and minimise the chance of information being assigned to the wrong patient. It also allows correct identification of treating clinicians and health service organisations, enabling follow-up by other clinicians involved in the patient's care. For more information, see [Healthcare Identifiers Service – frequently asked questions](#).¹⁰

Adopting standard terms such as Australian Medicines Terminology (AMT) and SNOMED CT-AU ensures that clinical information captured in local systems can be readily understood and used by other clinicians accessing this information. See the [Australian Digital Health Agency website](#) for more details.¹¹

MPSs or small hospitals that are part of a local health network or private hospital group should implement and use the established processes for My Health Record locally.

Small hospitals that are not part of a local health network or private hospital group, and that are implementing the My Health Record system, should ensure that policies and processes:

- Use unique national identifiers for patients, clinicians and health service organisations in local systems, and in clinical documents loaded into the My Health Record system
- Use standard national terms such as the AMT in healthcare records and clinical documents loaded into the My Health Record system.

Health service organisations will have different levels of preparedness to provide clinical information into the My Health Record system. Implementation of this action may depend on the resources available and the organisation's current healthcare records system.



Action 1.18

The health service organisation providing clinical information into the My Health Record system has processes that:

- 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

Reflective questions

How does the health service organisation manage the policy implications and risks associated with introducing the My Health Record system?

How does the health service organisation check the accuracy and completeness of clinical information in the My Health Record system?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group and use My Health Record should use the established system for entering clinical information locally.

Small hospitals that are not part of a local health network or private hospital group and use My Health Record should ensure that:

- Policies and processes for accessing the My Health Record system are developed, maintained and regularly reviewed to ensure that access is in accordance with requirements under the *My Health Records Act 2012*
- Steps are taken to ensure that clinical documents provided to the My Health Record system are accurate at the time of loading, and that any amendments made to these clinical documents are also loaded into the system.

Health service organisations that have access to, or load documents into, the My Health Record system are required to develop and maintain a My Health Record system policy that outlines the:

- Process for authorising clinicians to use the system, and for deactivating accounts of those who no longer need access
- Training to be provided to the workforce on their professional and legal obligations in using the system
- Physical and technical security measures to control access to the system
- Identification and management of system-related security risks to be escalated to the executive.

See the [Australian Digital Health Agency website](#) for information on how to register with the My Health Record system.¹²



CRITERION: Clinical performance and effectiveness

The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.

Safety and quality of care will be at risk if the workforce does not have the appropriate level of skill or experience, even if systems of care are well designed. Organisations have a responsibility to

ensure that the care they provide meets minimum standards, to support continuous improvement, and to identify and manage clinicians whose performance does not meet appropriate standards. Credentialing, clinical audit, performance review, education and training, compliance with acceptable clinical guidelines and evaluating variation in practice can all assist in the provision of safe, high-quality services.¹³

Safety and quality training

Action 1.19

The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:

- a. Members of the governing body
- b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation

Reflective question

What information is provided to new members of the governing body and workforce about their roles and responsibilities for safety and quality?

Strategies for improvement

MPSs and small hospitals should routinely review the organisation's orientation policies and programs, and consider whether the content is current and provides appropriate and effective orientation in safety, quality and clinical governance.

Orientation introduces a member of the governing body or workforce to the organisation's safety and quality systems, policies, procedures and protocols; clinical safety; quality; leadership; and risk.

Consider whether induction is reliably provided to all members of the workforce, including contracted, locum, agency, student or volunteer members.



Action 1.20

The health service organisation uses its training systems to:

- 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

Reflective questions

How does the health service organisation test the skills level of the workforce?

What training does the health service organisation provide on safety and quality?

How does the health service organisation identify workforce training needs to ensure that workforce skills are current and meet the health service organisation's service delivery requirements?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established training policies and programs.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt a training policy and program to provide appropriate and effective education and training in safety, quality and clinical governance.

The organisation's education and training policies should:

- Define mandatory education and training requirements in relevant aspects of safety, quality, leadership and clinical risk for all members of the workforce
- Support the provision of education and training to the workforce based on comprehensive and regularly updated assessment of need
- Require evaluation of the outcomes of education and training in safety, quality, leadership and risk
- Ensure that appropriate records are maintained of education and training undertaken by each member of the workforce

- Provide each member of the workforce with the opportunity (through performance review and development programs) to define their education and training goals, and agree with their manager on opportunities to achieve these goals.

Regularly assess the training needs of workforce members, and implement a training program that both meets the needs of the workforce to effectively perform their roles and incorporates elements to meet the requirements of the NSQHS Standards. Training needs may be identified through several pathways, including professional development activities, analysis of incident management and investigation systems, or a workforce survey.

Use a risk management approach to schedule training for the workforce based on a needs assessment. Use external training providers if training cannot be efficiently provided internally. Record and monitor attendance at training sessions to ensure that the workforce maintains skills and competencies.

The organisation is responsible for ensuring that members of the workforce who are employed indirectly (for example, using contract or locum arrangements) have the required qualifications, training and skills to effectively perform their roles. Organisations may:

- Have a contractual arrangement with agencies that provide temporary or locum members of the workforce
- Implement a formal process to verify that credentialed medical practitioners or locum members of the workforce have the required qualifications, training and skills
- Provide training to locum or agency members of the workforce at orientation and induction.



Action 1.21

The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

Reflective question

How does the health service organisation work to meet the needs of Aboriginal and Torres Strait Islander patients?

Strategies for improvement

Having an effective culture in place means that an organisation has a defined set of values and principles, and demonstrates behaviours, attitudes, policies and structures that enable it to work effectively.¹⁴

MPSs and small hospitals should:

- Ensure that actions to improve cultural competency are implemented and monitored for effectiveness
- Review the organisation's education and training policies and programs to ensure that they adequately cover cultural competency, and monitor workforce participation in training
- Review and maintain the organisation's targets for the participation of Aboriginal and Torres Strait Islander people in the health workforce across clinical, managerial, support and advocacy roles.

Health service organisations should acknowledge and be respectful of the cultural factors and complex kinship relationships that exist in the local Aboriginal and Torres Strait Islander community.¹⁵

Aboriginal and Torres Strait Islander people do not always see mainstream health services as offering them a safe and secure place to get well. In many instances, they experience¹⁶:

- Isolation from community and kin
- Language barriers in understanding health messages and difficulty in informing clinicians of their needs
- Financial difficulties in gaining access to treatments (for example, travel costs) and funding the costs of the treatment
- Perceived inferior treatment.

To improve the cultural competency of both the workforce and the organisation, consider¹⁷:

- Incorporating culturally specific requirements into recruitment processes, or including Aboriginal and Torres Strait Islander people on the interview panel
- Addressing cultural competency as part of performance review processes
- Ensuring that the workforce participates in cultural competency activities and training in a variety of learning formats, such as training exercises, reflective practice and face-to-face training whenever possible
- Providing access to ongoing learning for individuals through training, professional development, critical reflection and practice improvement
- Providing cultural competency training that is developed in collaboration with the local Aboriginal and Torres Strait Islander communities and includes content relevant to those communities
- Monitoring and reporting on the implementation and effectiveness of the cultural competency program to the governing body or management
- Implementing follow-up strategies (including counselling, performance improvement or more stringent approaches when necessary) if a culturally appropriate approach is not adopted
- Expanding the Aboriginal and Torres Strait Islander workforce and supporting them to fulfil their role as cultural mentors
- Incorporating cultural competency into policies and program development
- Collaborating with partner communities about service and facility design, delivery and evaluation, and to seek feedback on, and improve, cultural competency.

Further strategies are available in *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*.



Performance management

Action 1.22

The health service organisation has valid and reliable performance review processes that:

- 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

Reflective questions

What are the health service organisation's performance review processes?

What process is used to identify the training needs for each member of the workforce?

How is this information incorporated into the health service organisation's training system?

Strategies for improvement

'Performance management' and 'performance development' describe the systematic processes of goal-setting and periodic one-on-one review of workforce performance.

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established performance development system.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt an organisation performance development system and:

- Review participation in the performance development program for all clinicians and other members of the workforce
- Consider whether the performance development system is appropriately designed, resourced, maintained and monitored
- Periodically review the performance development system to ensure that it follows the agreed processes, engages clinicians and achieves the desired outcomes.

Effective performance development systems rely on continuous, constructive interaction between members of the workforce and their managers. The systems are flexible and responsive, and include, but are not limited to, periodic performance review.

Performance review processes present an opportunity for managers and clinicians to clarify reciprocal obligations between organisations and the workforce. Through performance review processes, organisations can state how they will meet their responsibility to clinicians, and clinicians can clarify their obligations to the organisation.

For organisations, this may mean describing how they will provide clinicians with support, resources, training, and access to evidence-based tools and data on their performance, and how time will be allocated to support a clinician's practice. Performance review also provides an opportunity to describe a clinician's roles and responsibilities for safety and quality in the organisation.

For clinicians, performance review processes support reflective practice and provide opportunities to identify practice improvements. Reflective practice is effective when accurate and timely data are available that describe and benchmark a clinician's practice outcomes. Organisations should seek to collect and present clinician-specific data that can be used to support practice improvement and encourage clinicians to participate regularly in performance appraisals.

Formal performance development systems may not be in place for members of the workforce who are employed indirectly (for example, through



contract or locum arrangements). In these cases, performance management may be addressed by:

- Using the processes for credentialing and scope of clinical practice outlined in [Actions 1.23 and 1.24](#)
- Reviewing clinical performance data when contracts are due for renewal
- Addressing feedback or issues identified by the medical advisory committee
- Liaising with the locum agency.

Clearly document the requirements of the organisation's performance development system. This includes identifying a designated person(s) who is responsible for ensuring compliance with the organisation's performance development policy. Monitor and report on performance to support effective implementation of the performance development system.

Credentialing and scope of clinical practice

Action 1.23

The health service organisation has processes to:

- 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

Reflective questions

What processes are used to ensure that clinicians are working within the agreed scope of clinical practice when providing patient care?

How does the health service organisation match the services provided with the skills and capability of the workforce?

How does the health service organisation assess the effect on safety and quality of a new clinical service, procedure or technology?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should implement and use the established processes for defining scope of clinical practice.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt processes to:

- Verify that the organisation has implemented an evidence-based process for defining scope of clinical practice for all clinicians, including those with independent decision-making authority or working under supervision
- Consider whether the process for defining scope of clinical practice is appropriately designed, resourced, maintained and monitored
- Incorporate periodic review of the organisation's process for defining scope of clinical practice into audit programs, with a focus on consistency with adopted standards, performance measures and outcomes.

Scope of clinical practice processes are key elements in ensuring patient safety. The aim is to ensure that only clinicians who are suitably experienced, trained and qualified to practise in a competent



and ethical manner can practise in health service organisations.¹⁸

The *Standard for Credentialling and Defining the Scope of Clinical Practice*¹⁹ describes structures and processes that ensure:

- Clear definition of clinicians' scope of clinical practice in the context of the organisation's needs and capability
- Regular review of clinicians' scope of clinical practice
- Safe and appropriate introduction of new clinical services, procedures and other technologies
- Appropriate supervision of clinicians, when necessary
- Effective processes for reviewing clinicians' competence and performance
- Procedures to be followed if a concern arises about the capability of a clinician.

Action 1.24

The health service organisation:

- a. Conducts processes to ensure that clinicians are credentialed, where relevant
- b. Monitors and improves the effectiveness of the credentialing process

Reflective question

What processes are used to ensure that clinicians have the appropriate qualifications, experience, professional standing, competencies and other relevant professional attributes?

Strategies for improvement

Health service organisations are required to appoint clinicians who are suitably experienced, skilled and qualified to practise in a competent and ethical manner, taking into account service needs and organisational capability.

MPSs or small hospitals that are part of a local health network or private hospital group should implement and use the established credentialing system, when relevant.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt a system for credentialing and:

- Ensure that the processes for credentialing clinicians are documented in the organisation's policies, procedures or protocols
- Review results of audits and system evaluation reports for compliance with the credentialing policies, procedures or protocols.

Organisations could form partnerships to jointly conduct credentialing processes.

Organisations will need to collect evidence of minimum credentials as part of any recruitment process, and reconsider the evidence when there is a change in circumstances or a change in role for clinicians. Collect evidence for each of the following areas¹⁸:

- Education, qualifications and formal training
- Previous experience, including relevant clinical activity and experience in similar settings to the relevant scope of clinical practice
- Clinician references and referee checks
- Continuing education that relates to a role in which the clinician is engaged and that is relevant to the scope of clinical practice
- Current registration with the relevant national board
- Professional indemnity insurance
- Other documentation and pre-employment checks, such as a curriculum vitae, proof of identity, and a police or working with children check.

For more information, refer to *Credentialling Health Practitioners and Defining their Scope of Clinical Practice: A guide for managers and practitioners*.¹⁸



Safety and quality roles and responsibilities

Action 1.25



The health service organisation has processes to:

- 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

Reflective question

How are members of the workforce informed about, and supported to fulfil, their roles and responsibilities for safety and quality of care?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should implement and use the established processes for describing workforce roles and responsibilities for safety and quality.

Small hospitals that are not part of a local health network or private hospital group should:

- Ensure that the governing body appropriately delegates responsibility for governance
- Review the organisation's performance development policy, and ensure that it incorporates leadership in safety and quality management and governance for all managers and clinicians
- Review the organisational structure, position descriptions and contract templates of managers, clinicians and other members of the workforce to ensure that responsibility for safety and quality is clearly defined at all levels.

Consider the following strategies when implementing delegated roles and responsibilities in the workforce:

- Ensure that safety and quality roles and responsibilities are clearly defined by
 - reviewing workforce position descriptions
 - discussing safety and quality responsibilities in routine performance management processes
 - providing information to the workforce about their safety and quality roles and responsibilities
- Educate and train members of the workforce in their governance roles, responsibilities and accountabilities
- For managers and senior clinicians, identify professional development opportunities in clinical safety and quality, leadership and risk, and schedule training in clinical governance
- Ensure that contractual arrangements are in place for the agency and locum workforce, and verify that credentialing and scope of clinical practice are undertaken before or after they start work
- Provide agency and locum members of the workforce with an orientation to safety, quality and clinical governance that includes access to policies and procedures that outline roles and responsibilities
- Provide support material to help the workforce orientate agency and locum members of the workforce.



Action 1.26

The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate

Reflective question

How does the health service organisation monitor and support clinicians to safely fulfil their designated roles?

Strategies for improvement

Supervision is a key safeguard for safe and high-quality care. Supervision of junior clinicians should be appropriate to their assessed capabilities, and be consistent with organisational policies, procedures and protocols. A key goal of supervision is to safely develop a clinician's capabilities.

MPSs and small hospitals will need to identify clinicians who need supervision, including junior clinicians, clinicians in training, clinicians who are expanding their scope of clinical practice and clinicians who need oversight of their performance.

Formally document the roles and responsibilities of clinicians being supervised and define the supervising clinicians responsibilities for monitoring performance.

Ensure that clinicians who supervise other clinicians¹⁸:

- Have the qualifications and skills necessary to supervise in the nominated area of clinical practice
- Have experience at the appropriate level of practice
- Have the training and experience necessary to provide supervision
- Are located appropriately to provide adequate supervision
- Participate in the process of reviewing the supervised clinicians' scope of clinical practice

Evidence-based care

Action 1.27

The health service organisation has processes that:

- 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

Reflective questions

How does the health service organisation determine which best-practice guidelines, integrated care pathways, clinical pathways, decision support tools and clinical care standards are to be used?

How does the health service organisation support and monitor clinicians' use of these tools?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adapt or adopt the established clinical guidelines and pathways.

Small hospitals that are not part of a local health network or private hospital group should identify



and endorse clinical guidelines and pathways appropriate to the service type and context, and:

- Evaluate the extent to which documented clinical guidelines or pathways have been formally adopted by the clinical workforce, and whether opportunities exist to adopt clinical guidelines or pathways as a quality improvement activity
- Review how compliance with, and variations of practice from, evidence-based clinical guidelines or pathways are monitored, especially for high-volume or high-risk conditions.

Good clinical governance promotes clinical practice that is effective and evidence based.²⁰

Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways, decision support tools, and the clinical care standards developed by the Commission relevant to their clinical practice.

The National Health and Medical Research Council's [clinical practice guidelines portal](#)²¹ provides links to clinical practice guidelines developed for use in Australian healthcare settings.

[Clinical care standards](#)²² support the delivery of appropriate care, reduce unwarranted variation in care, and promote shared decision making between patients, carers and clinicians. Clinical care standards are designed to:

- Inform patients about the care they can expect to receive
- Provide guidance to clinicians on delivering appropriate, high-quality care
- Identify the systems that organisations need to have in place to support and monitor appropriate care.

Clinical guidelines form the evidence base for the clinical care standards.

If appropriate, build the requirements of the clinical care standard into the organisation's policies, processes or protocols, and give clinicians access to relevant clinical care standards.

Each clinical care standard includes nationally agreed quality statements outlining key areas of care.

In complex organisations, or the private health sector, the care described in the quality statements may not be offered or delivered by one care provider. Identify which of the quality statements are the responsibility of the health service organisation and which other service providers may be responsible for care set out in the quality statements. Establish formal agreements on responsibility for implementing the quality statements with any other organisations or service providers delivering care.

[Action 3.15](#) and [Action 5.29](#) include strategies related to the Antimicrobial Stewardship Clinical Care Standard and the Delirium Clinical Care Standard.

Clinical care standards are available to download from the [Commission's website](#).



Variation in clinical practice and health outcomes



Action 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

Reflective questions

How does the health service organisation use both external and internal systems for monitoring and improving clinical and patient outcomes?

How does the health service organisation interact with clinicians regarding their clinical practice and the health outcomes of their patients?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt the established processes and practices to monitor variation in practice.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt processes to:

- Identify key external data collections, registries, audits or reports that cover the specific areas of clinical practice relevant to high-risk patients, or procedures or services offered by the organisation
- Support and encourage clinicians to participate in national and state or territory clinical quality registries
- In collaboration with clinicians, review clinical practice data from the organisation, and compare them with data from similar geographic areas or health service organisations

- Identify any areas of practice that vary from best practice, that show widely differing practice within the organisation or that vary from practice in similar services
- Investigate the reasons for any variation, and identify whether it is unwarranted variation in the safety and quality of care
- Identify actions to ensure that practice changes align with best practice
- Consider issues of inappropriate resource allocation (including workforce) to ensure that practice changes align with best practice
- Identify any areas of risk and act to mitigate them
- Review the schedule of data and reports provided to the governing body and clinicians to ensure that it is comprehensive and relevant, and covers actions taken to align practice with desired care.

More information on variation in healthcare provision across Australia is available in the [*Australian Atlas of Healthcare Variation*](#).²³



CRITERION: Safe environment for the delivery of care

The environment promotes safe and high-quality health care for patients.

A variety of legislation covers building codes, and workplace health and safety issues. The actions in this criterion focus on how the health service environment can support the delivery of safe and high-quality care for patients.

The health service environment, which includes all facilities, plant and equipment, needs to be fit for purpose and maintained in good working order to reduce hazards and ensure patient safety. Good design can also reduce the potential for adverse

events – for example, by providing good lighting in areas where medicines are dispensed, or selecting surfaces that are easy to clean and disinfect.

Having clear directions and signage can help patients find the services they need, and the use of furnishings, artwork, light, colour and sound can improve patients' comfort and experience of care.

Spaces that are designed for flexible use can help clinicians provide the right level of engagement or stimulation for patients with mental health issues, and can assist patients with cognitive impairment by simplifying the environment to reduce unnecessary stimulation.

Safe environment

Action 1.29



The health service organisation maximises safety and quality of care:

- a. Through the design of the environment
- b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose

Reflective questions

How does the health service organisation ensure that the design of the environment supports the quality of patient care?

How does the health service organisation ensure that buildings and equipment are safe and maintained in good working order?

Strategies for improvement

MPSs and small hospitals need to consider the following design principles when redesigning or upgrading amenities:

- Automating processes, if appropriate (for example, dispensing medicines, handwashing facilities)
- Designing spaces to prevent adverse events (for example, removing tight corners, selecting appropriate furnishings and surfaces that can be easily decontaminated, providing enough lighting)²⁴
- Designing spaces to prevent adverse events relating to self-harm (for example, removing ligature points and installing safety glass, if relevant)
- Designing rooms for scalability, adaptability and flexibility, which can help to minimise patient transfers and provide space for family members
- Providing information that is visible and easily accessible to patients and the workforce
- Using soft furnishings to reduce the impact of background noise on patients
- Providing clearly marked signs, maps and instructions to help patients and visitors navigate the health service.



MPSs and small hospitals also need to:

- Regularly conduct environmental audits to see whether the environment is safe and promotes best practice
- Implement a schedule of review to ensure that all buildings, plant and equipment are fit for purpose, safe and in good working order at all times
- Develop a comprehensive maintenance plan that includes
 - clear and easy-to-use documentation of maintenance and repairs
 - records of all plant and equipment, including (as a minimum) the date of purchase, preventive maintenance schedule, location and serial number
 - details of routine and preventive maintenance performed for each item of equipment and plant, including electromedical equipment
 - records of dates when equipment is regularly tested to ensure its readiness, including information relating to generators and battery backup.

Australian standards are available for devices and equipment, and these should be reflected in the organisation's policies and procedures so that purchases, repairs and replacements are carried out following a specified standard. Similarly, the Building Code of Australia articulates the technical provisions for the design and construction of buildings and other structures throughout Australia, and should also be reflected in the organisation's policies and procedures.

Action 1.30

The health service organisation:

- a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce
- b. Provides access to a calm and quiet environment when it is clinically required

Reflective questions

How does the health service organisation identify and manage aspects of the environment and other factors that can increase risks of harm?

What processes are in place to assess the appropriateness of the physical environment of the health service organisation for people at high risk of harm, such as people with cognitive impairment?

Strategies for improvement

MPSs and small hospitals should:

- Use the environment flexibly to meet the changing needs of patients, their carers and families
- Conduct a risk assessment to identify service areas in which there is a high risk of unpredictable behaviours, and develop a risk management plan to manage identified risks.

This action is not intended to apply to every patient. People respond to stress in different ways, and have different needs in terms of environmental response. A calm and quiet environment is clinically



appropriate for a person experiencing agitation and aggressive feelings. Access to sensory modulation resources may help a person who is experiencing psychosis or depersonalisation. Conversely, a person

with thoughts of self-harm may consider being moved to a space on their own as isolating, and may require one-to-one nursing until they have been assessed and treatment has been initiated.

Action 1.31



The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose

Reflective question

How do patients and visitors find the facilities to gain access to care?

Strategies for improvement

Consider how to direct patients to the health service, including with information about parking, public transport and other essential services. Also consider the types of signs used, graphics and terminology.

Instructions should²⁵:

- Be simple, intuitive, user friendly and accessible
- Integrate with the requirements of a safe and secure facility
- Meet the legal requirements for accessibility
- Be easy to maintain
- Align with the principles of universal design.

Wayfinding strategies may include hard copies of signs, maps and written directions, or more interactive approaches such as employees or volunteers who help people with directions, interactive information kiosks and smartphone apps.

Action 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

Reflective question

What processes are in place to support flexible visiting arrangements?

Strategies for improvement

The unrestricted presence and participation of a support person can improve the safety of care, and patient and family satisfaction. By facilitating unrestricted access for a chosen support person(s), patients can be provided with emotional and social support.

MPSs and small hospitals should consider:

- Reviewing policies, procedures or protocols about visiting arrangements
- Ensuring that infrastructure and supports are available to provide flexible visiting arrangements
- Monitoring the effectiveness of flexible visiting arrangements.

For patients, flexible visiting can reduce anxiety, confusion and agitation. It can make them feel safe and increase their satisfaction with the care provided. Flexible visiting arrangements can also increase satisfaction for family members and reduce their anxiety. It can promote communication and



allow family members to learn about the patient's condition, because they are involved in their care.

Although there are perceived concerns with unrestricted visiting hours – such as family members getting in the way when care is provided, potential for increased infections and family members overextending the hours they visit – these barriers are not supported by evidence.

Consider how patients and carers are advised about their right to identify a partner in care and inform them about how they can be involved. Document the patient's preferences about the chosen support person and their level of involvement in the patient's healthcare record.

Action 1.33



The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

Reflective questions

How does the health service organisation make Aboriginal and Torres Strait Islander patients feel welcome and safe when receiving care?

How does the physical environment meet the needs of Aboriginal and Torres Strait Islander patients, carers and families?

Strategies for improvement

Providing a welcoming, culturally sensitive and safe environment for Aboriginal and Torres Strait Islander people may improve the patient and carer experience during an episode of care. This may lead to improved health outcomes and may reduce the rate of early discharge.

MPSs and small hospitals should consider how they:

- Establish relationships with local Aboriginal and Torres Strait Islander communities, and seek feedback on current practices in the organisation and areas for improvement
- Review the factors that create a welcoming environment for Aboriginal and Torres Strait Islander people.

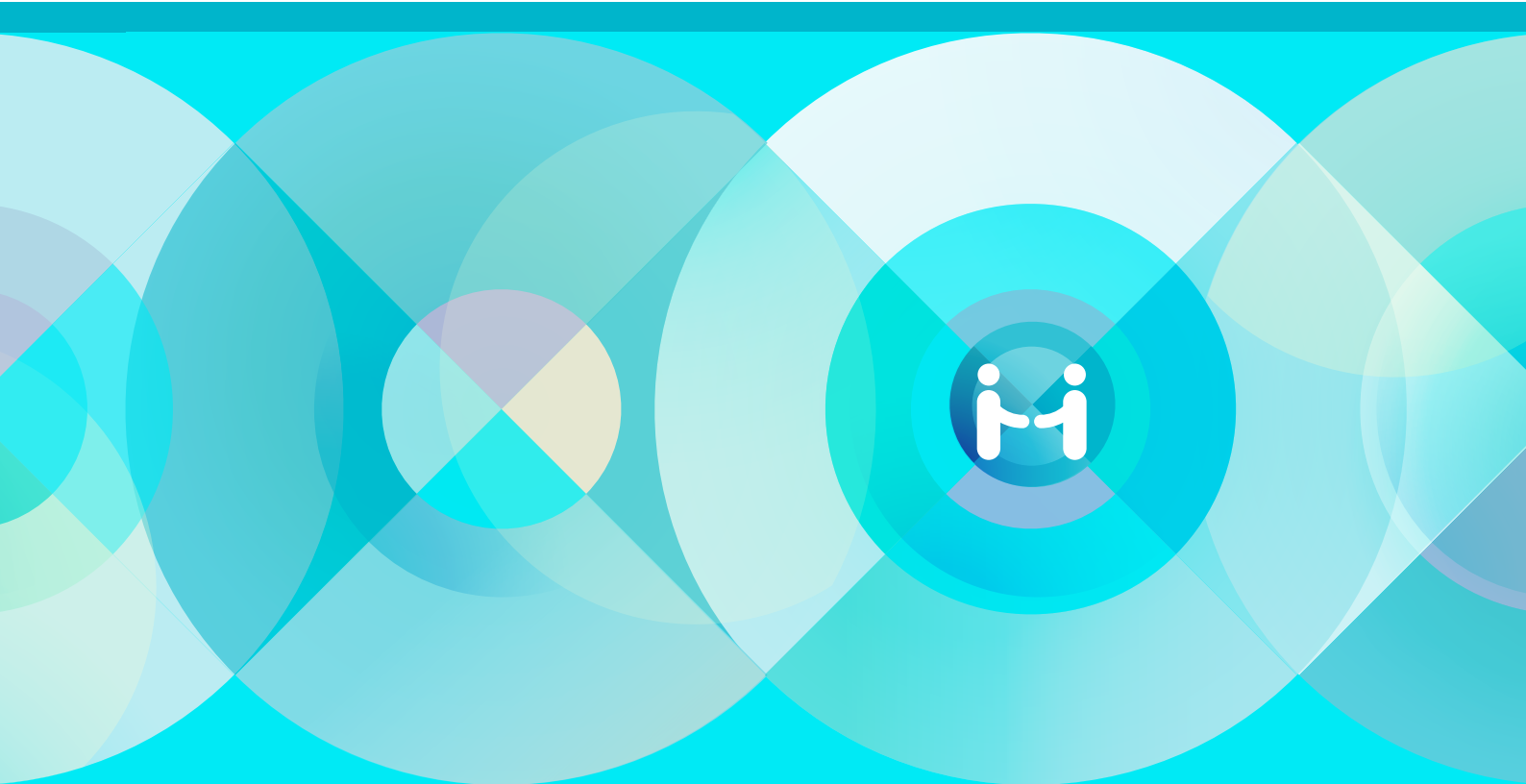
Create a welcoming, culturally sensitive and safe environment for Aboriginal and Torres Strait Islander people by²⁶:

- Collaborating with local Aboriginal and Torres Strait Islander people and communities to review the design, use and layout of public spaces, and to maximise privacy and minimise distress in clinical spaces
- Engaging the community in the development of messages to explain organisational processes
- Identifying spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce, carers and family; this could include outdoor spaces, if appropriate
- Seeking feedback on the signs, symbols and displays that could be used, such as
 - Aboriginal or Torres Strait Islander flags
 - artwork from local and partner communities
 - statements of reconciliation and acknowledgement of traditional owners
 - participation in cultural events
- Supporting Aboriginal and Torres Strait Islander consumers to have access to culturally appropriate services.

Further strategies are available in *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*.²⁷

2

Partnering with Consumers Standard





Partnering with Consumers Standard

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

Intention of this standard

To create an organisation in which there are mutually valuable outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.

Criteria

Clinical governance and quality improvement systems to support partnering with consumers

Partnering with patients in their own care

Health literacy

Partnering with consumers in organisational design and governance



Introduction

After more than 40 years of growing recognition and acceptance, consumer partnerships in health care are now viewed as integral to the development, implementation and evaluation of health policies, programs and services.²⁸⁻³⁰ Patient and consumer partnerships are also a pillar of person-centred care – that is, care that focuses on the relationship between a patient and a clinician, and recognises that trust, mutual respect and sharing of knowledge are needed for the best health outcomes.³¹

Patient and consumer partnerships should take many forms, at many levels

Different types of partnerships with patients and consumers exist within the healthcare system. These partnerships are not mutually exclusive, and are needed at all levels to ensure that a health service organisation achieves the best possible outcome for all parties.³² Partnerships with patients and consumers comprise many different, interwoven practices that reflect the three key levels at which partnerships are needed:

- **Individual**

At the level of the individual, partnerships relate to the interaction between patients and clinicians when care is provided. This involves providing care that is respectful; sharing information in an ongoing way; working with patients, carers and families to make decisions and plan care; and supporting and encouraging patients in their own care and self-management³³

- **Service**

At the level of a service, department or program of care, partnerships relate to the organisation and delivery of care within specific areas. Patients, carers, families and consumers participate in the overall design of the service, department or program. They could be full members of quality improvement and redesign teams, including participating in planning, implementing and evaluating change

- **Health service organisation**

At the level of the health service organisation, partnerships relate to the involvement of consumers in overall governance, policy and planning. This level overlaps with the previous level in that a health service organisation is made up of various services, departments and programs. Consumers and consumer representatives are full members of key organisational governance committees in areas such as patient safety, facility design, quality improvement, patient or family education, ethics and research. This level can also involve partnerships with local community organisations and members of local communities.

Supporting effective consumer partnerships means supporting multiple mechanisms of engagement. Meaningful methods of engagement range from representation on committees and boards, to contributions at focus groups, to feedback received through surveys or social media. When selecting methods of consumer participation, consider the diversity of the consumer population that uses, or may use, the services.²⁸

Consumer partnerships add value

Consumer partnerships add value to healthcare decision-making. Consumer involvement in the development, implementation and evaluation of health care contributes to^{29,30}:

- Appropriately targeted initiatives
- Efficient use of resources
- Improvement in the quality of care provided by a health service.

There is growing acceptance that practices that support partnerships at the level of the individual – from communication and structured listening, through to shared decision making, self-management support and care planning – can improve the safety and quality of health care, improve patient outcomes and experience, and improve the performance of health service organisations.³³



As consumer partnership becomes more embedded in the healthcare system, there is an increasing need to monitor and evaluate its impact. Monitoring, measuring and evaluating consumer partnerships – through mechanisms such as recording patient experience and patient-reported outcome measures – are vital to ensure that the partnerships are meeting the needs of the community and consumers.³⁰

Organisational leadership and support are essential to nurture consumer partnerships

Regardless of the mechanisms used, all forms of consumer partnership require organisational commitment, support and appropriate resourcing. Organisational commitment and support can be demonstrated through the support of executive leadership and governing bodies. Strong leadership in support of consumer partnerships can lay a solid foundation for adopting partnerships at the service level. Appropriate resourcing may include consumer training, workforce roles that focus on nurturing consumer partnerships, and remuneration and reimbursement to support consumers to actively participate.^{28,29}

Consumer partnerships should be meaningful and not tokenistic. To maximise the contribution of partnerships, consumers need to be seen and treated as people with expert skills and knowledge. In the same way that clinicians and other organisational partners are respected for their areas of expertise, consumer partnerships need to be recognised and valued for their unique perspective on the patient experience.²⁹

Many resources are available to help organisations of any size set up and support consumer partnerships

There are multiple successful approaches to partnering with consumers. Different health service organisations have different contexts and resources available to embed consumer partnerships in their systems, and partnering approaches can be adapted to the nature and context of the health service organisation. Although capacity and resource limitations may appear to pose a barrier to forming consumer partnerships, a simple approach to partnering can often be the most effective.

The NSW Agency for Clinical Innovation's [Living Well in a MPS Collaborative](#) supports staff capability in providing individualised care for residents of MPSs as people living in their home, and promotes a person-centred care culture.



CRITERION: Clinical governance and quality improvement systems to support partnering with consumers

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.

Good governance systems promote the effective delivery of health care, empower patients and contribute to improvements in health outcomes.^{34,35}

Consumer engagement at multiple levels of governance is a key element for effective and sustainable governance systems.³⁶

This criterion requires organisation-wide governance, leadership and commitment to partnering with consumers.

To meet this criterion, health service organisations are required to:

- Apply safety and quality systems to processes for partnering with consumers
- Use quality improvement systems to monitor, review and improve processes for partnering with consumers.

This criterion aligns closely with the [Clinical Governance Standard](#).

Integrating clinical governance

Action 2.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- 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

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for partnering with consumers
- Identify and manage risks associated with partnering with consumers
- Identify training requirements for partnering with consumers?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19, 1.20 and 1.21](#) – education and training



Health service organisations should:

- Use these and other established safety and quality systems to support policies and procedures, risk management and training for partnering with consumers
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Clinical policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single coherent set to maximise the effectiveness of the policy development process.

Establish governance for partnering with consumers

For Action 2.1, the health service organisation should ensure that all actions in the Partnering with Consumers Standard have appropriate governance structures and support from the governing body and management.

Actions 2.11, 2.12, 2.13 and 2.14 outline strategies for partnering with consumers in discussions and decisions regarding the design, implementation and evaluation of health policies, programs and services.

Implement policies and procedures

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the existing policies and procedures for partnering with consumers.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt policies and procedures that cover:

- Healthcare rights
- Informed consent, including financial consent
- Shared decision making and planning care
- Health literacy and effective communication with patients, carers, families and consumers
- Partnering with consumers in governance.

Manage risks

Use the organisation's established risk management systems (Action 1.10) to identify, monitor, manage and review risks associated with partnering with consumers. Develop processes to manage clinical risks for different populations served within the organisation, clinical and workplace risks for the workforce, and organisational risks.

Use information from measurement and quality improvement systems, adverse events, clinical outcomes and patient experiences to inform and update risk assessments and the risk management system.

Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of Actions 1.19, 1.20 and 1.21. Perform a risk assessment to inform the education plan and to set priorities for the members of the workforce who require training. Develop, or provide access to, training and education resources to meet the needs of the workforce with regard to partnering with consumers.

Education and training to support understanding and awareness of the value of partnerships with consumers can include training on person-centred care, shared decision making, communication techniques and health literacy. It may also involve consumer input through stories, presentations or advice on the development of training materials.



Applying quality improvement systems

Action 2.2



The health service organisation applies the quality improvement system in the Clinical Governance Standard when:

- a. Monitoring processes for partnering with consumers
- b. Implementing strategies to improve processes for partnering with consumers
- c. Reporting on partnering with consumers

Reflective questions

How are the processes for partnering with consumers continuously evaluated and improved?

How are these improvements reported to the governing body, the workforce and consumers?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for partnering with consumers.

Monitor effectiveness and performance

Use the organisation's quality improvement systems to identify and set priorities for the organisational and clinical strategies for partnering with consumers.

Strategies to monitor the effectiveness of systems for partnering with consumers include:

- Developing or adopting meaningful performance indicators that are relevant to the organisation and can be used to measure improvements in consumer partnerships
- Integrating consumer partnership into the overall goals of the organisation, so that it is assessed alongside other business goals, such as productivity²⁸
- Conducting a gap analysis to identify areas that need improving by comparing current systems for partnering with consumers with an ideal future state³⁷
- Routinely collecting data about the experience of consumers, including
 - feedback and complaints through surveys or suggestion forms^{30,37}
 - patient stories
 - feedback from consumers who are currently using the service, through informal discussions, interviews, and the use of handheld devices or computers for capturing survey responses.³⁰



Implement quality improvement strategies

Strategies to improve systems and performance for partnering with consumers may include:

- Problem-solving methods such as hosting a brainstorm involving consumers, the workforce and governance members to generate improvement ideas³⁷
- Engaging managers to act as champions of consumer partnership
- Providing education to the workforce to reinforce the roles of consumers.³⁰

Review the strategies for partnering with consumers presented in [Action 2.11](#) to identify opportunities for improving systems of partnership.

Report outcomes

Strategies for reporting on the effectiveness and outcomes of partnering with consumers may include³⁸:

- Using internal newsletters or memos to report on the effectiveness and outcomes of the organisation's consumer partnership
- Using local community media to disseminate stories about the effectiveness and outcomes of the organisation's consumer partnership to the wider community
- Publishing profiles or stories of consumers involved in consumer partnerships with the organisation, and the contributions they have made.



CRITERION: Partnering with patients in their own care

Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose.

Person-centred care is globally recognised as the gold standard approach to healthcare delivery. It is a diverse and evolving practice, encompassing concepts such as patient engagement and patient empowerment. Partnering with patients in their own care is an important pillar of person-centred care. It focuses on the relationship between a consumer and a clinician, and recognises that trust, mutual respect and sharing of knowledge are needed for the best health outcomes.³¹

Partnerships with patients comprise many different, interwoven practices – from communication and structured listening, through to shared decision making, self-management support and care planning. There is growing acceptance that these practices can improve the safety and quality of health care, improve patient outcomes and experience, and improve the performance of health service organisations.³³

Effective partnerships between clinicians and patients require:

- Organisational development and promotion of person-centred care
- Education and training to equip clinicians with a rounded mix of skills
- Tools and resources to support communication and shared decision making
- Integrated care models
- Meaningful methods of measuring success, such as recording patient experience and patient-reported outcome measures.

Today, health service organisations and clinicians are adopting strategies to encourage patients to become partners in their own care.³² Key strategies have included:

- Providing health information in engaging and accessible formats, such as print, mobile apps and online channels
- Eliciting and documenting individual needs, preferences and goals
- Using patient decision aids
- Encouraging and prompting patient questioning during clinical encounters
- Providing education to support self-management
- Establishing self-help and support groups
- Developing programs to encourage treatment adherence
- Providing consumers with open access to their own healthcare record.

Health service organisations can also look at strategies for engaging with patients' carers and families.³² Carers and families can often provide unique insight into a patient's health history, and provide valuable reassurance to the patient during their treatment. Key strategies may include:

- Reviewing visiting policies to enable patients to be more in control of their visiting requirements
- Enabling carers and family to initiate escalation of care in a medical emergency.



Healthcare rights and informed consent

Action 2.3

The health service organisation uses a charter of rights that is:

- a. Consistent with the Australian Charter of Healthcare Rights³⁹
- b. Easily accessible for patients, carers, families and consumers

Reflective questions

Does the health service organisation have a charter of rights that is consistent with the Australian Charter of Healthcare Rights?

How do patients, carers, families and consumers use the charter at different points throughout their healthcare journey?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should use the established charter of healthcare rights and ensure that the requirements are met.

Small hospitals that are not part of a local health network or private hospital group should use the [Australian Charter of Healthcare Rights³⁹](#) as a foundation for developing a charter. Review the charter and, if necessary, adapt it to meet the specific needs of the organisation; however, the seven original rights must remain in place.

If the organisation already has a charter of rights in place, review how it aligns with the Australian Charter of Healthcare Rights. Support the effective adoption of the charter in the organisation. Strategies may include:

- Allocating responsibility for implementing and reviewing the charter to a manager with decision-making authority
- Including information about the charter during orientation for new members of the workforce
- Running regular education and training sessions for the workforce on their responsibilities for implementing the charter; this includes clinical and non-clinical members of the workforce, and, if relevant, volunteers

- Building the charter into organisational processes, policies and codes of conduct
- Developing policies and procedures that outline how the rights will be achieved at the organisation.

Inform patients, carers and families about the charter, and make sure that they can find it easily.

Measure the impact of the charter to see whether promotion efforts are successful and whether this affects patient experience. Strategies may include:

- Conducting surveys of patients to determine whether they have received the charter, and whether the rights in the charter have been respected
- Conducting surveys of the workforce about their awareness of, and attitudes towards, the charter
- Monitoring patient requests for the charter
- Monitoring printing of the charter.

The brochure *Using the Australian Charter of Healthcare Rights in Your Health Service*⁴⁰ is a guide that outlines ways in which health service organisations can provide information about health rights and incorporate a charter in their systems. This brochure is available on the [website of the Commission on Safety and Quality in Health Care](#) (the Commission), along with other resources to assist with the adoption of the Australian Charter of Healthcare Rights.



Action 2.4

The health service organisation ensures that its informed consent processes comply with legislation and best practice

Reflective questions

How does the health service organisation ensure that its informed consent policy complies with legislation and best practice?

How does the health service organisation monitor compliance with consent processes?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should use the established informed consent policies and procedures.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt effective processes to:

- Inform patients (and, if applicable, their carers and substitute decision-makers) about the risks, benefits and alternatives of a treatment, including any fees and charges associated with treatment and referrals
- Determine patient preferences for treatment
- Document patient consent to treatment
- Support the clinical workforce to meet legal and ethical requirements.

The following are best-practice principles for informed consent systems^{41,42}:

- Provide information to patients in a way that they can understand before asking for their consent – for example, provide an accredited interpreter to help with communication, or adapt information into accessible formats (such as translation into community languages, or providing audio or visual information)
- Obtain informed consent or other valid authority before undertaking any examination or investigation, or providing treatment (except in an emergency)

- Document consent appropriately, and provide guidance on what to do if there are concerns about a patient's capacity to provide consent
- Meet the common law and legal requirements of the relevant state or territory relating to:
 - providing information about treatment
 - obtaining consent to treatment, including the requirement to disclose all risks
- Nominate a manager who is responsible for maintaining the integrity of the consent system and its continuous improvement
- Support informed consent through education and training for all members of the clinical workforce in
 - effective communication to underpin good clinical practice
 - the legal, ethical and practical foundations of requirements for patient consent and engagement in clinical decision-making
 - the organisation's consent policy and procedures
 - understanding how individual health literacy levels and the health literacy environment can act as barriers to understanding during the consent process.

The Queensland Health *Guide to Informed Decision-Making in Health Care*⁴³ provides guidance on how to implement the principles of informed decision-making in clinical practice.

Periodically review the design and performance of informed consent processes to evaluate whether they comply with best-practice principles. This will support effective clinical governance, including risk management.



Action 2.5

The health service organisation has processes to identify:

- a. The capacity of a patient to make decisions about their own care
- b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves

Reflective questions

What processes are in place to support clinicians to identify a patient's capacity to make decisions about their own care?

How are clinicians supported to identify a substitute decision-maker?

Strategies for improvement

A person has capacity to make a decision about their care if they can⁴³:

- Understand and retain the information needed to make a decision
- Use the information to make a judgement about the decision
- Communicate the decision in some way, including by speech, gestures or other means.

Decision-making capacity can be decision- and situation-specific. This means that a person's capacity can vary at different times, in different circumstances and between different types of decisions.

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for identifying patients who do not have capacity to make decisions about their own care.

Small hospitals that are not part of a local health network or private hospital group should develop or adapt policies or procedures to identify:

- Patients who do not have the capacity to make decisions about their own health care
- Appropriate substitute decision-makers who can make decisions on behalf of the patient.

Educate the workforce about assessing a person's capacity to make decisions about their care and identifying an appropriate substitute decision-maker. Consider training from a third party with expertise in this area, such as [Capacity Australia](#).⁴⁴

Develop or provide resources and tools to reinforce training and assist the workforce to assess a person's capacity to make decisions. SA Health's [Impaired Decision-Making Factsheet](#)⁴⁵ is an example.

Develop an associated procedure for identifying and appointing a substitute decision-maker, such as a determination flowchart.

Periodically review processes to evaluate whether they meet the needs of patients and reflect best practice.



Sharing decisions and planning care

Action 2.6



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

Reflective questions

What systems and processes are available for clinicians to partner with patients or their substitute decision-maker to plan, communicate, set goals and make decisions about current and future care?

How does the health service organisation review the use and outcomes of systems and processes for partnering with patients or their substitute decision-maker?

Strategies for improvement

Partnering with patients in their own care is integral to the delivery of safe and high-quality person-centred health care. To ensure that effective systems are in place:

- Develop policies and processes (or review existing policies and processes) to involve patients or their substitute decision-maker in planning, communication, goal-setting and decision-making for their current and future care, and review workforce compliance with these policies and processes
- Set up mechanisms to support communication between clinicians and patients or their substitute decision-maker
- Periodically review the systems for partnering with patients or their substitute decision-maker in their own care.

Create a supportive organisational culture

Supportive organisational climates are vital for achieving person-centred care, in which partnerships between clinicians and patients

become the established norm. Strategies may include:

- Engaging leadership and the governing body to act as champions for partnerships between clinicians and patients
- Providing enough resources to support clinicians to partner with patients in their care
- Providing education and training to equip clinicians to partner with patients in their care; further information on education and training for clinicians is provided in [Action 2.7](#).³¹

Encourage communication and knowledge exchange between clinicians and patients

Patients can be partners in their own care in many ways, including shared decision making, self-management of their condition and personalised care planning. For these partnerships to be meaningful, both the clinician and the patient must feel trusted and respected. Good communication is vital to foster this trust and respect, and drive clinician and patient partnerships.³¹

Review the current admissions process to see what information is provided to patients and how that information is given. Identify any communication barriers and areas for improvement, and implement solutions to overcome these. Consider engaging consumers in this review process by holding informal discussions with patients in waiting rooms, or discussing the admission process during a consumer advisory group or focus group.

Use technology such as telehealth, and mobile and tablet apps to interact and share information with patients before, during and after their care. This can be an important strategy for facilitating clinician and patient partnerships across long distances. Develop a policy and procedure to support active engagement of patients during bedside rounding and clinical handovers.



Other strategies to encourage communication and knowledge exchange between clinicians and patients include the following:

- Provide consumers with access to information and resources in a format that meets their needs; this may include
 - general information about their health, condition and healthcare arrangements
 - information and tools about how they can be involved in their own care
 - information that has been developed specifically for them
- Provide patients with timely and open access to their healthcare record, test results and other clinical information relevant to their care
- Encourage clinicians to create an environment in which patients feel confident asking questions, and in which clinicians respond positively to patient needs; this may involve speaking with patients in a neutral environment, away from the clinical setting
- Support patients to take part in shared decision making with decision support tools, such as information sheets, pamphlets and videos that provide structured information about their health options
- Implement self-management of certain aspects of care, such as medicine use, to encourage engagement.⁴⁶⁻⁴⁹

The [Agency for Healthcare Research and Quality](#)⁵⁰ provides practical advice for improving clinician and patient communication, including tools to educate consumers on how to be involved in their care.

The SA Health [Guide for Engaging with Consumers and the Community](#)⁵¹ provides a tool to help clinicians encourage questions from their patients.

The Commission and Healthdirect Australia developed [Question Builder](#)⁵², a free web-based tool to help consumers prepare for a visit to the doctor. In addition, the Commission's [Top Tips for Safe Health Care](#)⁵³ can help consumers, families, carers and other support people get the most out of their health care.

Develop policies and procedures to guide care planning in partnership with patients

Involve patients in the development of any current and future care planning, such as:

- Inpatient treatment and recovery planning
- Treatment and preventive health strategies for ongoing care outside the health service organisation
- Advance care planning (see [Action 5.9](#)).

Strategies for involving patients in care planning may include systematically discussing patient preferences for care during admission consultations, and at regular times during their care. This may be facilitated by including patients in bedside rounding and clinical handovers.⁴⁹

Develop meaningful measures to monitor success

Monitoring and measuring the success of clinician and patient care partnerships is important for ensuring that systems are relevant and useful to consumers and the organisation.^{31,49}

Strategies for monitoring and measuring the success of the systems may include:

- Collecting informal feedback from patients in waiting rooms and during rounds
- Surveying patients to self-report on their experience and satisfaction with the level of engagement they had in their care.

Use the outcomes of these evaluations to set realistic goals for improving partnerships between clinicians and patients.

Tools and resources are listed in the [Resources](#) section of this standard.



Action 2.7

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

Reflective questions

How is the workforce supported to form partnerships with patients so that they can be actively involved in their own care?

How is workforce participation in education and training to support patient partnerships monitored and evaluated?

Strategies for improvement

Do not assume that clinicians have all the interpersonal or communication skills required to effectively partner with patients in their care. It is important to develop clinicians' skills so that they feel confident about approaching consumer partnerships.

Education and training may include:

- Communication and interpersonal skills
- Techniques for shared decision making
- Awareness of individual health literacy and the health literacy environment.

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established education resources to train the workforce to form partnerships with patients and carers.

Small hospitals that are not part of a network can gain access to training through established clinician education and training programs that support engagement with consumers, including:

- The [Health Issues Centre](#)⁵⁴ and other state-based health consumer organisations that provide consumer engagement training for clinicians
- The NSW Clinical Excellence Commission Partnering with Patients program [Patient Based Care Challenge](#)⁵⁵, which can be adopted as a training tool
- The Agency for Healthcare Research and Quality [Communicating to Improve Quality strategy](#)⁵⁶, which provides a PowerPoint presentation and handout on communication competencies for clinicians.



CRITERION: Health literacy

Health service organisations communicate with consumers in a way that supports effective partnerships.

Health literacy refers to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy plays an important role in facilitating communication and enabling effective partnerships with consumers. For partnerships to work, everyone involved needs to be able to give, receive, interpret and act on information such as treatment options and plans.

Health literacy is important for:

- Consumers, because it affects their capacity to make informed decisions and take action to manage their health
- Clinicians, because it affects the way they manage their communication and partnerships with consumers and deliver care
- Managers and policymakers, because the complexity of their systems can affect consumers' ability to navigate health services and systems, collaborate with organisations and engage with their own care.

Health literacy is a complex and challenging area for health service organisations. Only about 40% of adults have the level of individual health literacy required to meet the demands of everyday life. This means, for example, that only 40% of adults can understand and follow health messages in the way in which they are usually presented.⁵⁷

Consumers' individual health literacy may be affected by several factors, including age, education level, disability, culture and language.

National data on the individual health literacy of Aboriginal and Torres Strait Islander people are limited. However, factors such as lower school-based literacy and socioeconomic disadvantage across education, employment and income may place Aboriginal and Torres Strait Islander people at risk of lower individual health literacy.

Health service organisations can play an important role in addressing health literacy. Organisations have a responsibility to build a health literacy environment that supports effective partnerships with consumers. This may involve^{58,59}:

- Developing and implementing health literacy policies and processes that aim to reduce the health literacy demands associated with information materials, the physical environment and local care pathways
- Providing and supporting access to training for clinicians in health literacy and interpersonal communication, including training in communicating risk
- Providing education programs for consumers to develop health knowledge and skills
- Reducing unnecessary complexity for consumers in using and navigating the health service.



Communication that supports effective partnerships

Action 2.8



The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

Reflective questions

How are the communication needs of consumers and the community identified?

What strategies are used to tailor communication to meet the needs of a diverse consumer and community population?

Strategies for improvement

Patient and community data are essential to understanding consumer communication needs, and developing or improving communication mechanisms to meet these needs.⁶⁰

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established framework for meeting the communication needs of a diverse consumer and community population.

Small hospitals that are not part of a local health network or private hospital group should develop mechanisms for determining the diversity of the consumers who use the services and the local community by⁵¹:

- Administering surveys to help identify diversity among consumers
- Using demographic data from the Australian Bureau of Statistics, or local, or state and territory government sources to understand the background of the organisation's consumers
- Networking with other organisations or individuals in the community – such as culturally and linguistically diverse community groups; community participation managers; Primary Health Networks; Local Hospital Networks; local, state and territory government organisations; and professional associations – to share knowledge about communication preferences and needs.

Determine whether the organisation's current communication mechanisms meet the needs of diverse patient populations by reviewing:

- Consumer information developed by the organisation, such as patient brochures, posters and consent forms
- The availability of interpreting services, and methods of access to these services for patients and members of the workforce
- The cultural competence and confidence of the workforce in communicating with diverse patient populations.

*One Size Does Not Fit All: Meeting the healthcare needs of diverse populations*⁶⁰ can be used to help evaluate the current services provided for diverse patient populations.

If the organisation currently uses communication mechanisms that are tailored to the needs of its diverse consumer and local community populations, review them to determine whether any additions or improvements can be made.

Further information can be found in the [Resources](#) section of this standard.



Action 2.9

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

Reflective question

How are consumers involved in the development and review of patient information that is developed internally?

Strategies for improvement

Consumers can play an important role in supporting health service organisations to develop information that is clear, easy to understand, and relevant to the needs of consumers and the local community.^{30,61}

Some MPSs and small hospitals may not develop their own publications. If this is the case, use publications that have been developed in partnership with consumers, such as those developed by state and territory health departments, professional associations or external providers. Publications from other organisations may need to be tested with the local community and adapted.

If the MPS or small hospital develops its own consumer information, review existing processes for involving consumers in the development process. This could include identifying the publications that the organisation has produced, looking at how they were developed, determining whether consumers were involved in their development, and engaging consumers to review and provide feedback on existing patient information.

Further information is available in the [Resources](#) section of this standard.



Action 2.10

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

- 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

Reflective questions

What processes are used to ensure that the information available for clinicians to give to patients meets the patients' needs?

How are clinicians supported to meet the information needs of patients for ongoing care on discharge?

Strategies for improvement

Providing clinicians with access to training that highlights the importance of health literacy can improve communication with consumers.

The effectiveness of clinicians' communication can be monitored and assessed by:

- Providing a mechanism for patients to give feedback about the communication and information they receive during an episode of care
- Seeking feedback on communication and information resources from consumers who use the services (for example, including questions about medicines information in patient experience surveys).

Further information is available in the [Resources](#) section of this standard.



CRITERION: Partnering with consumers in organisational design and governance

Consumers are partners in the design and governance of the organisation.

The role of consumer representatives within the Australian healthcare system has evolved significantly during the past two decades.²⁸ Partnering with consumers and the community is viewed as a basic element in discussions and decisions about the design, implementation and evaluation of health policies, programs and services.^{29,62}

Since 2010, an increase in the volume and diversity of research conducted on consumer input into decision-making has strengthened the evidence base for the benefits of partnering with consumers in health service design and governance.²⁸

A 2015 literature review conducted by the Consumers Health Forum of Australia concluded that there is a substantial body of research supporting the involvement of consumers in health decision-making, and consumer engagement can add value to the healthcare system by improving

quality of care, efficiency of resource use, and community support for programs or services.²⁸

Specific methods of partnership range from informal, one-off events or feedback through social media, through to formal and ongoing participation on boards and committees. Consumers can be engaged as individuals, or in small or large groups.²⁹

Evidence on the benefits and sustainability of specific partnership approaches is lacking. When selecting methods to use locally, consider the diversity of the local community, and the organisation's design and governance needs. The use of mixed methods is common and supports the concept that not all consumers will engage with health services in the same way.²⁹

In Australia, the concept of consumer partnership and the principles of person-centred care have gained broad support.³³ However, capacity, skill and resource limitations can challenge consumer partnerships in practice. Several well-established methodologies and resources can support health services to partner with consumers for design, governance and overall improvement activities.

Partnerships in healthcare governance planning, design, measurement and evaluation

Action 2.11



The health service organisation:

- a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care
- b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community

Reflective questions

How does the health service organisation involve consumers in governance planning, and the design, measurement and evaluation of health care?

How does the health service organisation ensure that the diversity of consumers and local communities who use the service are reflected in these partnerships?



Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should ensure that consumers from their service are encouraged and supported to take part in established design, measurement and evaluation activities.

Small hospitals that are not part of a local health network or private hospital group should develop mechanisms for actively involving consumers – for example, by:

- Inviting consumers to be part of relevant working groups
- Talking with consumers in waiting rooms or at informal meetings
- Using data about consumer experiences (such as state-based patient experience surveys or local surveys) to help identify key issues and opportunities for improvement
- Meeting with community and consumer organisations to identify key issues and opportunities for improvement
- Holding a joint workshop with members of the workforce and consumers.

Consumer partnership and engagement activities should reflect the diversity of consumers who use, or may use, the organisation's services.

Identify the organisation's current levels of engagement with consumers by:

- Conducting a self-assessment of the organisation's engagement with consumers
- Making a list of current committees or groups involved in strategic planning, health service design, and organisational safety and quality performance, and identifying the level of consumer involvement in these groups; interview consumers who currently take part in these committees or groups and find out whether they feel their voice is being heard
- Talking to the workforce involved in strategic planning, health service design, and reviewing organisational safety and quality performance information to find out how they work with consumers
- Reviewing policies or processes to identify whether there is currently a need for consumer involvement in the design, measurement and evaluation of healthcare services.

If the organisation does not actively engage with diverse groups of consumers, develop or adapt a policy to engage with these consumers. Several strategies may be needed because different people will respond to different engagement methods.

Strategies for partnering with diverse and hard-to-reach consumers include:

- Engaging with community leaders, groups or liaison officers to determine the most appropriate engagement strategies for particular groups within the community; this will help identify any barriers to participation before approaching them
- Inviting representatives from these groups to join boards or be involved in consumer advisory groups.

Use consumer information respectfully

Ensure that, if feasible, the organisation acts on the information provided by consumers and feeds back information on changes that have occurred as a result of consumer advice.

Ensure that information provided by consumers or carers about their experiences is treated sensitively, that privacy and confidentiality are maintained, and that consumers and carers are supported to share their experiences and stories to the extent that they are comfortable.



Action 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

Reflective questions

What training and support are offered to consumers who are partnering in the governance, design, measurement and evaluation of the health service organisation?

How is feedback from consumers used to evaluate and improve the effectiveness of the support provided?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established orientation program for consumers who partner with their organisation.

Small hospitals that are not part of a local health network or private hospital group should develop training and support for consumers who are involved in the organisation's governance process, and consumers who take part in design, measurement or evaluation activities, by:

- Adapting written resources from similar organisations
- Facilitating access to external training programs for consumers who are partnering with the organisation, such as consumer representative training (see the [Resources](#) section at the end of this standard for state-based consumer organisations that may provide training, or see Australia's only [accredited consumer representative training course](#)⁶³, developed by the Health Issues Centre)
- Providing a tour of the facility, introducing the consumer to key members of the workforce, and explaining the consumer's role and expectations
- Having a key workforce member meet with the consumer regularly to identify any information required or skills that the consumer would like to develop as part of their role.

Action 2.13



The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

Reflective question

What framework is used to enable the health service organisation to partner with Aboriginal and Torres Strait Islander communities?

Strategies for improvement

If MPSs and small hospitals are to better meet the health needs of local Aboriginal and Torres Strait Islander people, they need to work in partnership with these communities and understand and observe local cultural principles.

MPSs or small hospitals that are part of a local health network or private hospital group should



adopt or adapt and use the established framework for partnering with local Aboriginal and Torres Strait Islander communities. This includes adapting existing consumer resources or programs to be culturally appropriate for local Aboriginal and Torres Strait Islander communities.

Small hospitals that are not part of a local health network or private hospital group should develop mechanisms for determining the diversity of the consumers who use the services and the local community by⁵¹:

- Building relationships directly with members of the local Aboriginal and Torres Strait Islander communities to act as advisors and champions
- Forming partnerships with local Aboriginal and Torres Strait Islander organisations and agencies
- Sourcing culturally appropriate health information resources for Aboriginal and Torres Strait Islander people.

Bringing together the cultures of a health service organisation and the local Aboriginal and Torres Strait Islander communities can improve access to health care for Aboriginal and Torres Strait Islander Australians.⁶⁴ Strategies for this may include:

- Identifying Aboriginal and Torres Strait Islander communities within the catchment and the relevant cultural protocols to guide partnerships
- Identifying key contacts, elders and opinion leaders in the Aboriginal and Torres Strait Islander communities and contacting them
- Establishing and implementing mechanisms for forming and maintaining partnerships with Aboriginal and Torres Strait Islander communities and representative organisations.

Further strategies are available in *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*.

Action 2.14



The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

Reflective question

How are consumers involved in the design and delivery of workforce training and education?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established programs and resources that incorporate the views and experiences of consumers into training.

Small hospitals that are not part of a local health network or private hospital group should develop mechanisms to incorporate the views and experiences of consumers into training by:

- Informally talking with consumers and carers in waiting areas about what they would include in person-centred care and partnership training for the clinical workforce

- Convening focus groups or workshops to seek consumers' advice on critical information, resources and strategies for training the clinical workforce in person-centred care and partnerships
- Inviting consumers and carers to attend and review training sessions to ensure that the training reflects their needs and perspectives⁶⁵⁻⁶⁷
- Inviting consumers or the local consumer organisation to speak to the workforce and share patient stories.



Resources

Partnerships at the individual and health service level

Agency for Healthcare Research and Quality – [Guide for Developing a Community-Based Patient Safety Advisory Council](#)

Cancer Australia – [Consumer Involvement Toolkit](#)

Health Consumers Queensland – [Consumer Representatives Program: Agency handbook](#)

Health Issues Centre – [Getting Started toolkit](#)

Institute for Patient- and Family-Centered Care – [Advancing the Practice of Patient- and Family-Centered Care in Hospitals: How to get started...](#)

NSW Agency for Clinical Innovation – [Making change: designing change projects](#)

NSW Clinical Excellence Commission – [Partnering with patients](#)

Planetree – [Patient-Centered Care Improvement Guide](#)

Point of Care Foundation – [Experience-Based Co-Design toolkit](#)

Point of Care Foundation – [Patient and Family-Centred Care toolkit](#)

SA Health – [Guide for Engaging with Consumers and the Community](#)

Scottish Health Council – [The Participation Toolkit](#)

Victorian Quality Council – [Enabling the Consumer Role in Clinical Governance: A guide for health services](#)

Waitemata District Health Board – [Health Service Co-Design toolkit](#)

Collecting patient stories

Cancer Australia – [Storytelling for Health Services](#)

Healthwatch Cambridgeshire – [Guidance for Collecting & Using People's Stories](#)

National Health Service Education for Scotland – [Making the Most of Patient Safety Stories](#)

NSW Agency for Clinical Innovation – [Collect patient and carer stories](#)

WA Health – [Patient Stories: A toolkit for collecting and using patient stories for service improvement in WA Health](#)

Health literacy

Agency for Healthcare Research and Quality – [Health Literacy Universal Precautions Toolkit](#)

Australian Commission on Safety and Quality in Health Care – [Health literacy](#)

Centers for Disease Control and Prevention – [online health literacy training for health professionals](#)

Centers for Disease Control and Prevention – [Simply Put: A guide for creating easy-to-understand materials](#)

Centre for Culture, Ethnicity and Health – [Supportive systems for health literacy](#)

Health Consumers Queensland – [Consumer Representatives Program: Agency handbook](#)

Health Literacy Consulting – [Can they understand? Testing patient education materials with intended readers](#)

National Health Service – [DISCERN instrument](#)

NSW Clinical Excellence Commission – [Health Literacy Guide](#)

[PlainLanguage.gov](#)

Communicating with patients

Eastern Health – [Cue Cards in community languages](#)

NPS MedicineWise – [decision tools and resources](#)

SA Health – [Guide for Engaging with Consumers and the Community, Tool 3 – Tips for communicating clearly](#)

Shared decision making

Agency for Healthcare Research and Quality – [The SHARE approach](#)

National Health Service – [Shared decision making](#)



[NHS Institute for Innovation and Improvement – case studies](#)

[The Health Foundation – MAGIC: Shared decision making](#)

Connecting with diverse and hard-to-reach consumers

[Queensland Health – *Health Care Providers’ Guide to Engaging Multicultural Communities and Consumers*](#)

Partnerships with Aboriginal and Torres Strait Islander communities

[Australian Human Rights Commission – *Aboriginal and Torres Strait Islander Peoples Engagement Toolkit*](#)

[Australian Indigenous Governance Institute – Indigenous Governance Toolkit](#)

[Oxfam Australia – *Aboriginal and Torres Strait Islander Cultural Protocols*](#)

[Queensland Government – *Protocols for Consultation and Negotiation with Torres Strait Islander People*](#)

[Reconciliation Australia – *Respectful relationships*](#)

Assessment tools for established partnerships

[National Collaborating Centre for Methods and Tools – *Partnership Self-Assessment Tool*](#)

[NSW Clinical Excellence Commission – *Patient Based Care Challenge*](#)

Australian health consumer organisations and networks

[Consumers Health Forum of Australia](#)

[Health Care Consumers’ Association \(ACT\)](#)

[Health Consumers Alliance of SA Inc](#)

[Health Consumers’ Council \(WA\) Inc.](#)

[Health Consumers NSW](#)

[Health Consumers Queensland](#)

[Health Issues Centre \(Vic\)](#)

3

Preventing and Controlling Healthcare-Associated Infection Standard





Preventing and Controlling Healthcare-Associated Infection Standard

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

Intention of this standard

To reduce the risk of patients acquiring preventable healthcare-associated infections, effectively manage infections if they occur, and limit the development of antimicrobial resistance through prudent use of antimicrobials as part of antimicrobial stewardship.

Criteria

Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship

Infection prevention and control systems

Reprocessing of reusable medical devices

Antimicrobial stewardship



Introduction

Many healthcare-associated infections are thought to be preventable. Australian and overseas studies have demonstrated mechanisms to reduce the rate of infections associated with health care. Infection prevention and control practice aims to minimise the risk of transmission by identifying and isolating patients harbouring infectious agents and resistant organisms. However, just as there is no single cause of infection, there is no single solution to preventing infections. Successful infection prevention and control practice requires several strategies across the healthcare system.

The Preventing and Controlling Healthcare-Associated Infection Standard has been developed in line with the recommendations and evidence in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.⁶⁸ This standard aims to prevent patients from acquiring preventable healthcare-associated infections, and to effectively manage these infections when they occur by using evidence-based strategies. It should be applied in conjunction with the other NSQHS Standards, particularly the *Clinical Governance Standard*, the *Partnering with Consumers Standard* and the *Medication Safety Standard*.

Although infection prevention and control programs have essential elements that must be considered, it is expected that programs will be tailored to reflect the local context and risk. Regardless of the size or type of the health service organisation, successful implementation of this standard depends on clinicians and executive leaders working together within a strong governance framework.

Health service organisations should consider the suggested strategies provided in this guide and use those appropriate to the size and scope of services offered. These will show how they have responded to the action, and improved safety and quality based on risks identified.



CRITERION: Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship

Systems are in place to support and promote prevention and control of healthcare-associated infections, and improve antimicrobial stewardship.

Antimicrobial stewardship is the ongoing effort by a health service organisation to optimise antimicrobial use to improve patient outcomes, ensure cost-effective therapy and reduce the adverse effects of antimicrobial use, including antimicrobial resistance.⁶⁹

This criterion requires organisation-wide governance, leadership and commitment to prevent and control healthcare-associated infections, and support antimicrobial stewardship.

To meet this criterion, health service organisations are required to:

- Apply safety and quality systems to prevent and control healthcare-associated infections, and support antimicrobial stewardship
- Use quality improvement systems to monitor, review and improve the systems to prevent and control healthcare-associated infections, and to support antimicrobial stewardship
- Apply principles of partnering with consumers when designing and implementing systems to prevent and control healthcare-associated infections, and support antimicrobial stewardship.

This criterion aligns closely with the [Clinical Governance Standard](#) and the [Partnering with Consumers Standard](#).

Infection risk varies in each health service organisation, so there is no single risk management approach. However, the basic principles of risk management apply across all settings.

The principles of clinical governance apply regardless of the setting, but the management structure associated with infection control will differ with the size of the organisation, its context and the complexity of services delivered.

The governance framework and risk management principles for preventing and controlling healthcare-associated infections are outlined in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).⁶⁸



Integrating clinical governance

Action 3.1

The workforce uses the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship
- b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship
- c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures to minimise healthcare-associated infections
- Identify and manage risks associated with healthcare-associated infections
- Identify training requirements to prevent and control healthcare-associated infections and improve antimicrobial stewardship?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19, 1.20 and 1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support policies and procedures, risk management and training for healthcare-associated infections and antimicrobial stewardship
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.



Implement policies and procedures

Ensure that current, readily available and accessible organisational policies and procedures are in place that cover priority areas for infection prevention and control, and antimicrobial stewardship, in the organisation, including:

- Standard and transmission-based precautions
- Environmental cleaning and disinfection
- Reprocessing of reusable medical devices
- Single-use items
- Insertion and maintenance of invasive devices
- Outbreaks or unusual clusters of infection or communicable disease
- Reporting requirements for communicable and notifiable diseases
- Antimicrobial prescribing and use
- Safe work practices for
 - use, handling and disposal of sharps
 - waste and linen management
 - workforce immunisation
 - exposure-prone procedures
 - prevention and management of occupational exposures to blood and body substances
- Product management and evaluation of new and existing products, equipment and devices
- Preventive maintenance, including repairs, refurbishment and upgrade of infrastructure, including buildings, equipment, fixtures and fittings.

Manage risks

Use established risk management systems (see [Action 1.10](#)) to identify, monitor, manage and review risks associated with preventing and controlling healthcare-associated infections. Develop processes to manage clinical risks for different populations served within the organisation, clinical and workplace risks for the workforce, and organisational risks.

Use information from measurement and quality improvement systems, adverse events, clinical outcomes and patient experiences to inform and update risk assessments and the risk management system. Consider the training the workforce may need to effectively use incident management and investigation systems to inform risk management, and to plan and implement quality improvement processes to mitigate these risks.

Health service organisations should manage the risk of infection and have a local risk management plan in place, regardless of where the governance for the organisation is located.

Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19–1.21](#). Perform a risk assessment to inform the education plan and to set priorities for the members of the workforce who require training. Develop, or provide access to, training and education resources to meet the needs of the workforce regarding infection prevention and control activities, reprocessing of reusable medical devices, and antimicrobial prescribing and use.

Identify the processes used in the health service organisation to manage training requirements for infection prevention and control activities, reprocessing of reusable medical devices, and antimicrobial prescribing and use.

If appropriate, use a competency-based assessment process that is aligned with the organisation's policies, procedures and protocols for hand hygiene, aseptic technique, invasive device insertion and maintenance, putting on and removal of personal protective equipment, reprocessing of reusable medical devices, and environmental cleaning.

Competency-based assessment is the assessment of actual skills and knowledge that a person can show in the workplace. A workplace assessor reviews the evidence and verifies the person's competence in performing the assessed task.

Review the organisation's induction, and ongoing education and training programs to ensure that they include relevant information, tools and instructions on infection prevention and control policies and procedures for new and existing employees and contractors.

Develop, review or introduce an appraisal process for the workforce that incorporates:

- Awareness and understanding of relevant policies, procedures and protocols relating to infection risks in the workplace
- Use of infection prevention and control policies, procedures and protocols
- Education, training or competency assessment for relevant risk management processes, and incident management and investigation systems for infection prevention.



Applying quality improvement systems

Action 3.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program
- b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship
- c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program

Reflective questions

How are the systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program continuously evaluated and improved?

How are the outcomes of improvement activities communicated to the governing body, the workforce, consumers and other organisations?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for healthcare-associated infections and antimicrobial stewardship.

Monitor effectiveness and performance

Use the organisation's quality improvement systems to identify, and set priorities for, organisational and clinical strategies to prevent healthcare-associated infections and manage the risks.

Review these systems to ensure that they include requirements for:

- Using the organisation's incident management and investigation system to identify and improve safety and quality activities
- Measuring performance and identifying opportunities for improvement
- Reporting outcomes to the organisation's leadership, workforce, consumers and (if appropriate) other health service organisations
- Engaging with consumers to review the performance of safety and quality activities
- Communicating the outcomes of quality improvement activities in newsletters and publications
- Maintaining and improving the effectiveness of the antimicrobial stewardship program.

Identify the key elements of an antimicrobial stewardship program that will both show performance and inform prescribing practice and use of antimicrobials in the organisation.

Identify how the organisation will evaluate compliance with policies, procedures and protocols relating to infection prevention and control, and antimicrobial stewardship (including hand hygiene, aseptic technique, invasive device insertion and maintenance, infection surveillance, environmental



cleaning, workforce immunisation, standard and transmission-based precautions, reprocessing of reusable medical devices, and antimicrobial prescribing and use).

Review the results of annual evaluation of the organisation's quality improvement program for infection prevention and control, to acknowledge successes and identify opportunities for improvement.

Implement quality improvement strategies

Use the results of monitoring activities to show improvements or areas where improvement is required. Where appropriate, use quality improvement activities that are consistent and

measurable across the corporate group, network or health service.

Use the results of the organisational risk assessment to identify gaps, plan, and set priorities for areas for investigation or action.

Identify where the organisation is performing well, including where infection risks have been minimised or eliminated.

Report outcomes

Report evaluation findings to the governing body and the workforce. Use the data to work with consumers, the workforce, clinical leaders and managers to identify and implement improvements.

Partnering with consumers

Action 3.3

Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

How do clinicians use the processes for partnering with consumers to involve patients in planning and making decisions about infection prevention and control?

How does the health service organisation collect feedback from patients about information provided on infection prevention and control?

Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) related to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

MPSs and small hospitals should use established processes to partner with patients to prevent healthcare-associated infections.

Identify opportunities to improve the way that clinicians engage with patients in shared decision-



making activities to reduce or manage the risk of healthcare-associated infections.

Review or develop resources to inform patients about infection prevention and control. Ensure that patients understand their own responsibilities in preventing and controlling healthcare-associated infections.

Ensure that patients and carers have enough information about treatment options to make informed choices about their medicines and

adhere to treatment plans for antimicrobials.

Action 4.11 includes specific strategies for providing information to patients about their individual medicines needs and risks.

Provide information in a format that is meaningful, easy to understand and use, and tailored to the diversity of the organisation's patient population. Consider the languages used in the local community when selecting and developing resources on healthcare-associated infections for patients.

Surveillance

Action 3.4

The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:

- a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation
- b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing
- c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups

Reflective questions

How does the health service organisation collect surveillance data on healthcare-associated infections?

How are these data used to monitor, assess and reduce risks relating to healthcare-associated infections?

How are these data reported to the workforce, the governing body, consumers and other relevant groups?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established system for surveillance of healthcare-associated infections.

Small hospitals that are not part of a local health network or private hospital group should:

- Use information from the organisational risk management system to determine appropriate surveillance activities for the size and scope of the organisation
- Review existing surveillance processes to identify any gaps, changes or variation in data
- Ensure that existing processes and supporting policies include reporting of infection and resistance data to the relevant workforce, the governing body, consumers and other relevant groups
- Ensure that surveillance activities use nationally agreed definitions (if available) and meet state or territory requirements
- Ensure that the workforce performing surveillance activities is adequately trained
- Develop new surveillance activities if there is a change in the services provided.



Surveillance activities may be used to monitor:

- Catheter-associated urinary tract infection
- Multidrug-resistant organisms of significance
- Compliance with outbreak management processes in the health service organisation
- Intravascular devices removed because of complications compared with those removed at the end of treatment
- Compliance with policy on management and removal of invasive devices used in the MPS or small hospital
- Review of antimicrobial prescribing for consistency with evidence-based Australian therapeutic guidelines
- Assessment of infection risks for new patients referred to the MPS or small hospital
- Review of patients who re-present with infection risks that may influence treatment or management
- Review of the incident management and investigation system for infection-related incidents and how they were managed
- Participation in local and national surveillance activities relating to antimicrobial stewardship, including the [National Antimicrobial Prescribing Survey](#).⁷⁰

Use the results of surveillance activities to inform the risk management process, and to review or develop policies, procedures and protocols to reduce the risk of healthcare-associated infections.

Further resources on surveillance systems and infection surveillance definitions are available at the [National Surveillance Initiative of the Australian Commission on Safety and Quality in Health Care \(the Commission\)](#).⁷¹

Questions to consider when determining which surveillance activities should be undertaken include:

- Does the organisation insert or manage invasive devices?
- Does the organisation assess infection risks of patients?
- How are data collected, reviewed and used in the organisation?



CRITERION: Infection prevention and control systems

Evidence-based systems are used to prevent and control healthcare-associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The health service organisation is clean and hygienic.

Infection control is a health and safety issue. All people working in the health service organisation are responsible for providing a safe environment for consumers and the workforce.

Infectious agents transmitted during provision of health care come primarily from human sources, including patients, clinicians and visitors. Successful infection prevention and control measures involve implementing work practices that prevent the transmission of infectious agents using a two-tiered approach: standard precautions and transmission-based precautions.

Standard precautions are basic infection prevention and control strategies that apply to everyone, regardless of their perceived or confirmed infectious status. Strategies include hand hygiene, personal protective equipment, cleaning, and appropriate handling and disposal of sharps. These are a first-line approach to infection prevention and control in health service organisations, and are routinely applied as an essential strategy for minimising the spread of infections. Standard precautions minimise the risk of transmission of infectious agents from one person or place to another, even in high-risk situations, and render and maintain objects and areas as free as possible from infectious agents.⁶⁸

Transmission-based precautions are specific interventions to interrupt the mode of transmission of infectious agents. They are used to control infection risk with patients who are suspected or confirmed to be infected with agents transmitted by contact, droplet or airborne routes. Transmission-based precautions are recommended as extra work practices in situations when standard precautions alone may be insufficient to prevent transmission. Transmission-based precautions are also used during outbreaks to help contain the outbreak and prevent further infection. Transmission-based precautions should be tailored to the infectious

agent involved and its mode of transmission – this may involve a combination of practices.

Hand hygiene is an essential infection prevention and control strategy. The current National Hand Hygiene Initiative states that hand hygiene must be performed according to the World Health Organization's My 5 Moments for Hand Hygiene⁷² to prevent patient colonisation and infection. Although the concept of hand hygiene is straightforward, improving hand hygiene practices involves changing attitudes and behaviour among clinicians.

Aseptic technique, use of invasive medical devices, workforce immunisation and environmental cleaning are included in this criterion because they are part of infection prevention and control systems. Health service organisation managers are responsible for overseeing systems and processes to maintain a clean, hygienic environment, including maintenance and upgrading of buildings and equipment; environmental cleaning of buildings, infrastructure, new products and equipment; and handling and management of linen.

For further information on implementing systems for standard and transmission-based precautions, refer to Section A 1.2 in the Australian Guidelines for the Prevention and Control of Infection in Healthcare.⁶⁸



Standard and transmission-based precautions

Action 3.5

The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*⁶⁸, and jurisdictional requirements

Reflective question

How does the health service organisation ensure that its standard and transmission-based precautions are consistent with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and with state or territory requirements?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established standard and transmission-based precautions systems.

Small hospitals that are not part of a local health network or private hospital group should:

- Use information from risk management systems to identify strategies to reduce the risks of healthcare-associated infections
- Review current policies, procedures and protocols to ensure that they align and comply with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and state or territory requirements
- Provide access to the equipment, supplies and products required to comply with standard and transmission-based precautions
- Use the results of risk assessment processes to set priorities for assessment of workforce compliance with standard and transmission-based precautions
- Include the expectations of the workforce regarding infection prevention and control activities, including application of standard and transmission-based precautions, in the organisation's workforce orientation program.

Ensure that the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and

relevant state or territory requirements are available and accessible to the workforce when reviewing practice, policy and procedures.

Based on information from the risk management systems, identify and set priorities for when, where and how compliance with standard and transmission-based precautions can be monitored, assessed and reviewed. Activities may include:

- Auditing hand hygiene
- Auditing putting on and removal of personal protective equipment
- Prioritising competency assessment for aseptic technique to members of the workforce who have been identified as high risk
- Assessing compliance with the requirements of transmission-based precautions when applied to a specific infection risk
- Reviewing surveillance data on healthcare-associated infections
- Reviewing incident reports relating to
 - infection prevention and control issues
 - intravascular devices
 - sharps and waste management
 - occupational exposures
 - environmental cleaning and biological spills.

Develop or review signage, alert systems, and information/reminder systems and resources to raise awareness of standard and transmission-based precautions, and ensure consistency with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Have a management plan that can operate during localised outbreaks or periods when infections may be common (for example, seasonal influenza or local outbreaks of viral gastroenteritis) that:

- Identifies possible cases
- Implements other treatment options (for example, rescheduling procedures)



- Advises on exclusion periods for elective procedures
- Suggests management options for suspected or confirmed infections that may be transmissible
- Reduces effect on treatment and recovery
- Addresses workforce occupational risk.

Action 3.6

Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider:

- a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required 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 to manage infection risks
- d. The need to control the environment
- e. Precautions required when the patient is moved within the facility or to external services
- f. The need for additional environmental cleaning or disinfection
- g. Equipment requirements

Reflective questions

How do clinicians decide on the need to apply transmission-based precautions?

How do clinicians assess and manage infection risks when a patient presents for care?

Strategies for improvement

MPSs and small hospitals should:

- Use the results of the organisational risk assessment and gap analysis to identify priority areas for review, action or monitoring
- Review and use surveillance data to identify which communicable diseases, emerging risks, or infectious agents of local, national or international significance affect the health service organisation, patients and the workforce
- If available, use national systems and definitions to collect surveillance data on infectious agents
- Identify the systems that are already in place to manage the risk of transmission of these infectious agents
- Set up or review the processes for communicating risks and risk management strategies to clinical areas or units, services or facilities (internal and external) that may be involved in the care of the patient.

Review and assess the organisation's processes that will inform risk management strategies to minimise exposure of patients, the workforce and the organisation to infectious agents. These include:

- How the risk of infection or communicable disease is assessed on admission, on referral or on presentation for care in the organisation
- What processes are in place to reassess the risks when clinically indicated during care
- How infection risks are acted on, if identified
- What processes are in place to inform the workforce or external services of the risk of an infectious agent or communicable disease
- How contracts and service performance of any external providers of goods and services are reviewed.



Information sources to help with this assessment may include:

- Data on waiting times for admission, movement through clinics or the emergency department, and delays in patient placement because of a lack of appropriate accommodation, resources and equipment
- Pathology reports on infectious agents of local, national or international significance that require transmission-based precautions
- Surveillance data and reports from the organisation and other sources (for example, national, state or territory surveillance reports) that have been gathered using national systems and definitions (if available)

- Incident reports relating to possible transmission of infectious agents
- Consumer feedback reports
- Maintenance or service history and pathology reports to identify appropriate monitoring of air-handling systems, water supply systems and other relevant equipment
- Data on cleaning and disinfection regimes.

The *Australian Guidelines for the Prevention and Control of Infection in Healthcare* provide detailed information about risk assessment processes for infection prevention and control.

Action 3.7

The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations

Reflective question

How does the health service organisation communicate the patient's infectious status when care is transferred?

Strategies for improvement

MPSs and small hospitals should:

- Develop, review or implement a process to identify relevant pre-existing colonisation, infection or communicable diseases that will affect
 - patient placement while in the health service organisation
 - the risk to the workforce, other patients and consumers
 - transfer of care
- Review systems and processes used by managers and the workforce on admission, at entry points or when care is transitioning, including
 - pre-admission information
 - alerts, flags and risk identification processes
 - protocols for clinics, day surgery, emergency departments, community services and clinicians' rooms on how to assess patients for colonisation, infections or communicable diseases
 - processes for transporting patients within or outside the health service organisation
- Develop or use relevant information systems and materials to inform clinicians about infection risks and the requirements to minimise the risks. Infection prevention and control risks should be included on
 - requests for admission
 - referral documentation
 - transport requests
 - clinical handover reports
 - discharge or transfer summaries
 - notification, alert or flag systems for infection status, and precautions required for current and future care



- Develop or use resources to inform the workforce, patients and visitors of relevant infection risks, and infection prevention and control strategies to minimise risk to patients, visitors and the workforce.

Hand hygiene

Action 3.8

The health service organisation has a hand hygiene program that:

- a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements
- b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative

Reflective questions

What processes are used to ensure that the health service organisation's hand hygiene program is consistent with the current National Hand Hygiene Initiative and with state or territory requirements?

How does the health service organisation measure compliance with the current National Hand Hygiene Initiative? What action has been taken to improve compliance?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established hand hygiene program.

Small hospitals that are not part of a local health network or private hospital group should develop processes for monitoring compliance with the National Hand Hygiene Initiative.

The hand hygiene program should include:

- Availability of alcohol-based hand sanitiser at the point of care
- Education of the workforce about hand hygiene

- Monitoring of hand hygiene program compliance, using indicators such as
 - types of products used for hand hygiene
 - availability of alcohol-based products at the point of care
 - evaluation of hand hygiene products used in the organisation
 - assessment of workforce knowledge of hand hygiene
 - completion of competency assessments for hand hygiene technique
 - completion of hand hygiene education and training
- Development or review of strategies to improve compliance with hand hygiene
- Identification of members of the workforce or work areas in which more training and support is needed
- Provision of feedback to clinical areas on the overall performance of the program and results of hand hygiene activities, including hand hygiene compliance and other process audits.



Aseptic technique

Action 3.9

The health service organisation has processes for aseptic technique that:

- a. Identify the procedures where 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

Reflective questions

What processes are used to ensure that the workforce is competent in aseptic technique?

How does the health service organisation ensure that clinicians routinely follow aseptic technique when required?

Strategies for improvement

MPSs and small hospitals should identify the clinical procedures and activities in which aseptic technique is required to be assessed, such as:

- Surgical procedures, including invasive procedures performed in the operating room, procedure room or clinical areas
- Venepuncture
- Insertion of vascular access devices such as peripheral or central lines
- Maintenance of vascular access devices, including line or dressing changes, or medicine administration through these devices
- Urinary catheterisation
- Simple dressings
- Complex or large dressings
- Gowning and gloving
- Collecting of swabs and other specimens.

Conduct a risk assessment to identify the areas of the organisation that have the highest risk when performing these procedures. Risks relate to the clinical environment, the patient and the frequency at which the procedure is performed.

Provide the relevant workforce with current policies, procedures and protocols that provide guidance

on aseptic technique and that have been developed or reviewed by members of the workforce who are competent in aseptic technique.

Assess training and competence

Identify the training needs of members of the workforce who perform procedures that require aseptic technique. Consider the validity, currency and scope of previous training, and how often training should be repeated to maintain competence.

Assess the competence of members of the workforce who are required to perform aseptic technique and provide training to deal with gaps in competence. Set priorities for training based on risk assessment.

Identify opportunities to review practice to improve aseptic technique in specialised units such as emergency and anaesthetic departments, interventional radiology, dialysis, outpatient clinics (for example, wound care; ear, nose and throat; ophthalmic) and phlebotomy.

Use surveillance data, if available, for healthcare-associated infections, results of hand hygiene compliance audits and incident reports to help set priorities for assessment and training needs.

Support practice improvement

Consider technological advances to support improving aseptic technique in practice, such as:

- Equipment bundles
- Sterile 'starter' packs
- Dedicated trolleys (for example, intravenous, dressing and urinary catheter trolleys).



Invasive medical devices

Action 3.10

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 *Australian Guidelines for the Prevention and Control of Infection in Healthcare*

Reflective question

How does the health service organisation ensure that the workforce selects, inserts, maintains and removes invasive devices safely?

Strategies for improvement

MPSs and small hospitals should:

- Review the organisation's use of invasive medical devices
- Review the organisation's compliance with relevant regulations, guidelines and state or territory requirements covering invasive medical devices
- Review, develop or implement processes to manage introduction, use, management and removal of invasive medical devices used in the organisation.

Organisations that use invasive medical devices should assess the risks relating to the use and maintenance of these devices. This could include:

- Criteria for insertion, and selection of the best device for patient indications and purpose
- Indications for the device to be left in place once inserted
- Assessment of aseptic technique used at insertion and for maintenance activities
- Use of evidence-based safety-engineered technology
- Evaluation of how clinicians choose the most appropriate device
- Physical environment issues that affect insertion and maintenance of devices
- Patient monitoring activities to identify infections relating to invasive medical devices

- Use of the organisation's incident reporting process
- Review of incident reports relating to invasive medical devices for appropriateness, infection, referral, inconsistency or noncompliance with organisational policy, equipment failure and other adverse events
- Patient engagement and education about use and maintenance of invasive medical devices
- Indication for removal, evidence-based removal procedure and post-removal assessment of possible complications (for example, air emboli, bleeding from removal site).



Clean environment

Action 3.11

The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*⁶⁸, and jurisdictional requirements – that:

- a. Respond to environmental risks
- b. Require cleaning and disinfection in line with recommended cleaning frequencies
- c. Include training in the appropriate use of specialised personal protective equipment for the workforce

Reflective questions

What processes are used to maintain a clean and hygienic environment in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and with state or territory requirements?

How does the health service organisation ensure that the workforce is trained in the appropriate use of specialised personal protective equipment?

Strategies for improvement

MPSs and small hospitals should:

- Identify the environmental cleaning hazards in the organisation and include these in the organisation's risk management strategies
- Review or develop policies, procedures and protocols to include effective strategies to provide a clean environment in the organisation
- Use the implementation and evaluation strategies for environmental cleaning to ensure that cleaning and disinfection processes are in line with recommended cleaning frequencies appropriate to the health service organisation
- Provide training to the workforce performing environmental cleaning activities and include the use of specialised personal protective equipment, if required
- Evaluate environmental cleaning practices for compliance with policies, procedures and protocols, and measure outcomes of cleaning processes

- Review duty lists, position descriptions or contract specifications as part of the appraisal or contract review process, and provide feedback to the relevant person or group on achievements or areas for improvement.

Develop cleaning and disinfection schedules that meet the requirements outlined in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* and relevant state or territory requirements. These schedules should include:

- Frequency and type of activity
- Products and equipment to be used
- Specialised personal protective equipment, if required
- Safety instructions.

Ensure that position descriptions and duty lists are current, and consistent with the environmental cleaning and disinfection schedules used in the organisation.

Monitor performance

Identify areas that require audit and evaluation of environmental cleaning and disinfection processes, and use audit and evaluation tools that effectively assess compliance with policies, procedures and protocols used in the organisation. Report to the governing body on improvements and areas in which further improvement is needed as part of the quality improvement program.



Include environmental cleaning and a process to deal with any identified issues in the organisation's incident management and investigation system. Review the incident management and investigation

system to identify any incidents relating to environmental cleaning activities and act to prevent incidents recurring.

Action 3.12

The health service organisation has processes to evaluate and respond to infection risks for:

- a. New and existing equipment, devices and products used in the organisation
- b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings
- c. Handling, transporting and storing linen

Reflective questions

How are infection risks for new and existing equipment, devices and products determined?

How is this information used to inform policies, procedures and protocols for preventing and controlling healthcare-associated infections?

What action has been taken to maintain cleaning standards and services?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established system for evaluating and responding to infection risks.

Small hospitals that are not part of a local health network should develop or review:

- The organisation's processes for assessing infection risks associated with the introduction of new technologies, devices, products or equipment
- The organisation's risk management processes to include the need to identify and respond to infection risks that may be associated with any repairs, refurbishment or upgrade of infrastructure, including during the planning stage
- The processes for handling, transporting and storing linen used in the organisation.

Ensure that the organisation's risk management program includes the need to consult with relevant services, such as engineering, environmental

cleaning, reprocessing of reusable medical devices, and infection prevention and control services:

- At the planning stage for any repairs, renovations, refurbishment or redevelopment within the organisation
- At each stage during any repairs, renovations, refurbishment or redevelopment to minimise or manage direct and indirect risks to the patients, the workforce, departments and contractors involved both directly and indirectly.

Review the movement, supply and handling of clean and used linen in the health service organisation to minimise infection risks associated with linen for both patients and the workforce. This includes linen used for patient care, environmental linen (for example, privacy screens and curtains) and linen used by the workforce (for example, theatre scrubs, uniforms). Consider how to:

- Minimise excess handling
- Ensure effective containment and storage
- Optimise traffic flows to minimise contamination of clean linen
- Reprocess used linen (methods used, and whether this is done by the health service organisation or an external service).

Ensure that any external services are part of the systems for quality improvement and contracts review addressed in the Clinical Governance Standard.



Workforce immunisation

Action 3.13

The health service organisation has a risk-based workforce immunisation program that:

- a. Is consistent with the current edition of the *Australian Immunisation Handbook*⁷³
- b. Is consistent with jurisdictional requirements for vaccine-preventable diseases
- c. Addresses specific risks to the workforce and patients

Reflective question

Is the health service organisation's immunisation program consistent with the national immunisation guidelines and state or territory requirements?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should use the established workforce immunisation program.

Small hospitals that are not part of a local health network or private hospital group should:

- Develop or review the organisation's immunisation program to ensure that it is consistent with the current edition of the *Australian Immunisation Handbook*⁷³ and state or territory requirements for vaccination
- Ensure that policies, procedures and protocols are in place to cover employer and employee responsibilities for managing occupational risks for vaccine-preventable diseases.



CRITERION: Reprocessing of reusable medical devices

Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards, and meets current best practice.

This criterion includes cleaning, disinfection and sterilisation of reusable medical devices, equipment and instrumentation used in the health service organisation.

Reprocessing of reusable medical devices, equipment and instruments should be consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*⁶⁸, and meet current relevant national and international standards.

Reprocessing of reusable devices

Action 3.14

Where reusable equipment, instruments and devices are used, the health service organisation has:

- 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
 - the patient
 - the procedure
 - the reusable equipment, instruments and devices that were used for the procedure

Reflective questions

What critical and semi-critical equipment, instruments and medical devices are used in the organisation?

What processes are in place to ensure that reprocessing of reusable medical devices follows relevant national standards and manufacturers' instructions?

How does the health service organisation identify the patients, procedures, and reusable instruments and devices used during a procedure?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for reprocessing of reusable devices.

Small hospitals that are not part of a local health network or private hospital group should:

- Identify the organisation's reusable critical and semi-critical equipment, instruments and devices to be reprocessed
- Implement quality monitoring activities for critical and semi-critical equipment, instruments and devices that review storage and handling to maintain sterility
- Review the organisation's reprocessing services infrastructure and workforce capacity to reprocess reusable equipment, instruments and devices
- Review policies, procedures and protocols used in sterilising services for reprocessing reusable equipment, instruments and devices
- Review policies, procedures and protocols for decontamination of reusable medical devices at the point of use before reprocessing



- Review the methods used to reprocess reusable equipment, instruments and devices to ensure that these processes are consistent with relevant national and international standards
- Implement or review processes for traceability or tracking of critical and semi-critical equipment, instruments and devices, and assess the processes' ability to identify the patient, the procedure, and the equipment, instrument or device that was used for the procedure.

Questions to consider when determining process and need for reprocessing include:

- Does the organisation have the facilities and ability to reprocess the required reusable medical equipment, instruments and devices?
- Can sterilising services be centralised if there are several health service organisations under one administration?
- Are specialised reprocessing techniques required for some devices (for example, low-temperature sterilisation, ethylene oxide) and are processes in place to achieve this?
- Should the organisation purchase commercial pre-sterilised single-use items to meet its needs?
- Could an external sterilising service be contracted to provide reprocessing services for critical or semi-critical equipment, instruments or devices?
- If services are contracted, are contract development, documentation and record keeping conducted in consultation with key groups, including
 - sterilising services manager
 - hospital theatre manager or endoscopy unit manager
 - infection prevention and control
 - corporate services
 - governance?



CRITERION: Antimicrobial stewardship

The health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.

Antimicrobial stewardship (AMS) is defined as an ongoing effort by a health service organisation to optimise antimicrobial use among patients 'to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae of antimicrobial use (including antimicrobial resistance)'.⁶⁹ An AMS program involves strategies and interventions that aim to reduce unnecessary antimicrobial use and promote the use of agents that are less likely to select for resistant microorganisms. This is done in line with treatment guidelines and with consideration of local susceptibility patterns.⁷⁴

Effective AMS programs reduce inappropriate antimicrobial use, improve patient outcomes and reduce adverse consequences of antimicrobial use (including antimicrobial resistance, toxicity and unnecessary costs).⁷⁵ Along with infection control, hand hygiene and surveillance, AMS programs are a key strategy in preventing antimicrobial resistance and decreasing preventable healthcare-associated infections.

The emergence of antimicrobial-resistant bacteria is closely linked with inappropriate antimicrobial use. Studies show that up to 50% of antimicrobial regimens prescribed for patients in hospitals, including Australian hospitals, are considered inappropriate. Comparison with data from northern Europe shows that Australian hospitals have a higher overall rate of inpatient antimicrobial use, and further work is required to optimise the use of antimicrobials in Australian hospitals.

The intent of this criterion is to ensure appropriate prescribing of antimicrobials, as part of the broader systems within a health service organisation to prevent and manage healthcare-associated infections and improve patient safety and quality of care.

This criterion, and the actions and strategies outlined in this guide should be considered in conjunction with the requirements of the Medication Safety Standard.

The content and implementation strategies for this criterion have been drawn from *Antimicrobial Stewardship in Australian Hospitals*⁷⁵, which summarises the evidence about AMS programs, and details strategies for implementing and sustaining these programs. It is recommended that health service organisations consult this publication when planning and implementing an AMS program. This publication is currently under revision; the second edition is expected to be published in 2018.

AMS programs may need to be tailored in each organisation. The types of strategies and activities used depend on the specific organisational context, and factors such as the complexity and size of the organisation, and the resources available for implementation, monitoring and evaluation.

The *Options for Implementing Antimicrobial Stewardship in Different Facilities* resource provides examples of how strategies to support AMS might be implemented in different contexts. These examples can be used as a starting point for health service organisations and AMS teams to consider ways in which different strategies can be applied to their own settings. This resource can be downloaded from the [Commission's website](#).



Antimicrobial stewardship

Action 3.15

The health service organisation has an antimicrobial stewardship program that:

- 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 includes restriction rules and approval processes
- d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard⁷⁶

Reflective questions

What systems, processes and structures are in place to support appropriate prescribing and use of antimicrobials?

How does the health service organisation provide access to, and promote use of, current endorsed therapeutic guidelines for clinicians who prescribe antimicrobials?

How have the principles provided in the Antimicrobial Stewardship Clinical Care Standard been implemented in the organisation's AMS program?

How is information about the antimicrobial formulary, restriction rules, approval processes and other antimicrobial stewardship strategies communicated to clinicians?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established AMS program.

Small hospitals that are not part of a local health network or private hospital group should:

- Review the current AMS program to identify what is working well; identify gaps, risks and areas for improvement; set priorities; and inform review of the AMS program plan – use the results of this review to set priorities for AMS

- Identify the key membership of the AMS committee and the AMS team
- Develop or review an AMS program plan
- Develop or review an AMS policy that specifies that clinicians should follow current, evidence-based Australian therapeutic guidelines on antimicrobial prescribing, and incorporates the principles of the Antimicrobial Stewardship Clinical Care Standard
- Develop, review and maintain antimicrobial prescribing policies and a formulary for specific infections to reflect current resistance patterns
- Create or review an antimicrobial formulary and guidelines for treatment and prophylaxis that align with current, evidence-based Australian therapeutic guidelines
- Review policies, clinical pathways, point-of-care tools and education programs to ensure that they incorporate the principles of the Antimicrobial Stewardship Clinical Care Standard.

The governance structure of the AMS program should incorporate formal structural alignment to relevant committees and be endorsed by the hospital executive.

The group responsible for AMS is generally multidisciplinary and oversees the effective implementation and ongoing function of the AMS program. Membership will depend on the available



workforce and may include those with network or contracted roles. Committee membership includes:

- A member of the executive or nominated executive sponsor, who can enable change
- Clinicians with technical expertise (for example, an infectious diseases physician, pharmacist, clinical microbiologist or infection control nurse) and other individuals who can provide day-to-day leadership and support implementation.

The AMS team is the effector arm of the AMS program. Depending on the local circumstances, the team may be at the level of the facility, local health network or private hospital group. It should reflect the local context, including the complexity of services offered. Membership will depend on the local context but should include:

- A prescribing clinician
- A clinical pharmacist, if available.

The AMS team needs to receive input from an infectious diseases physician or clinical microbiologist.

Implement an AMS policy

The AMS policy should:

- Specify that prescribers must follow current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing
- Incorporate processes for informing prescribers about prescribing requirements
- Incorporate the quality statements from the [Antimicrobial Stewardship Clinical Care Standard](#)
- List any restricted antimicrobials and procedures for obtaining approval for use of these agents
- Specify processes for monitoring antimicrobial use, resistance and appropriateness of prescribing, and providing feedback to prescribers
- Outline systems for obtaining specialist advice for complex clinical conditions
- Incorporate an audit and evaluation strategy for managing the policy's effectiveness, including assessment of AMS indicators that are relevant to the organisation, such as those suggested in the [Antimicrobial Stewardship Clinical Care Standard](#)

- Details governance arrangements; communication lines; and roles and responsibilities of facility leaders, the AMS committee and the AMS team
- Reflect the AMS program's integration within the organisation's quality improvement and patient safety governance structure, and the organisation's safety and quality strategic plan
- Describe procedures for managing noncompliance with the policy.

Review policies relating to antimicrobial prescribing at least annually, or as changes in evidence or recommended practices are notified.

Plan the AMS program

Develop an AMS program plan based on the risks, gaps and priorities identified in the assessment and gap analysis. The plan should include documented processes for seeking expert specialist advice from infectious diseases physicians and/or clinical microbiologists to support the local AMS team and program implementation. Ensure that the plan includes procedures for prescription review and feedback to prescribers (e.g. AMS rounds or pharmacy rounds), and that the strategies in the plan align with those listed in [Actions 3.16](#).

Ensure that clinicians who prescribe, dispense or administer antimicrobials are educated about the AMS program policy and plan at the beginning of their employment and at least annually.

Ensure access to current guidelines

Ensure that prescribing guidelines are consistent with current evidence-based Australian therapeutic guidelines. [Therapeutic Guidelines: Antibiotic⁷⁷](#) is recognised as a national guideline for antimicrobial prescribing in Australia. Provide clinicians with access to guidelines for treatment and prophylaxis for common infections relevant to the patient population, the local antimicrobial resistance profile and the surgical procedures performed. Review prescribing guidelines at least annually, or as changes are notified.

Ensure that evidence-based, endorsed state, territory or national guidelines and clinical pathways are available for management of suspected life-threatening bacterial conditions, including sepsis.



Establish or review clinical pathways for high-risk or high-volume conditions; examples might include *Staphylococcus aureus* bacteraemia, bone and joint infections, community-acquired pneumonia, catheter-associated and other urinary tract infections, and management of antimicrobial-related allergy.

Ensure that clinical pathways include steps to allow appropriate investigations, routine review of therapy, de-escalation, intravenous-to-oral switch and limiting the duration of therapy. Use state, territory or national guidelines or resources to implement a formal intravenous-to-oral switch program.

Review formulary, approval and restriction

Establish or review an antimicrobial formulary that aligns with recommendations in current evidence-based Australian therapeutic guidelines.

Ensure that the formulary specifies procedures for obtaining approval for use of restricted agents, and that systems are in place to inform prescribers of these procedures.

Implement the [Antimicrobial Stewardship Clinical Care Standard](#) locally.⁷⁶

Action 3.16

The antimicrobial stewardship program will:

- 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 in relation to
 - compliance with the antimicrobial stewardship policy
 - antimicrobial use and resistance
 - appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing

Reflective questions

What processes are in place to evaluate antimicrobial use?

How does the health service organisation use surveillance data on local antimicrobial resistance and use to support appropriate prescribing?

What actions have been taken to improve the effectiveness of the AMS processes?

How are data on prescribing and use of antimicrobials reported to clinicians and the governing body?

Strategies for improvement

Monitoring and analysis of antimicrobial use are critical to understanding patterns of prescribing, the impact on patient safety and antimicrobial

resistance, as well as to measure the effectiveness of, and identify means to improve, the AMS program. Antimicrobial use can be measured in terms of quantity, quality (that is, appropriateness of prescribing according to guidelines) or expenditure.

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established process for monitoring, evaluating and reporting on the organisation's antimicrobial stewardship program.

Small hospitals that are not part of a local health network or private hospital group should:

- Collect and regularly review data on antimicrobial use (volume and appropriateness) and local resistance to identify areas for improvement and ascertain the effectiveness of AMS interventions



- Monitor quality indicators to assess prescribing practice and AMS program effectiveness
- Use the results of monitoring activities to decide on priorities and actions for improvement
- Set up a system that ensures that feedback is provided to prescribers on results of monitoring and assessment activity
- Report routinely to the organisational governing body and the chief executive on AMS processes and outcomes.

Take part in state or territory, or national programs to monitor antimicrobial use and appropriateness that provide readily accessible audit and monitoring tools. Examples are:

- [National Antimicrobial Utilisation Surveillance Program \(NAUSP\)](#), which measures the volume of antimicrobial use
- [National Antimicrobial Prescribing Survey \(NAPS\)](#), which measures appropriateness of prescribing.

Support the AMS team to:

- Use data on prescribing and antimicrobial use to give feedback to clinicians and clinical teams on prescribing appropriateness, as part of AMS team or pharmacy rounds
- Publish reports on antimicrobial use and appropriateness.

Implement or review clinical pathways for specific infections or conditions. Ensure that clinical pathways include steps to allow appropriate investigations, routine review of therapy, de-escalation, intravenous-to-oral switch and limiting the duration of therapy.

Set up clinical pathways for common, high-volume and high-risk conditions; examples might include *Staphylococcus aureus* bacteraemia, bone and joint infections, community-acquired pneumonia, surgical prophylaxis, sepsis and antimicrobial-related allergy.

Use state or territory, or national guidelines or resources to implement a formal intravenous-to-oral switch program.

Require all new prescribers to complete the [NPS MedicineWise antimicrobial modules](#).

Communicate about safe and appropriate use of antimicrobials:

- Provide regular updates about the AMS program to members of the clinical workforce using different methods, such as newsletters, screensavers, meetings and posters
- Take part in annual Antibiotic Awareness Week activities
- Ensure that patients and carers receive current Australian education materials on safe and appropriate use of antimicrobials.

Monitor and evaluate the AMS program using process and outcome measures such as:

- Antimicrobial Stewardship Clinical Care Standard indicators
- [Quality use of medicines indicators](#)⁷⁸
- Infection- or antimicrobial-related incidents (for example, sentinel events such as *S. aureus* bacteraemia, or adverse events relating to antimicrobial administration or dosing)
- *S. aureus* bacteraemia-related mortality
- Infection-related length of stay (for example, central line-related sepsis, ventilator-related complications, multidrug-resistant organism infections)
- Infection-related readmissions (for example, joint replacement surgery)
- Reduced antimicrobial expenditure.

Report on AMS program processes and outcomes

Report at least annually to the chief executive and relevant governance committees on:

- AMS resources
- AMS team activity
- Performance against process and outcome indicators for antimicrobial use, appropriateness and resistance
- Key areas of improvement
- Areas for further improvement or priority
- Areas in which guidance or support from the chief executive and governing committees is needed.

Refer to the [Options for Implementing Antimicrobial Stewardship in Different Facilities](#) resource for examples of monitoring and reporting activities in different settings.



Resources

Healthcare-associated infection

Australian Commission on Safety and Quality in Health Care – [National Surveillance Initiative](#)

[Hand Hygiene Australia](#)

National Health and Medical Research Council – [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

National Health and Medical Research Council – [The Australian Immunisation Handbook](#)

Antimicrobial stewardship

Australian Commission on Safety and Quality in Health Care – [Antimicrobial Stewardship Clinical Care Standard](#)

Australian Commission on Safety and Quality in Health Care – [Antimicrobial Stewardship in Australian Hospitals](#)

Australian Commission on Safety and Quality in Health Care – [Options for Implementing Antimicrobial Stewardship in Different Facilities](#)

[National Antimicrobial Prescribing Survey \(NAPS\) and Surgical National Antimicrobial Prescribing Survey \(SNAPS\)](#)

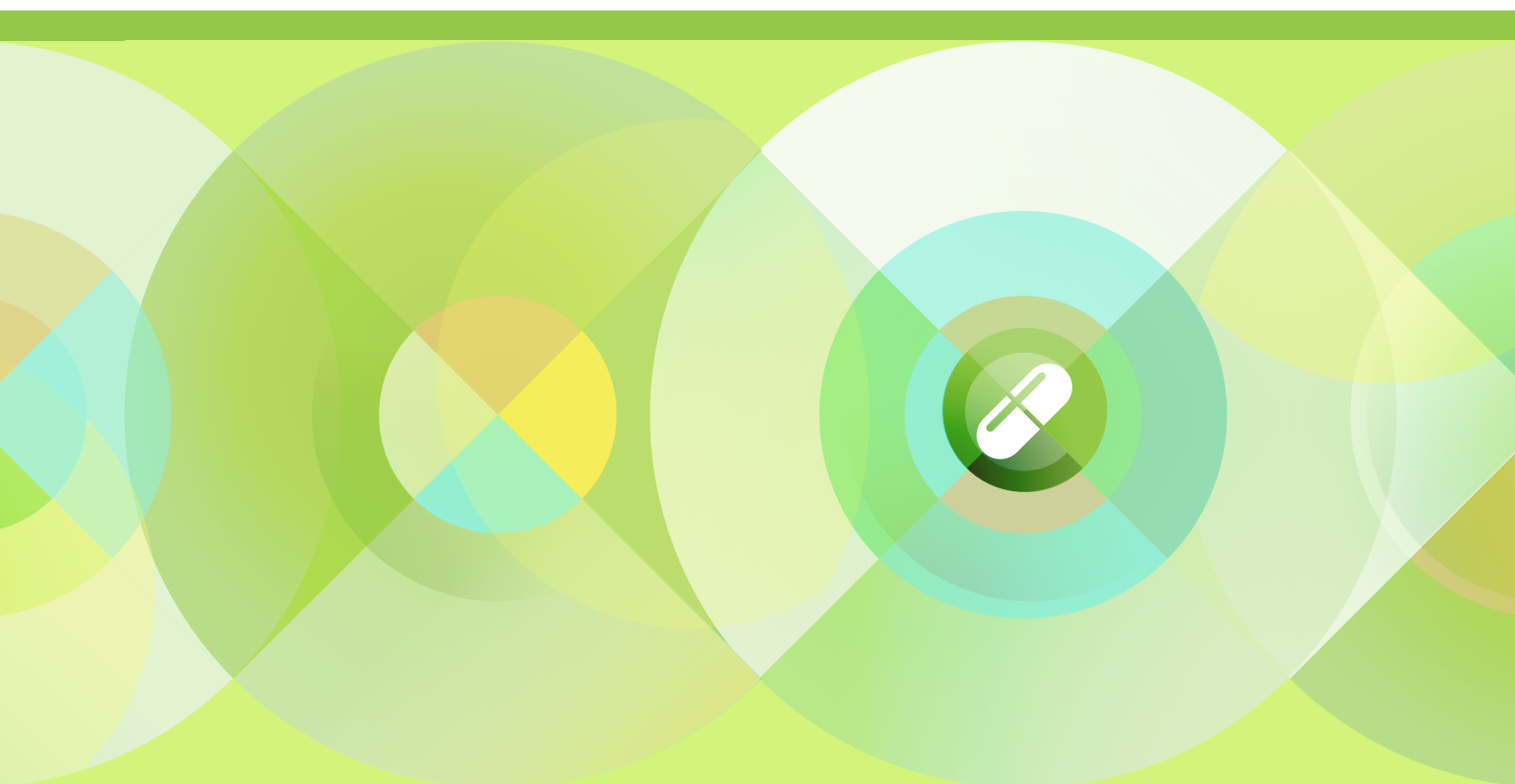
[NPS MedicineWise antimicrobial modules](#)

SA Health – [National Antimicrobial Utilisation Surveillance Program \(NAUSP\)](#)

Therapeutic Guidelines Limited – [Therapeutic Guidelines: Antibiotic](#)

4

Medication Safety Standard





Medication Safety Standard

Leaders of a health service organisation describe, implement and monitor systems to reduce the occurrence of medication incidents, and improve the safety and quality of medication use. The workforce uses these systems.

Intention of this standard

To ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use. To ensure consumers are informed about medicines and understand their individual medicine needs and risks.

Criteria

Clinical governance and quality improvement to support medication management

Documentation of patient information

Continuity of medication management

Medication management processes



Introduction

Medicines are the most common treatment used in health care. Although appropriate use of medicines contributes to substantial improvements in health, medicines can also be associated with harm.⁷⁹ Because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions. Some of these events are costly in terms of morbidity, mortality and resources. Up to 50% are potentially avoidable.⁸⁰

Scope of this standard

The Medication Safety Standard addresses areas of medication management that have a known risk of error, often as a result of unsafe processes and variation in clinician practices.

The Medication Safety Standard requires health service organisations to assess medication management, and implement processes and practices that:

- Provide for sound governance for the safe and quality use of medicines
- Minimise the occurrence of medicine-related incidents and the potential for patient harm from medicines
- Ensure that competent clinicians safely prescribe, dispense and administer medicines, and monitor their effects
- Inform patients about their medicines and involve them in decision-making.

Key links with other standards

The Medication Safety Standard should be applied in conjunction with other NSQHS Standards, including the [Clinical Governance Standard](#) and the [Partnering with Consumers Standard](#).

Synergies with other NSQHS Standards will also need to be identified. This will ensure that medication safety and quality systems, and policies and processes for medication management are integrated, to reduce duplication of effort.

Medication management pathway

Medication management involves prescribing, dispensing, administering and monitoring medicines. Medication management is complex and involves several different clinicians. Often referred to as the medication management pathway, it comprises multiple activities and three system processes to manage the safe and effective use of medicines for patients at each episode of care (Figure 1).^{81,82}

Safe processes and practices are required for all activities in the medication management pathway. These activities include procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines.

The consumer is the focus of the medication management pathway. Health service organisations should apply the principles of partnering with consumers, health literacy and shared decision making when developing, reviewing and implementing processes or practices within the medication management pathway.

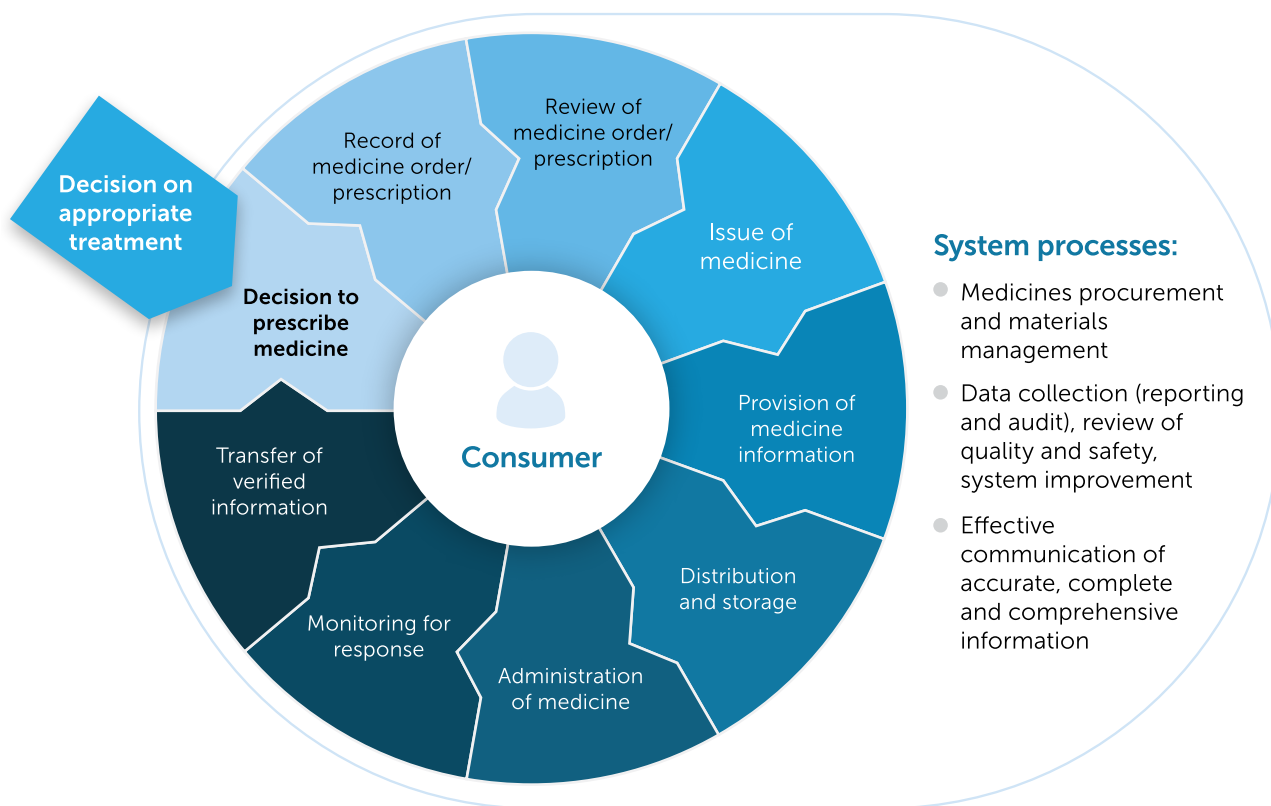
The pathway provides a framework for:

- Identifying when there is potential for errors or risk of harm
- Responding with strategies to reduce the opportunity for error.

To ensure safe and effective use of medicines in the health service organisation, identify opportunities for patient harm and implement strategies to prevent medicine-related errors. Steps taken early in the medication management pathway can prevent adverse events occurring later in the pathway.



Figure 1: Medication management pathway



Source: Adapted from Australian Pharmaceutical Advisory Council⁹²



CRITERION: Clinical governance and quality improvement to support medication management

Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines.

This criterion requires organisation-wide governance, leadership and commitment to support the safe and effective use of medicines.

To meet this criterion, health service organisations are required to:

- Apply safety and quality systems to support medication management
- Use quality improvement systems to monitor, review and improve medication management
- Apply principles of partnering with consumers when designing and implementing systems for medication management
- Define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians
- Train, educate and support clinicians to understand their roles and accountabilities in delivering safe and effective use of medicines.

This criterion aligns closely with the Clinical Governance Standard and the Partnering with Consumers Standard.

Meeting the Medication Safety Standard may require the organisation to introduce new processes, or modify existing processes and practices to reduce the risk of medication error. This may require local project teams to oversee, plan and coordinate assessment, implementation and evaluation. Project teams should be multidisciplinary and include clinicians responsible for various medication management activities. Partnering with patients and carers in these processes can result in improved services and a higher level of satisfaction.⁸³

Ongoing monitoring and evaluation of the safety, quality and performance of medication management systems are also necessary to track changes over time, ensure that systems continue to operate effectively⁸⁴ and identify areas for improvement. Data from evaluation of medication management should be communicated back to clinicians. They can focus clinicians on areas that need improvement, and motivate them to change practice and take part in improvement activities.⁸⁴⁻⁸⁶ Feedback processes also contribute to a culture of transparency and accountability.



Integrating clinical governance

Action 4.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for medication management
- b. Managing risks associated with medication management
- c. Identifying training requirements for medication management

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support development and implementation of policies and procedures for medication management
- Identify and manage risks associated with medication management
- Identify training requirements for medication management?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19, 1.20 and 1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support policies and procedures, risk management, and training for medication management
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.

Review governance for medication management

Health service organisations are expected to have a governance group with responsibility for medication management, including formally reporting to the organisation's clinical governance or managers. This is usually a drug and therapeutics committee, or a committee with a similar name and intent (for example, quality use of medicines committee, medication safety committee, medication advisory committee).

The drug and therapeutics committee should:

- Be multidisciplinary
- Have membership that reflects the size of the organisation and the services provided
- Have consumer representation or membership^{87,88}
- Be established at the level of the individual health service organisation, Local Hospital Network or hospital group (public or private).

Drug and therapeutics committees (and their subcommittees) should work with the organisation's safety and quality unit, clinical governance and executive to oversee organisation-wide safe and quality use of medicines, including:

- Monitoring occurrence of medicine-related incidents
- Implementing risk reduction strategies



- Implementing technology such as electronic medication management, 'smart' infusion pumps and drug libraries
- Managing contract arrangements, including those with external organisations that provide medication management services.

Review existing governance arrangements for medication management. Ensure that responsibility for implementing and monitoring drug and therapeutics committee and subcommittee decisions is clearly defined (this is usually delegated to the pharmacy or organisation management). High-risk medicines and high-risk procedures involving medicines pose considerable risk to patient safety. Consider designating a member of the workforce as the medication safety officer or 'patient safety champion' in high-risk procedural areas (for example, operating theatres, anaesthesia departments) to liaise with the pharmacy department on medicine-purchasing decisions and issues relating to presentation of anaesthetic products.

In the absence of on-site pharmacy services, this responsibility would need to be assigned to a member of the governance group or the facility manager. It may be useful to approach the local community pharmacist who might be involved in the supply of medicines or the local hospital (public or private) for pharmacist expertise or input on a sessional basis.

Implement policies and procedures

Policies, procedures and guidelines for medication management should be built on the [National Medicines Policy](#)⁸⁹ and [Guiding Principles to Achieve Continuity in Medication Management](#).⁸² Policies and procedures should be consistent with legislative and evidence-based documentation as it relates to safe medicine:

- Procurement, supply, storage and disposal
- Prescribing, dispensing and administration
- Reconciliation, review and monitoring of effects, where required
- Compounding and manufacturing.

Other policies, procedures and guidelines may include:

- Medicine evaluation and list of approved medicines (formulary)
- Procedures for managing high-risk medicines (for example, administration of medicines in high-risk domains such as paediatrics, anaesthetics and chemotherapy)
- Recording of a best possible medication history (BPMH)
- Use of standard forms such as [national standard medication charts](#)
- Provision of information about medicines to patients
- Use of oral dispensers for administering oral medicines
- User-applied labelling
- Avoiding use of abbreviations
- Safe implementation and use of electronic medication management
- Use of standardised electronic display of clinical medicines information
- Management and reporting of medication incidents and suspected adverse drug reactions (ADRs)
- Management of services contracted with external pharmacy providers.

Manage risks

Use established risk management systems ([Action 1.10](#)) to identify, monitor, manage and review risks associated with medication management. Develop processes to manage clinical risks for different populations served by the organisation, clinical and workplace risks for the workforce, and organisational risks. Ensure that medication safety risks are recorded and can be identified in the organisation's risk management system register.

Use information from the measurement and quality improvement system, adverse events, clinical outcomes and patient experiences to inform and update risk assessments and the risk management system.



Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19](#), [1.20](#) and [1.21](#). Perform a risk assessment to inform the training schedule and to set priorities for the members of the workforce who require training. This will include clinicians and any other employed or contracted members of the workforce who are involved in medication management (for example, medicines procurement workforce). Develop or provide access to training and education resources to meet the needs of the workforce regarding medication management.

Training the workforce in risk identification, incident management and investigation systems, and quality improvement will support safe use of medicines.

Use ongoing education programs to supplement existing knowledge and skills to inform clinicians about:

- Medication safety risks identified from incident monitoring, risk assessments, or national, state or territory medication safety directives, alerts and information
- Strategies to reduce the risks.

Ongoing education could cover medication safety topics and known risk mitigation strategies, such as:

- Using [national standard medication charts](#)
- Taking a BPMH and reconciling medicines
- Managing high-risk medicines
- Checking procedures (for example, independent double-check)
- Documenting known and new allergies and ADRs
- Preventing medication errors or incidents
- Safely preparing and administering medicines, including labelling of injectable medicines, fluids and lines.

The local community pharmacy or the local hospital (public or private) could be contacted for pharmacist expertise to be involved in educating and training clinicians, including their orientation.

Applying quality improvement systems

Action 4.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- a. Monitoring the effectiveness and performance of medication management
- b. Implementing strategies to improve medication management outcomes and associated processes
- c. Reporting on outcomes for medication management

Reflective questions

How are the effectiveness and performance of medication management monitored and improved?

How are the outcomes of improvement activities communicated to the governing body, the workforce, consumers and other organisations?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for medication management.

Safe medicine use requires:

- An understanding of the risks and barriers in the medication management pathway (see [Figure 1](#))
- Routine collection and monitoring of data to measure the performance of the medication management pathway, and act if required
- Mechanisms for learning from medication incidents and from identified risks in the medication management pathway that could jeopardise patient safety
- Mechanisms to show that the risk reduction strategies in place improve the safety and performance of medication management
- Careful planning when introducing new technology (for example, electronic medication management).

Monitor effectiveness and performance

Medication safety self-assessments are an important monitoring activity to identify structure, system and communication opportunities to proactively reduce harm and target risk mitigation strategies. Use the organisation's quality improvement systems to identify and prioritise the organisational and clinical strategies for medication management. Use assessment tools such as [Medication Safety Self Assessment® for Australian Hospitals](#) or

other internationally or locally developed (and endorsed) tools to self-assess all or part of the organisation's medication management pathway. Medication Safety Self Assessment® tools are also available in specialist domains such as oncology and antithrombotic therapy, two areas of high risk for medication error and adverse events (linked to [Action 4.15](#)).

Areas to assess may include:

- Practices associated with procurement through to storage and destruction of unwanted medicines (including high-risk medicines – [Action 4.15](#))
- Quality of, and access to, medicine-related information resources, decision support tools and documentation (for example, BPMH – [Action 4.5](#))
- Information for patients ([Actions 4.3](#), [4.11](#) and [4.12](#)).

Use a multidisciplinary team that includes frontline members of the workforce to conduct the assessment and obtain information on barriers to managing medicines safely. Review the results and compare them with any previous baseline assessments or audits to determine the impact of medication safety strategies.

Involve patients or consumers in these self-assessments by using surveys or focus groups, or including these in the organisation's processes for monitoring and responding to medicine-related complaints.

Implement quality improvement strategies

Use local, state or territory, national and international resources to identify solutions or risk mitigation strategies that might be useful, transferable and adaptable (links to [Action 4.1](#)).

Review the quality improvement strategies for medication management to ensure that:

- Risks identified using the assessment, audit, survey and feedback mechanisms are logged in the risk management system
- Actions required to deal with any problems have been developed and included
- Responsibilities have been assigned.



Report on outcomes

Report evaluation findings, adverse events and quality improvement activities to the highest level of governance in the health service organisation

and to the workforce. Use the data to work with consumers, the workforce, clinical leaders and managers to identify and implement improvements to the system for comprehensive care.

Partnering with consumers

Action 4.3

Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients in planning and making decisions about their medication management?

How does the health service organisation ensure that patients are provided with medicine-related information tailored to their needs and health literacy?

Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) relating to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

The patient is the focus of the medication management pathway (see Figure 1). Health service organisations should apply the principles of partnering with consumers, health literacy and shared decision making when developing, reviewing and implementing processes or practices within the medication management pathway.

Health service organisations should use established processes to partner with patients at key points in the medication management pathway, including when:

- Taking a BPMH (Action 4.5)
- Documenting a patient's history of medicine allergies and ADRs (Action 4.7)
- Assessing a patient's clinical needs for medication review (Action 4.10)
- Providing information to patients about their individual medication needs and risks (Action 4.11)
- Providing patients with a current medicines list on discharge (Action 4.12).

Provide information for patients

Ensure that patients and carers have enough information about treatment options to make informed choices about their medicines and to adhere to medicine-related treatment plans. Providing patient information is the responsibility of everyone involved in the administration and prescribing processes, and when a medicine is dispensed. Provision of medicine-related information to a patient should be recorded in the patient's healthcare record.

Provide information in a form that is meaningful, easy to understand and use, and tailored to the



diversity of the organisation’s patient population. Consider the different languages used in the local community when selecting and developing medicine-related information for patients.

[Action 4.11](#) contains specific strategies relating to the provision of information to patients on their individual medicines needs and risks. Organisations should refer to strategies in [Action 4.11](#) when implementing [Action 4.3](#).

Support shared decision making

Shared decision making can only occur when a patient understands what medicines are being proposed, the need for a new medicine, or why a change in therapy (including a dose change or ceasing a medicine) is being recommended.

Patients need to be involved in setting treatment goals and supported to understand the proposed outcomes of treatment.

Discussion about medicines should include:

- Duration of treatment
- If the medicine will cure their illness, or is required to control the symptoms of their chronic illness
- Untoward effects (for example, side effects, pain on administration) that the medicine may have.

Use the strategies outlined in [Action 2.5](#) to identify and support patients who do not have the capacity to understand the risks of medicine use or make decisions about their care.

Medicines scope of clinical practice

Action 4.4

The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians

Reflective questions

What processes does the health service organisation use to ensure that only clinicians with the relevant authority prescribe, dispense or administer medicines?

What processes are used to ensure that clinicians are competent and operating within their individual scope of clinical practice?

Strategies for improvement

Credentialing and scope of clinical practice processes are key elements in ensuring patient safety. The aim is to ensure that only health practitioners who are suitably experienced, trained and qualified to practise in a competent and ethical manner can practise in health service organisations.¹⁸

The Clinical Governance Standard has specific actions for credentialing and scope of clinical practice.

- [Action 1.23](#) – scope of clinical practice
- [Action 1.24](#) – credentialing

Health service organisations should use these established systems and processes to support the implementation of this action.

Processes must be in place to ensure that only clinicians with the requisite authority prescribe, dispense and administer medicines. This authority is defined by both national and state and territory legislation. For many clinicians, this authority will be registration with the [Australian Health Practitioner Regulation Agency](#). In some circumstances, the authority to administer medicines may be given by a state or territory. For example, registered nurses might be able to



initiate and administer a limited selection of medicines without a prescription as part of a nurse-initiated medicines list.

Use organisation-wide credentialing and scope of clinical practice processes to support:

- Identification and description of all areas where specific authorisation is required to prescribe, dispense or administer medicines
- Assessment of qualifications and competencies at recruitment
- Inclusion of a clear definition of scope of clinical practice in job descriptions and contracts of employment
- Development and maintenance of a log or register for individual professions or positions for which an authority is required to prescribe, dispense or administer medicines.

Review organisational policies, procedures and guidelines to ensure regular assessment of qualifications and competence of clinicians to safely prescribe, dispense and administer medicines.

Consider strategies such as:

- Providing extra training and competency assessment when new medicines or formulations are introduced and when implementing electronic medication management
- Using simulation training for members of the workforce when they start work or if they are required to work under supervision.



CRITERION: Documentation of patient information

A patient's BPMH is recorded when commencing an episode of care. The BPMH, and information relating to medicine allergies and ADRs are available to clinicians.

Ideally, all patients will receive a comprehensive medicines assessment before any decision to prescribe a new medicine.

Best possible medication history and medication reconciliation

A key component of this assessment is obtaining a thorough medication history, or a BPMH.

The BPMH is a snapshot of the patient's actual medication use, which may be different from information in their healthcare record, in the medicines list held by the patient, or provided by the patient's general practitioner. It is vital that the patient (or carer) is actively involved and that the health service organisation has a formal, systematic process in place for obtaining a BPMH.⁹⁰

Medication histories are often incomplete, with medicines, strengths and doses missing, and over-the-counter and complementary medicines often omitted. Instituting a formal, systematic process for obtaining a BPMH on admission, and reconciling this history against the patient's medicines ordered on the medication chart reduces medication errors on admission by more than 50%.⁹¹

Reconciling medicines at care transition points has been shown to reduce medication errors by 50–94%.^{92,93}

If not corrected, the errors can persist throughout the episode of care and after discharge. Inaccurate medication histories can lead to discontinuation of therapy, recommencement of medicines that have been ceased, inappropriate orders and failure to identify a medicine-related problem.

The medication management plan (MMP) is designed to document the BPMH and record the key steps of medication reconciliation. It is suitable for use in both adult and paediatric settings. The 'Medicines taken prior to presentation to hospital' section on the front of the national inpatient medication chart (NIMC) and the Pharmaceutical

Benefits Scheme hospital medication chart (PBS HMC) may also be used to record the BPMH. Health service organisations may also develop alternative hard-copy or electronic forms – for example, within an electronic medication management system.

The MMP or equivalent form should be stored with the current NIMC throughout the episode of care.

Medicine allergies and adverse drug reactions

Medicine allergies and ADRs can be classified as:

- Known – those that have been previously experienced by the patient before their episode of care
- New – those that are experienced by patients during their episode of care and have not been previously experienced or documented.

The administration of medicines to patients with a known medicine allergy or previous ADR can be prevented by having mechanisms in place for alerting clinicians who prescribe, dispense and administer medicines. Information on a patient's known medicine allergies and ADRs can be collected on presentation to the health service organisation and recorded in the BPMH. Any new medicine allergies or ADRs should be recorded in the same place.

If there is any doubt about the nature of a medicine allergy (for example, an allergy to an antibiotic), there must be a process for clinicians to challenge and verify the diagnosis of true allergies. If a patient is not allergic, the patient's history and healthcare record will need to be modified, including removal of allergy alerts.⁹⁴

Medicine allergies and ADRs are included in the definition of an adverse drug event. If a patient is given a medicine that is contraindicated (that is, there is a known allergy or ADR), they are at risk of experiencing preventable harm.⁹⁵

To minimise the risk of preventable harm from adverse drug events, it is critical to ensure that clinicians understand their responsibility to refer to a patient's medicine allergy and ADR history before, or at the point of, decision-making when prescribing, dispensing or administering medicines.



All adverse drug events are expected to be reported using the organisation's incident monitoring system. Clinicians are also expected to report new suspected ADRs to the Therapeutic Goods Administration

(TGA) – this provides important information about possible adverse effects for the TGA's safety monitoring program.

Medication reconciliation

Action 4.5

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

Reflective questions

What processes are used to obtain and record a BPMH in the patient's healthcare record?

How does the health service organisation evaluate the quality of patient involvement in the process of obtaining a BPMH?

Strategies for improvement

MPSs and small hospitals should have in place systematic processes for obtaining a patient's actual medication use and ensuring that a BPMH is completed as early as possible on admission – this is the key first step of a formal process of medication reconciliation. At least two sources of information are needed to obtain and then confirm the patient's BPMH – for example, the patient and their nominated general practitioner or community pharmacist.

A BPMH should be completed, or the process supervised, by a clinician with the required skills and expertise. Policies, procedures and guidelines for obtaining a BPMH should include:

- A structured interview process
- The key steps of the process
- Documentation requirements (where and what should be documented, such as use of the MMP or equivalent; paper or electronic)
- Roles and responsibilities of clinicians
- Training requirements for clinicians
- Involvement of patients and carers (links to [Action 4.3](#)).

Use a standard form for recording the BPMH. This creates 'one source of truth', and acts as an aid to reconciliation on admission, clinical handover, transfer and discharge.

Consider training requirements to ensure that clinicians with responsibility for obtaining a BPMH are sufficiently competent.



Action 4.6

Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care

Reflective questions

What processes are in place to ensure that clinicians review their patients' current medication orders against the BPMH?

How and where are discrepancies with a patient's medicines documented and reconciled?

How are changes to a patient's medicines, and the reasons for change, documented and communicated at transfer of care or on discharge?

Strategies for improvement

MPSs and small hospitals should implement a formal structured process to ensure that all patients admitted to the health service organisation receive accurate and timely medication reconciliation on admission, at transfer of care and on discharge.

Prioritise medication reconciliation in patients who have a higher risk of experiencing medicine-related problems or ADRs, in a similar manner to prioritising or risk assessing patients for medication review (see [Actions 4.10](#) and [4.12](#)).

Review organisational policies, procedures and guidelines on medication reconciliation. These should include key steps of the medication reconciliation process and when these should occur (including at transfer of care and on discharge), roles and responsibilities of clinicians, training requirements for clinicians who are responsible for reconciling medicines, the involvement of patients and carers (links to [Action 4.3](#)), and documentation requirements, including where and what should be documented.

Review existing risk assessment criteria for patients who might benefit from medication reconciliation (links to [Action 4.12](#)).

Only clinicians with the requisite knowledge, skills and expertise should conduct medication reconciliation. These clinicians should be able to show competence in each of the steps of the medication reconciliation process.

Adverse drug reactions

Action 4.7

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

Reflective questions

How does the health service organisation ensure that a patient's history of medicine allergies and ADRs is recorded when taking a BPMH on presentation?

How do clinicians who prescribe, dispense or administer medicines know that a patient has an existing medicine allergy or ADR?



Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established process for documenting a patient's history of medicine allergies and ADRs, as a component of a BPMH (see [Actions 4.5](#) and [4.6](#)).

Small hospitals that are not part of a local health network or private hospital group should:

- Develop or review policies, procedures and guidelines about recording known medicine allergies and ADRs in the patient healthcare record (paper or electronic) and on the MMP or equivalent
- Ensure that known medicine allergies and ADRs are recorded on all forms on which medicines are ordered
- Ensure that known medicine allergies and ADRs are recorded within electronic medication management systems and within dispensing systems
- Provide orientation, training and education to clinicians
- Review clinician work practices for determining and documenting known medicine allergies and ADRs, and referring to a patient's medicine allergy and ADR history before and at the point of decision-making when prescribing, dispensing or administering medicines
- Conduct audits of documentation of medicine allergies and ADRs
- Collate and review audit trends, and provide information to clinicians through medication safety bulletins, in-service orientation sessions, case reports or grand rounds.

Action 4.8

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

Reflective questions

What processes are used to ensure that all medicine allergies and ADRs experienced by a patient during an episode of care are recorded in the patient's healthcare record, and reported in the incident management and investigation system?

How do clinicians who prescribe, dispense or administer medicines know that a patient has experienced a new medicine allergy or ADR?

What processes are used to ensure that clinicians document a patient's new medicine allergies or ADRs on their medicines list?

Strategies for improvement

MPSs and small hospitals should have policies and procedures about documenting and reporting medicine allergies and ADRs experienced by patients during their episode of care (see [Action 4.1](#) and [4.2](#)).

Processes for documenting medicine allergies and ADRs should:

- Identify the clinician responsible for managing and recording information on new medicine allergies and ADRs
- Describe how to report new medicine allergies and ADRs in the organisation's incident management and investigation system
- Include criteria for the appropriate use of a coloured (red) patient allergy/ADR wristband
- Emphasise the importance of informing the patient about all new medicine allergies and ADRs, and informing other prescribers and members of their healthcare team
- Incorporate information on new allergies and ADRs at care transfer and handover
- Update the patient's medicines list (see [Action 4.12](#))



- Inform the patient's general practitioner and other members of the patient's healthcare team (for example, community pharmacist) of all new medicine allergies and ADRs in the patient's transfer or discharge summary.

Ensure that new medicine allergies and ADRs are recorded in the organisation's incident reporting system and:

- In the medication history (paper or electronic)
- On all forms on which medicines are ordered, such as national standard medication charts and the anaesthesia record
- In electronic medication management and dispensing systems
- On ADR summary sheets or similar

- By using an alert sticker on hard-copy healthcare records
- By using electronic allergy/ADR alerts in digital healthcare records.

Provide orientation, training and education to clinicians, and review clinician work practices relating to documenting medicine allergies and ADRs.

Audit documentation on medicine allergies and ADRs. These may include the medication chart, the MMP or equivalent, or the electronic medication management system (see [Action 4.7](#)).

Collate and review trends in reported medicine allergies and audit results, and provide information to clinicians.

Action 4.9

The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements

Reflective questions

What processes are used to report all new suspected ADRs experienced by patients during their episode of care to the TGA?

What resources, tools or information are provided to clinicians to encourage the reporting of ADRs?

How does the health service organisation use feedback from the TGA about the incidence of ADRs?

Strategies for improvement

Any adverse event that may have been caused by a medicine is a suspected ADR. Suspected ADRs that patients experience during their episode of care that have not been previously experienced or documented are considered to be new.

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established process for recording and reporting new suspected ADRs.

Small hospitals that are not part of a local health network or private hospital group should:

- Report new suspected ADRs to the TGA through the Australian Adverse Drug Reaction Reporting System
- Enable communication and feedback about ADR reports by enrolling the health service organisation as a registered user when completing and submitting a report to the Australian Adverse Drug Reaction Reporting System.

MPSs or small hospitals may need to consider training for members of the workforce who are responsible for reporting ADRs online to the TGA.



CRITERION: Continuity of medication management

A patient's medicines are reviewed, and information is provided to them about their medicines needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.

Medication review

Medication review is a multidisciplinary responsibility and should be person centred. It ensures ongoing safe and effective use of medicines at all stages of the medication management pathway, including at the point of prescribing, dispensing and administering a medicine. Clinicians need to have the skill and expertise to conduct medication review, and have sound practices and processes for communication to implement recommended changes.

A well-structured medication review will minimise medicine-related problems and optimise the intended therapeutic outcomes for patients. Delivery models will vary across health service organisations. Medication review may need to be given a higher priority for patients with a higher risk of experiencing a medicine-related problem.

Medication review includes⁹⁶:

- Prescription review – a technical review of a patient's medicines (for example, anomalies with medicine orders or prescriptions)
- Concordance and compliance review – a structured review to consider issues relating to a patient's medicine-taking behaviour (also called review of medicines use)
- Clinical medication review – a structured review of medicines and clinical 'condition' with the patient (and/or their carer); an outcome of review could be cessation (or 'deprescribing') of a medicine.

Some reviews of a patient's medicines may be unstructured and opportunistic, with or without the patient's or carer's involvement.⁹⁷ These might include an isolated question or issue raised by a patient or clinician; clarification about a dose, formulation or name of a medicine; or monitoring requirements of a medicine.

Medication review provides a mechanism to partner with patients to optimise medicine use. This can help patients to:

- State their preferences and consider options to make fully informed decisions (links to [Action 4.3](#))
- Manage their condition
- Improve their functional ability (for patients with long-term conditions)
- Reduce the time they spend in the health service organisation or the likelihood of readmission
- Increase their quality of life, such as for patients with mental illness.

Information for patients

Patients and carers should be provided with enough information about medicine-related treatment options. This information needs to be in a form that is easy to understand and useful to patients, and should be accompanied by education.

When provided with quality information and education about medicines, many patients are able to:

- Take part in decision-making, and consider the options, benefits and risks of the proposed treatment
- Make informed choices about their medicines – this is especially important when informed consent is required
- Assist in medication reconciliation and prevention of errors by identifying medicine-related problems
- Alert clinicians to suspected ADRs.

Providing information to patients is a multidisciplinary (medical, nursing and pharmacy) responsibility to ensure continuity of medication management.



Medicines list

Transfer of patients between clinicians, health service organisations and units within organisations provides opportunity for medication error if the communication of the patient's medicine-related information is incomplete or inaccurate.

More than 50% of medicine-related incidents occur at transitions of care, and up to one-third of these have the potential to cause harm.⁹⁸ Omitting one or more medicines from a patient's discharge summary exposes patients to nearly 2.5 times the usual risk of readmission to hospital.⁹⁹

All clinicians, including doctors, nurses and pharmacists, have a shared responsibility to ensure that accurate and complete medicine-related information, in the form of a medicines list, is communicated whenever care is transferred.

The medicines charted on the NIMC are considered a current list (as long as this information is based on a BPMH that has been verified; see [Actions 4.5 and 4.6](#)), and any changes to medicines are documented during the episode of care. These changes may be part of the clinician's decision-making process, or may be as a result of a recommendation following medication review (see [Action 4.10](#)).

Partnering with patients throughout the episode of care and providing a medicines list (accompanied by counselling) on discharge will:

- Help patients adhere to their medicines
- Empower patients and provide an opportunity to challenge the prescribing, dispensing or administration of potentially incorrect medicines
- Reduce the risk of patients taking incorrect medicines when they are discharged to the community or when their care is transferred.

Medication review

Action 4.10

The health service organisation has processes:

- a. To perform medication reviews for patients, in line with evidence and best practice
- b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems
- c. That specify the requirements for documentation of medication reviews, including actions taken as a result

Reflective questions

What evidence-based policies, procedures or guidelines for medication review are in place for clinicians?

What processes are used to identify patients at risk of medicine-related problems or adverse events, and to set priorities for patients for medication review?

Strategies for improvement

Conduct evidence-based medication reviews

Ensure that medication reviews are conducted or supervised by a clinician with the appropriate skills and expertise, acting as part of a multidisciplinary team.¹⁰⁰

If necessary, approach a nearby larger hospital or local community pharmacy involved with the supply of medicines for advice or expertise regarding medication review, and confirm their role and responsibility in this process. For instance, the local community pharmacy would be expected to conduct some form of medication review at the time



of supply or dispensing for patients within MPSs or small hospitals. This service could also be provided using a telehealth approach.

Although medication review is considered an inherent role of a pharmacist, medicines should also be reviewed by clinicians whenever decisions are being made about the prescribing, dispensing and administration of medicines.

Medication review should include the assessment of current (existing and newly prescribed) medicines; the history of all medicine-related orders and administration records, including oral and parenteral, and multiple- and single-dose medicines; anaesthetic and operative records; and ceased medicine orders.

When conducting a medication review, consider the following:

- Is there a documented reason or evidence base for use of a medicine?
- Does the patient still need the medicine?
- Is the medicine still working?
- What risks are associated with use of the medicine, and what monitoring is required?
- Are there any patient-specific issues that will affect use of the medicine?

Guidance on conducting structured medication review includes:

- Society of Hospital Pharmacists of Australia *Quick Guide: Assessment of current medication management*
- National Institute for Health and Care Excellence *Medicines Optimisation: The safe and effective use of medicines to enable the best possible outcomes*
- National Prescribing Centre *A Guide to Medication Review 2008*.

Set up processes to set priorities for, and document, medication reviews

Review organisational policies, procedures and guidelines to ensure that they outline:

- When a medication review is warranted
- The roles and responsibilities of clinicians in the process
- Training requirements for clinicians responsible for medication review

- Involvement of patients and carers (see [Action 4.3](#) and the [Partnering with Consumers Standard](#))
- Documentation requirements for recommendations or requests as a result of the medication review, and any subsequent action taken
- The role of electronic medication management, if available, in integrated clinical decision support
- How trends in medicine-related problems within the health service organisation are monitored
- Discharge referral processes for patients who did not receive a medication review while in the health service organisation (for example, refer to residential medication management review, home medicines review or non-admitted clinical pharmacy review; see the [Independent Hospital Pricing Authority](#) website for definitions).

Review risk assessment criteria for patients admitted to the health service organisation who might benefit from a structured medication review. Ensure that priority is given to patients with a higher risk of experiencing medicine-related problems or adverse drug events.

Assessment criteria for patients will vary depending on the patient casemix and services delivered by the organisation (see [Action 4.11](#)).

Guidance on developing risk assessment criteria includes the Society of Hospital Pharmacists of Australia's fact sheet [Risk Factors for Medication-Related Problems](#).

Use quality improvement methodology to monitor and implement change. This can be achieved by auditing and evaluating medication review processes using national, state or territory, or local indicators. Use validated indicators such as the [National Quality Use of Medicines Indicators for Australian Hospitals](#) (indicators 1.5 and 6.2).



Information for patients

Action 4.11



The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks

Reflective questions

How do clinicians inform patients about options for their care, including use of medicines?

What information do clinicians provide to patients about the benefits and risks of medicine-related treatment options?

How do clinicians gain access to medicine-related information for patients?

Provide medicine-related information in a form that can be used and understood by patients, and is sensitive to individual patients' needs (for example, culturally appropriate). This includes providing a package to patients and carers on discharge that contains relevant medicine-related information (Action 4.12). Discuss the benefits and associated risks of any medicines, and use patient-specific written information (such as consumer medicine information, or CMI) to help inform the patient about the medicine.

Strategies for improvement

Actions 2.3–2.10 and Action 4.3 include requirements for organisation-wide processes for involving patients in their own care, shared decision making, informed consent and effective communication.

Refer to the strategies outlined for each of these actions when implementing Action 4.11.

Review policies, procedures and guidelines

Ensure that organisational policies, procedures and guidelines include the requirement to:

- Provide medicines information to patients and carers as part of the clinical consultation, using written information, if relevant, to help inform the patient about any new medicine
- Document in the healthcare record that patients and carers have been informed about the medicine; documentation may occur as a component of the consent process, within the patient's healthcare record (hard copy or digital), on the NIMC or on the MMP (or equivalent).

Provide patients and carers with enough information

Providing medicine-related information is a multidisciplinary responsibility.

MPSs and small hospitals should provide patients and carers with enough information about treatment options for them to make informed choices about their medicines, and to adhere to medicine-related treatment plans.

Ensure that medicine-related information is available to clinicians

MPSs and small hospitals should support clinicians to provide relevant, evidence-based, up-to-date medicine-related information for when treatment options are discussed and when treatment decisions have been made. This information may be available from the Local Hospital Network, state or territory health department or nearby larger hospital.



In addition, patient-specific medicine-related information can be found at:

- [Medicines.org.au](https://www.medicines.org.au), which provides access to up-to-date CMI, as well as product information for medicines available in Australia
- NPS MedicineWise [Consumer medicine information \(CMI\) explained](#), which includes information about how to use CMI.

Audit healthcare records to determine whether provision of medicine-related information has been documented, and provide feedback to clinicians. This evaluation could target specific medicines or at-risk patient groups. Resources for guidance include:

- [National Quality Use of Medicine Indicators for Australian Hospitals](#) (in particular, indicators 5.4, 5.5 and 5.6)
- Local, or state or territory indicators.

Provision of a medicines list

Action 4.12



The health service organisation has processes to:

- 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

Reflective questions

What processes are used by clinicians to document and maintain a current medicines list during a patient's episode of care?

How do clinicians generate a current medicines list, including reasons for any changes, to use at clinical handover and provide on discharge?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for generating and distributing medicines lists.

Small hospitals that are not part of a local health network or private hospital group should:

- Implement processes that support clinicians to generate and maintain current medicines lists throughout an episode of care
- Incorporate the use of medicines lists into clinical handover procedures

- Implement a process to provide current medicines lists and the reasons for any changes to patients on discharge.

Work practices and service delivery models that link the production of medicines lists with prescribing processes and medication supply systems can improve communication when transferring care.

Review work practices for documenting a patient's current medicines when the patient is admitted to the health service organisation, and for maintaining a record in a standard format and in a consistent place.

A standard procedure for transferring current medicines lists that contain at least the minimum requirements could include an electronic transfer summary, a copy of the current NIMC and MMP (or equivalent record), or an event summary in the patient's digital healthcare record.

During clinical handover, it is critical to communicate the patient's current medicines list, along with any medicine-related problems or adverse drug events that have occurred during a shift or episode of care. A medicine-related problem



may include a patient refusing or missing a dose of medicine, or withholding a medicine.

Rather than developing a separate handover tool, and in the absence of integrated electronic medication management, health service organisations may use the MMP (or equivalent form) along with the current NIMC to support the transfer of critical medicines information at clinical handover or when the patient is transferred, reinforcing the concept of 'one source of truth'.

Provide current medicines lists and reasons for any changes to receiving clinicians at transfer or on discharge

To improve communication about medicines and continuity of medication management, minimise delays, and reduce the risk of medicine-related problems after transfer or discharge:

- Provide a current reconciled medicines list, in a standard format (discharge summary, either paper or electronic), that includes the essential elements of the medicines list and an explanation of any changes made to therapy during the episode of care
- Prepare the medicines list in partnership with the patient
- Provide clear instructions for ongoing care and follow-up requirements, if relevant
- Ensure consistency between medicines lists that are
 - provided to the patient
 - in the discharge summary
 - in the patient's healthcare record
- Resolve any discrepancies with prescriptions written on discharge before finalising the discharge medicines list
- If possible, transfer the medicines list electronically along with other discharge information to the patient's general practitioner and community pharmacy, and to My Health Record
- Incorporate the process of obtaining informed consent for transfer of medicines information to general practitioners and community pharmacists into standard work practices.

Tailor the discharge format of the medicines list to the needs of the recipient (for example, the general practitioner, community pharmacist or other clinicians, as well as any organisation that the patient is being transferred to).

Other documentation may be provided in specific situations such as transfer to aged care homes. This should be outlined in the relevant policies, procedures and guidelines.

Provide current medicines lists and reasons for any changes to patients on discharge

Provide information for patients and carers that explains the medicines list and its purpose as leaflets, brochures, posters or the health service organisation's patient information handbook. (see [Action 4.11](#) for further medicine-related information that would be expected to be provided on discharge). Tailor the discharge format of the medicines list to the needs of the patient and incorporate the medicines list into the counselling of patients and carers (see [Action 4.11](#)).



CRITERION: Medication management processes

Health service organisations procure medicines for safety. Clinicians are supported to supply, store, compound, manufacture, prescribe, dispense, administer, monitor and safely dispose of medicines.

Many of the risks associated with each part of the medication management pathway can be avoided by using systems and processes that are designed to improve safety and are based on evidence from initiatives that have demonstrated significant benefit. These initiatives focus on addressing the common contributing factors in medication errors, which include¹⁰¹:

- Lack of knowledge of the medicine
- Lack of information about the patient
- Slips and memory lapses
- Transcription errors
- Failure in communication
- Lack of patient education
- Poor medication distribution practices.

Medication safety initiatives should focus on systems and standardisation to reduce unnecessary variation, coupled with judicious use of tools and resources that improve knowledge and skills.

The actions and strategies described in this criterion aim to achieve safe and effective medicines use through:

- Best use of information and decision support tools in clinical decision-making
- Compliance and safety in medicines distribution and storage systems
- Targeting known risk areas (for example, high-risk medicines), and embedding processes, practices and tools within the organisation to prevent error
- Integration of work practices that underpin safe medication management (such as standardisation, monitoring and risk assessment)
- Using medication safety strategies and tools to create an environment for the best communication of medicine-related information (for example, using an MMP).

Actions within this criterion require health service organisations to:

- Make a variety of up-to-date and evidence-based medicine-related information and decision support tools available to clinicians
- Ensure the effectiveness of the supply chain in the safe delivery of medicines
- Ensure compliance with relevant requirements for maintaining the integrity of medicines, minimising wastage and disposing of medicines appropriately
- Implement strategies for safe and secure storage and selection of medicines, including high-risk medicines.



Information and decision support tools for medicines

Action 4.13

The health service organisation ensures that information and decision support tools for medicines are available to clinicians

Reflective question

How does the health service organisation ensure that medicine-related information and decision support tools are up to date and available to clinicians at the point of decision-making?

Strategies for improvement

MPSs and small hospitals should maintain a variety of up-to-date and evidence-based medicine-related information and decision support tools and make them available to clinicians.

Access to relevant, up-to-date, evidence-based medicine-related information (reference materials) and decision support tools is essential at all stages of the medication management pathway. It improves clinical practice, improves work practice and workflow efficiencies, supports clinician learning, and assists with the provision of information to patients.

Ensure that the content of medicine-related information and decision support tools is:

- Current, and consistent with evidence-based prescribing, dispensing, compounding and administration of medicines
- Suitable for the organisation's patient casemix, care delivery work practices and workflows
- Consistent with the organisation's policies, procedures and guidelines
- Available in several formats
- Integrated within the organisation's digital or electronic systems.

Ensure that processes are in place for maintaining up-to-date, evidence-based medicine-related information and decision support tools, and making available medicine-related information that is mandated by legislation. Ensure that these processes consider requirements for clinician training and education.

A minimum standard set of medicine-related reference materials could include current versions of:

- [*Australian Medicines Handbook \(AMH\)*](#) and [*AMH Children's Dosing Companion*](#)
- [*Therapeutic Guidelines*](#)
- [*The Australian Immunisation Handbook*](#)
- Australian product information and CMI, such as [*MIMS*](#) and [*AusDI*](#)
- Medicine interactions references, such as [*Micromedex*](#) or [*Stockley's Drug Interactions*](#)
- References on complementary and alternative medicines, such as [*MedlinePlus Drugs, herbs and supplements*](#)
- [*Australian Injectable Drugs Handbook*](#) or local injectable medicines administration guidelines
- [*Don't Rush to Crush*](#) handbook or local guidelines.

Decision support includes any functionality or resource that helps clinicians make the most appropriate decisions for patient care and provides guidance or incorporates knowledge. Examples of decision support tools are:

- Formulary information, prescribing requirements and approval systems
- Policy directives, protocols, guidelines and authorised standing orders
- Dosing calculators and electronic medicine-interaction databases
- Reference texts, and telephone-based medicines information and advice services
- Guidelines for safe administration of specific medicines (for example, administering medicines via enteral tubes)
- Selection of treatment in specific clinical situations (for example, appropriate choice of antimicrobial).



Safe and secure storage and distribution of medicines

Action 4.14

The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the:

- 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

Reflective questions

How does the health service organisation ensure that all medicines (including temperature-sensitive medicines) are stored and handled according to manufacturers' directions?

How does the health service organisation manage and report risks associated with the storage of medicines?

How does the health service organisation ensure that processes for medication disposal are consistent with state or territory requirements and the manufacturer's instructions?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established policies and processes for safe and secure storage, distribution and disposal of medicines, and storage of temperature-sensitive medicines and cold chain management.

Small hospitals that are not part of a local health network or private hospital group should:

- Identify risks associated with medicines handling, storage and distribution across the organisation, and develop and implement evidence-based strategies aimed at reducing these risks
- Implement systems and equipment that continuously monitor, and maintain the integrity of, temperature-sensitive medicines
- Implement policies, procedures and guidelines for the disposal of unused, unwanted or expired medicines.

Identify and reduce risks

Review the effectiveness of the supply chain to deliver medicines in a way that is timely and secure, and that complies with manufacturers' instructions, and legislative and state or territory requirements for medicines.

Incorporate factors that reduce opportunity for 'look-alike, sound-alike' selection errors when considering (linked to [Action 4.15](#)):

- Product labelling, packaging and storage
- Listing of new medicines in the formulary
- Situations of temporary replacement of a formulary medicine (for example, when medicine shortages or supply chain interruptions occur)
- Contract specification and safe procurement (for example, anaesthetic medicines)
- Availability of medicines (review of ward stock or imprest lists)
- Design and layout (including workflow and safe access) of storage rooms or cupboards, their proximity (high- or low-traffic areas), and the labelling requirements in these areas.

Ensure that policies, procedures and protocols for safe handling, storage and distribution of medicines are evidence based and comply with legislative requirements, state or territory directives and professional guidelines. See the [Society of Hospital Pharmacists of Australia's website](#) for useful resources.

Perform a risk assessment of the processes in place for the handling, storage and distribution of medicines using validated or locally endorsed audit and risk tools (or relevant components), such as the [Medication Safety Self Assessment® for Australian Hospitals](#).



Maintain the integrity of temperature-sensitive medicines

Refer to the latest edition of *National Vaccine Storage Guidelines: Strive for 5* and develop guidance on effective processes to ensure the integrity of the cold chain that includes:

- Audits of temperature control of storage facilities, including room temperature, refrigeration and frozen storage
- Regular testing and maintenance schedules for temperature alarms and temperature recording devices
- Transportation or transfer of temperature-sensitive medicines between storage areas or facilities
- Workforce orientation and training on cold chain management
- Action required in the event of a cold chain breach or temperature excursion.

Ensure that refrigerators (or coolrooms) of adequate size are available for the exclusive storage of vaccines or medicines that require storage between

2 °C and 8 °C. Alarms may need to be installed on refrigerators, coolrooms and medicine storage areas.

Maintain power to all refrigerators and coolrooms within the health service organisation at all times.

Implement policies, procedures and guidelines for disposal of unused, unwanted or expired medicines

Review and implement work practices and distribution systems that minimise wastage of medicines, such as by regular checking of stock expiry dates and stock rotation.

Set up inventory management practices to eliminate wastage of medicines. Take a proactive and planned approach to changes to formulary listing, and conduct routine reviews of medicines use.

Review and implement work practices that minimise waste, ensure safe handling and promote the efficient use of medicines.

Include specific requirements for waste segregation and disposal of medicines in the organisation's waste management policies and contracts.

High-risk medicines

Action 4.15

The health service organisation:

- Identifies high-risk medicines used within the organisation
- Has a system to store, prescribe, dispense and administer high-risk medicines safely

Reflective questions

What processes are in place to identify medicines that are considered to be high risk?

How does the organisation ensure safe and appropriate storage, prescribing, administration and distribution practices for high-risk medicines?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established policies and

processes for identifying high-risk medicines and managing the associated risks.

Small hospitals that are not part of a local health network or private hospital group should:

- Identify and regularly assess the use and misuse of high-risk medicines in relation to storage, prescribing, dispensing and administration
- Develop and implement evidence-based risk reduction strategies for high-risk medicines.



Regularly assess use and misuse of high-risk medicines

Set up a structured framework for monitoring and review of high-risk medicines (and the frequency of these reviews) as part of routine governance of medication management (see [Action 4.1](#)).

Review and implement work practices relating to high-risk medicines that ensure:

- Appropriate storage and safe delivery systems for medicines such as anaesthetics, neuromuscular blocking agents, anticoagulants, aminoglycosides, cytotoxic chemotherapy (for example, vincristine), opioids and insulin
- Storage of, and access to, high-risk medicines comply with legislative requirements (for example, opioids only available to clinicians with authorised access)
- Safe prescribing (for example, standardised or specialised charts, using protocols or standard sets, electronic prescribing, dose-calculating tools)
- Accuracy in medication selection and dispensing (for example, using barcode or similar product scanning technology, using Tall Man lettering)
- Appropriate controls are in place for compounding high-risk medicines (for example, using commercially available products or ready-to-administer preloaded syringes, standardised single concentrations for infusions, adhering to good manufacturing practices, using National Association of Testing Authorities–certified cytotoxic containment cabinets or similar, spill containment procedures)
- Safe procurement practices (for example, avoiding look-alike packaging for high-risk medicines, especially those used in high-risk procedures such as sedation)
- Safe administration (for example, appropriate use of equipment such as infusion pump drug libraries, oral liquid dispensers, line labelling for routes of administration, epidural lines without injection ports, standardised premixed solutions, independent double-checks, principles of ‘timeout’).

Develop and implement evidence-based risk-reduction strategies

Use or adapt tools that have been developed to identify the organisation’s list of high-risk

medicines, and make the list available to clinicians. Tools include the NSW Health [High-Risk Medicines Management Policy](#) and the Institute for Safe Medication Practices [List of High-Alert Medications in Acute Care Settings](#).

Determine which contributing factors (environmental, task, individual, team) underlie high-risk medicine-related incidents to assist the development of strategies and policies specific to the health service organisation that can be used to deal with these factors on several levels (see [Action 4.2](#)).

Implement a combination of risk reduction strategies that includes low-leverage (education) and high-leverage (NIMC, decision support software) standardisation processes, practices and products for medication management (for example, implementation of Tall Man lettering, use of smart infusion pumps).

Develop policies, procedures and guidelines

Implement high-risk medicine-related policies, procedures, guidelines and safe work practices that are evidence based and have been developed in collaboration with relevant clinicians.

Incorporate factors that contribute to safer use of high-risk medicines, or that reduce the opportunity for misuse or error, when considering:

- Medicines on the formulary (for example, listing a new medicine, contract specification and procurement, temporary replacement during a shortage)
- Availability of medicines (prescribing restrictions, review of ward stock or imprest lists and stock levels)
- Design and layout of storage rooms or cupboards, and labelling requirements in these areas, including selection of medication distribution system (individual dispensing, bedside locked drawers, automated medicine cabinets)
- Alerts in electronic medication management systems.

Consider protocols for vulnerable populations, including patients who are older or obese, or children.

Investigate incidents involving high-risk medicines, analyse the frequency and causal factors, and implement strategies to mitigate risks associated with high-risk medicine-related incidents.



When assessing the effectiveness of strategies, use both outcome and process measures, and routinely collect data to determine the effectiveness of risk

reduction strategies for high-risk medicines. Share results as part of the governance of medication management (see [Actions 4.1](#) and [4.2](#)).

Resources

Governance, policies and procedures

[Australian Government Department of Health – National Medicines Policy](#)

[Australian Pharmaceutical Advisory Council – *Guiding Principles to Achieve Continuity in Medication Management*](#)

[Council of Australian Therapeutic Advisory Groups – *Achieving Effective Medicines Governance: Guiding principles for the roles and responsibilities of drug and therapeutics committees in Australian public hospitals*](#)

[SA Health – *Continuity in medication management*](#)

Training

[Australian Commission on Safety and Quality in Health Care – *National Patient Safety Education Framework*](#)

[Australian Commission on Safety and Quality in Health Care – *National standard medication charts course*](#)

[NPS MedicineWise – *Prescribing Competencies Framework*](#)

[World Health Organization – *Patient Safety Curriculum Guide: Multi-professional edition*, Topic 11: Improving medication safety](#)

State and territory medication safety sites

[NSW Clinical Excellence Commission – *Medication safety and quality*](#)

[Queensland Health – *Medication safety*](#)

[SA Health – *Medication safety*](#)

[Tasmanian Department of Health and Human Services – *Medication Systems and Management Policy*](#)

[Victorian Department of Health and Human Services – *Quality use of medicines*](#)

[Western Australian Department of Health – *Medication safety alerts*](#)

Assessment and performance of the medication management pathway

[Australian Commission on Safety and Quality in Health Care, and NSW Therapeutic Advisory Group – *National Quality Use of Medicine Indicators for Australian Hospitals*](#)

[Institute for Healthcare Improvement – *Failure Modes and Effects Analysis Tool*](#)

[NSW Clinical Excellence Commission – *Medication Safety Self Assessment® for Australian Hospitals*](#)

Reducing medicine-related risks

[American Hospital Association, Health Research and Educational Trust, Institute for Safe Medication Practices – *Pathways for Medication Safety: Leading a strategic planning effort*](#)

[Institute for Safe Medication Practices – *Selecting the best error-prevention ‘tools’ for the job*](#)

[Society of Hospital Pharmacists of Australia – *Fact Sheet: Risk factors for medication-related problems*](#)



Scope of clinical practice and credentialing

[NPS MedicineWise – Prescribing Competencies Framework](#)

[Nursing and Midwifery Board of Australia – Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives](#)

[Pharmaceutical Society of Australia – National Competency Standards Framework for Pharmacists in Australia](#)

Information for consumers

[Medicines.org.au](#)

[NPS MedicineWise – Medical info](#)

[Pharmaceutical Society of Australia – Guide to Providing Pharmacy Services to Aboriginal and Torres Strait Islander People](#)

[Society of Hospital Pharmacists of Australia – SHPA Standards of Practice for Medicines Information Services](#)

Medication reconciliation

[Agency for Healthcare Research and Quality – Medications at Transitions and Clinical Handoffs \(MATCH\) Toolkit for Medication Reconciliation](#)

[Australian Commission on Safety and Quality in Health Care – Medication reconciliation](#)

[Institute for Safe Medication Practices Canada – Medication reconciliation](#)

[NPS MedicineWise – Get it right! Taking a best possible medication history](#)

[NSW Clinical Excellence Commission – Comprehensive Audit Tool](#)

[Society of Hospital Pharmacists of Australia – Quick Guide: Facilitating the continuity of medication management on transition between care settings](#)

[Society of Hospital Pharmacists of Australia – Quick Guide: Medication reconciliation](#)

[Victorian Department of Health – Medication reconciliation](#)

[World Health Organization – High 5s Fact Sheet: The High 5s assuring medication accuracy at transitions of care – medication reconciliation standard operating protocol](#)

Assessment and monitoring of allergy and ADR recording

[Australian Commission on Safety and Quality in Health Care – medication charts and user guides](#)

[NPS MedicineWise – Safety through adverse event reporting](#)

[Society of Hospital Pharmacists of Australia – Quick Guide: Clinical review, therapeutic drug monitoring \(TDM\) and adverse drug reactions \(ADRs\)](#)

[Sydney Children’s Hospitals Network – Adverse Drug Reaction Practice Guideline](#)

[Therapeutic Goods Administration – Database of Adverse Event Notifications](#)

[Therapeutic Goods Administration – Reporting adverse drug reactions](#)

Medication review

[National Health Service – A Guide to Medication Review 2008](#)

[SA Health – Continuity in Medication Management: A handbook for South Australian hospitals, Principle 5: Medication review and reconciliation](#)

[Society of Hospital Pharmacists of Australia – Quick Guide: Assessment of current medication management](#)

[Society of Hospital Pharmacists of Australia – Standards of Practice for Clinical Pharmacy Services, Chapter 1: Medication reconciliation](#)

[Western Australian Department of Health – Pharmaceutical review](#)

Medicines list

[Australian Commission on Safety and Quality in Health Care – National Medication Management Plan](#)

[NPS MedicineWise – Keeping a medicines list](#)



Information for clinicians and decision support tools

Australian Commission on Safety and Quality in Health Care – [Electronic medication management \(EMM\) resources](#)

Australian Government Department of Health – [The Australian Immunisation Handbook](#)

Institute for Safe Medication Practices Canada and Canadian Patient Safety Institute – [Paper to Electronic MedRec Implementation Toolkit](#)

Royal Australian College of General Practitioners, Pharmaceutical Society of Australia, and Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists – [Australian Medicines Handbook](#)

Therapeutic Guidelines Limited – [Therapeutic Guidelines](#)

Storage, distribution and disposal

Australian and New Zealand College of Anaesthetists – [Guidelines for the Safe Management and Use of Medications in Anaesthesia](#)

Australian Commission on Safety and Quality in Health Care – [National Standard for User-Applied Labelling of Injectable Medicines, Fluids and Lines](#)

Australian Commission on Safety and Quality in Health Care – [National Tall Man Lettering List](#)

Australian Government Department of Health and Ageing – [National Vaccine Storage Guidelines: Strive for 5](#)

Institute for Safe Medication Practices – [Medication Safety Self Assessment for Automated Dispensing Cabinets](#)

Western Australian Department of Health – [Safe storage of medications](#)

High-risk medicines

Australian Commission on Safety and Quality in Health Care – [High-risk medicines](#)

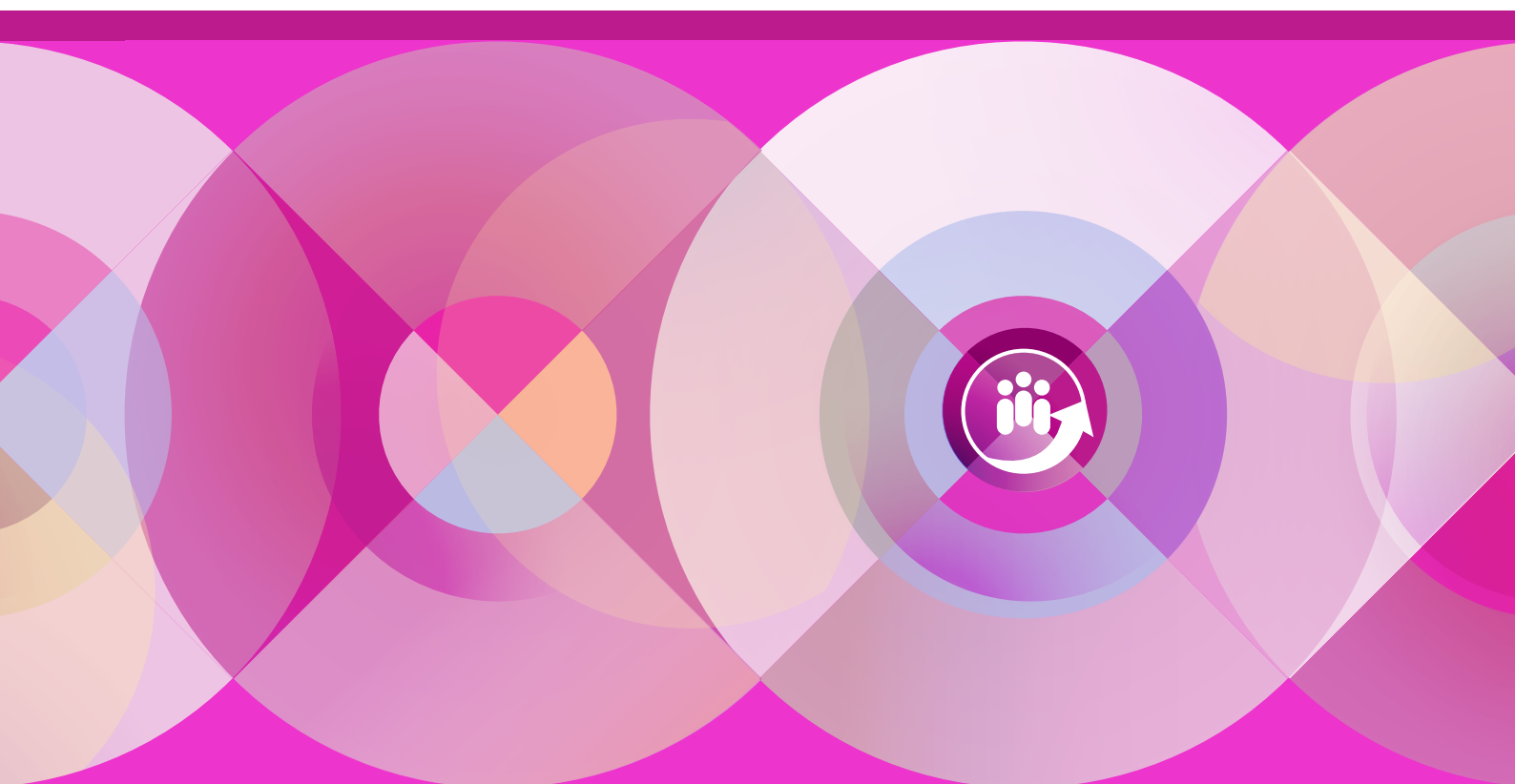
Institute for Safe Medication Practices – [ISMP high-alert medications](#)

NSW Clinical Excellence Commission – [Medication safety and quality: high-risk medicines](#)

Victorian Department of Health – [High-risk medicines](#)

5

Comprehensive Care Standard





Comprehensive Care Standard

Leaders of a health service organisation set up and maintain systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.

Intention of this standard

To ensure that patients receive comprehensive care – that is, coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient’s expressed goals of care and healthcare needs, considers the effect of the patient’s health issues on their life and wellbeing, and is clinically appropriate.

To ensure that risks of harm for patients during health care are prevented and managed. Clinicians identify patients at risk of specific harm during health care by applying the screening and assessment processes required in this standard.

Criteria

Clinical governance and quality improvement to support comprehensive care

Developing the comprehensive care plan

Delivering comprehensive care

Minimising patient harm



Introduction

Safety and quality gaps are often reported as failures to provide adequate care for specific conditions, or in specific situations or settings, or to achieve expected outcomes in certain populations. The purpose of this standard is to consider the cross-cutting issues underlying many adverse events. These issues often include failures to:

- Provide continuous and collaborative care
- Work in partnership with patients, carers and families to adequately identify, assess and manage patients' clinical risks, and determine their preferences for care
- Communicate and work as a team (that is, between members of the healthcare team).

Processes for delivering comprehensive care will vary, even within a health service organisation. Take a flexible approach to standardisation so that safety and quality systems support local implementation and innovation. Target screening, assessment, comprehensive care planning and delivery processes to improve the safety and quality of care delivered to the population that the organisation serves.

Although this standard refers to actions needed within a single episode of patient care, it is essential that each single episode or period of care is considered as part of the continuum of care for a patient. Meaningful implementation of this standard requires attention to the processes for partnering with patients in their own care and for safely managing transitions between episodes of care. This requires that the systems and processes necessary to meet the requirements of this standard also meet the requirements of the Partnering with Consumers and the Communicating for Safety standards.

Minimising patient harm

Implement targeted, best-practice strategies to prevent and minimise the risk of specific harms identified in this standard.

Pressure injuries

Pressure injuries can occur in patients of any age who have one or more of the following risk factors: immobility, older age, lack of sensory perception, poor nutrition or hydration, excess moisture or dryness, poor skin integrity, reduced blood flow, limited alertness or muscle spasms.¹⁰² Evidence-based strategies to prevent pressure injuries should be used if screening identifies that patients are at risk.

Falls

Falls also occur in all age groups. However, the risk of falls and the harm from falls vary between individuals as a result of differences in factors such as eyesight, balance, cognitive impairment, muscle strength, bone density and medicine use. The Australian Commission on Safety and Quality in Health Care (the Commission) has developed evidence-based guidelines for older people.¹⁰³⁻¹⁰⁵ Policies and procedures for other age groups need to be based on available evidence and best practice.

Poor nutrition

Patients with poor nutrition, including malnutrition, are at greater risk of pressure injuries, and their pressure injuries are more severe.¹⁰⁶ They are also at greater risk of healthcare-associated infections and mortality in hospital, and for up to three years following discharge.¹⁰⁷⁻¹¹⁰ Malnutrition substantially increases length of hospital stay and unplanned readmissions.^{109,111,112} Ensure that patients at risk of poor nutrition are identified and that strategies are put in place to reduce these risks.

Cognitive impairment

People with cognitive impairment who are admitted to hospital are at a significantly increased risk of preventable complications such as falls, pressure injuries, delirium and failure to return to pre-morbid function, as well as adverse outcomes such as unexpected death, or early and unplanned entry into residential care.¹¹³ People



with cognitive impairment may also experience distress in unfamiliar and busy environments. Although cognitive impairment is a common condition experienced by people in health service organisations, it is often not detected, or is dismissed or misdiagnosed. Delirium can be prevented with the right care¹¹⁴, and harm can be minimised if systems are in place to identify cognitive impairment and the risk of delirium, so that strategies can be incorporated in the comprehensive care plan and implemented.

Unpredictable behaviour

People in healthcare settings can exhibit unpredictable behaviours that may lead to harm. Health service organisations need systems to identify situations that have higher risk of harm, and strategies to mitigate or prevent these risks. They also need systems to manage situations in which harm relating to unpredictable behaviour occurs. In this standard, unpredictable behaviours include self-harm, suicide, aggression and violence. It is important that systems designed to respond to the risks of unpredictable behaviour minimise further trauma to patients and others. This relates to both the material practices and the attitude with which care is delivered.

Processes to manage people who have thoughts of harming themselves, with or without suicidal intent, or who have harmed themselves are needed. These processes need to provide physical safety, and support to manage psychological and other issues contributing to self-harm. The health service organisation is responsible for ensuring that follow-up services are arranged before the person leaves the health service because of the known risks of self-harm after discharge.¹¹⁵

Some people are at higher risk of aggressive behaviour as a result of impaired coping skills relating to intoxication, acute physical deterioration or mental illness. Healthcare-related situations, such as waiting times, crowded or high-stimulus environments and conflicts about treatment decisions, can precipitate aggression. Members of the workforce need skills to identify the risk of aggression, and strategies to safely manage aggression and violence when they do occur.

Restrictive practices

Minimising or, if possible, eliminating the use of restrictive practices (including restraint and seclusion) is a key part of national mental health policy.^{116,117} Minimising the use of restraint in other healthcare settings besides mental health has also been identified as a clinical priority. Identifying risks relating to unpredictable behaviour early and using tailored response strategies can reduce the use of restrictive practices. Restrictive practices must only be implemented by members of the workforce who have been trained in their safe use. The health service organisation needs processes to benchmark and review the use of restrictive practices.

Key links with other standards

To implement systems that meet the requirements of the Comprehensive Care Standard, identify areas of synergy with the other NSQHS Standards. This will help to ensure that the organisation's safety and quality systems, policies and processes are integrated, and will reduce duplication of effort.



CRITERION: Clinical governance and quality improvement to support comprehensive care

Systems are in place to support clinicians to deliver comprehensive care.

Taking an organisation-wide and systematic approach to the delivery of comprehensive care will help to ensure consistent experiences of comprehensive care for patients, and consistent expectations for clinicians and other members of the workforce about how to deliver comprehensive care.

This criterion requires organisation-wide governance, leadership and commitment to support delivery of comprehensive care and minimise patient harm.

To meet this criterion, health service organisations are required to:

- Integrate clinical governance and apply quality improvement systems
- Apply principles of partnering with consumers, health literacy and shared decision making when developing and implementing organisational processes for comprehensive care and minimising patient harm
- Implement organisational systems and processes to support effective delivery of comprehensive care, and multidisciplinary teamwork and collaboration.

This criterion aligns closely with the Clinical Governance Standard and the Partnering with Consumers Standard.

Integrating clinical governance

Action 5.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for comprehensive care
- b. Managing risks associated with comprehensive care
- c. Identifying training requirements to deliver comprehensive care

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for the delivery of comprehensive care
- Identify and manage risks associated with the delivery of comprehensive care
- Identify training requirements for the delivery of comprehensive care?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19](#), [1.20](#) and [1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support the policies and procedures, risk management and training for comprehensive care and minimising patient harm
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.

Implement policies and procedures

Provide guidance about aspects of comprehensive care in policies and procedures.

Manage risks

Use established risk management systems ([Action 1.10](#)) to identify, monitor, manage and review risks associated with comprehensive care. Develop processes to manage clinical risks for different populations served within the organisation, clinical and workplace risks for the workforce, and organisational risks.

Use information from measurement and quality improvement systems, adverse events, clinical outcomes and patient experiences to inform and update risk assessments and the risk management system.

Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19](#), [1.20](#) and [1.21](#). Perform a risk assessment to inform the education plan and to set priorities for the members of the workforce who require training. Develop or provide access to training and education resources to meet the needs of the workforce in relation to comprehensive care.

Consider the training the workforce may need to effectively use the clinical incident management and investigation system to inform risk management, and to plan and implement quality improvement processes to mitigate risks.



Applying quality improvement systems

Action 5.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- 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

Reflective questions

How are the strategies to improve the outcomes of comprehensive care and associated processes continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce and consumers?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for comprehensive care.

Monitor effectiveness and performance

Use the organisation's quality improvement systems to identify and set priorities for the organisational and clinical strategies to deliver comprehensive care and minimise patient harm.

Review these systems to ensure that they include requirements for:

- Intermittent audits of documentation on screening and assessment processes, patient preferences and goals, and shared decision making
- Ongoing data collection about processes such as patient admission and discharge, hourly rounding, multidisciplinary team rounds and meetings, clinical handover, and discharge planning
- Ongoing data collection about outcomes such as length of stay, the alignment of documented patient preferences with actual care, patient experiences, and the prevalence of adverse events associated with this standard (for example, falls, pressure injuries, delirium, restraint)
- Periodic surveys of workforce attitudes and patient experiences of using the system for comprehensive care
- Regular, informal quality checks of patient, carer and family experiences and perspectives (for example, conducting five-minute interviews at the bedside or in the waiting room).



Implement quality improvement strategies

Use the results of monitoring activities to show improvements or areas in which improvement is required. If appropriate, use quality improvement activities that are consistent and measurable across the corporate group, network or health service.

Use the results of organisational risk assessments to identify gaps, plan, and set priorities for areas for investigation or action.

When adverse events occur, specifically investigate to identify any issues in the performance or use

of the system for comprehensive care. Use this information to make improvements.

Report outcomes

Report evaluation findings to the governing body and the workforce. Use the data to work with consumers, the workforce, clinical leaders and managers to identify and implement improvements to the system for comprehensive care.

Strategies for monitoring, preventing and minimising specific risks of harm can be found in the 'Minimising patient harm' criterion of this standard.

Partnering with consumers

Action 5.3

Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients when providing comprehensive care?

How does the health service organisation collect feedback from patients about information provided on comprehensive care?

Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) relating to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

Health service organisations should use established processes to partner with patients in delivering comprehensive care and minimising patient harm.

Use patient experience data to evaluate whether clinicians are actively involving patients in their own care, meeting patient information needs and making shared decisions when providing comprehensive care.

Actions in the 'Minimising patient harm' criterion require specific strategies for partnering with patients in their care, including:

- Providing information to patients, carers and families about preventing pressure injuries (Action 5.23) and falls (Action 5.26)
- Collaborating with patients, carers and families to manage or minimise risks of
 - delirium (Action 5.30)
 - self-harm and suicide (Action 5.31)
 - aggressive or violent behaviour (Action 5.34).



Designing systems to deliver comprehensive care

Action 5.4

The health service organisation has systems for comprehensive care that:

- 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

Reflective questions

What systems and processes are in place to support clinicians to communicate, deliver and document comprehensive care in the setting that best meets patients' needs?

What systems and processes are in place to ensure the timely referral of patients to relevant services?

What systems and processes are used to identify the clinician with overall responsibility for the patient? How is this communicated to the patient and the team?

Strategies for improvement

Processes for delivering comprehensive care will vary, even within a health service organisation. To introduce and use effective comprehensive care systems, MPSs and small hospitals will need to:

- Work with clinicians and consumers to design and implement systems for developing, documenting and communicating comprehensive care plans
- Implement systems to ensure that patients receive care in the setting that best meets their clinical needs
- Work with internal and external services to implement timely referral processes
- Develop processes for ensuring that the clinician with overall accountability for a patient's care is identifiable at all times.

Design processes to develop, document and communicate comprehensive care plans

Comprehensive care plans are different from traditional nursing care plans or medical treatment plans because they require the expertise of each clinician group to be brought together to coordinate and progress a patient's care and reach agreed goals. This means that clinical and consumer groups should be involved in agreements about:

- The minimum expectations for the content of comprehensive care plans
- Further expectations for comprehensive care planning in specific settings or services, or for specific patient populations (for example, children, older adults, elective and emergency admissions, Aboriginal and Torres Strait Islander people)
- Triggers for review of comprehensive care plans
- Roles and responsibilities for developing comprehensive care plans
- Processes for supporting shared decision making with patients, carers and families (see [Actions 2.6 and 2.7](#))
- Templates for documenting comprehensive care plans
- Processes for communicating the content of the plan (see [Actions 6.4, and 6.7–6.10](#)).

Comprehensive care plans should be developed in partnership with patients, carers and families, and with input from all the clinicians involved in a patient's care (for example, doctors, nurses, pharmacists, allied health clinicians). Organisational requirements for developing comprehensive care plans should reflect the



complexity of the service's patients, and may differ between settings and services. For example, a comprehensive care plan for a patient receiving outpatient dialysis might be detailed and complex, but will be used to guide many episodes of care. In contrast, a comprehensive care plan for a patient admitted via the emergency department with an acute illness might be more narrowly focused, and require more frequent review and updating.

Standardised templates can assist clinicians in the goal-setting and comprehensive care planning process, especially when patients have complex needs.^{118,119} Work with clinical groups to agree on the content and use of documents and electronic systems for comprehensive care planning. An overall structure for comprehensive care plans may meet patient needs across the organisation, or specific comprehensive care planning documents may be developed for different services and patient groups. These documents may be available from the Local Hospital Network, state or territory health department or nearby larger hospitals.

One example of a standardised template for comprehensive care planning is a clinical pathway for the management of a specific intervention. Clinical pathways can be simple or complex, depending on the nature of the intervention. Care pathways can improve outcomes for patients, and improve collaboration and teamwork between different professional groups.¹²⁰ However, clinical pathways alone may not meet the needs of patients with complex or multiple health problems.

Clinical pathways should include the capacity to document patients' preferences and goals, and individualise aspects of care as required. Develop and implement alternative comprehensive care planning strategies and tools for patients who are having an intervention that is normally managed using a care pathway, but whose care needs cannot be fully addressed with usual care (for example, patients with complex or undetermined conditions, or patients who are receiving concurrent care from multiple medical teams). Some state and territory health departments have developed and endorsed clinical pathways for particular patients, which health service organisations may wish to refer to.

Develop processes to ensure that patients receive care in the setting that best meets their needs

Develop processes to ensure that patients who have healthcare risks or needs that cannot be managed in-house are referred to an alternative setting for care. Develop a patient flow process that is person centred and focused on placing patients in the right bed the first time. This relies on developing effective working relationships with external health services such as ambulance and retrieval services, tertiary referral hospitals and local community services.

As a minimum, develop:

- Processes for flagging patients with clinical priorities or preferences that need urgent or special consideration
- A clear structure for escalation of, and response to, patient flow issues
- Proactive discharge planning processes (such as criteria-led discharge) that include capacity for early recognition of potentially complex patient discharges, and allow timely planning and coordination activities
- A clear structure for accountabilities in relation to patient flow.

In an MPS, these processes may include transition of care for a resident within the facility. The NSW Agency for Clinical Innovation's [Living Well in a MPS Collaborative](#) has resources to support staff providing individualised care for residents of MPSs as people living in their home.

Establish referral processes

Referring clinicians, and specialist clinicians and services need to work collaboratively to set clear referral criteria. Provide accessible guidance about referral processes to different services that outlines the:

- Clinical or other criteria for referral (for example, persistent cognitive impairment caused by unresolved delirium or undiagnosed dementia)
- Process for making the referral (for example, referring to the service or to a particular clinician, by phone or email)
- Processes for expediting urgent referrals
- Availability of different services (for example, after hours)



- Expected response time
- Follow-up and escalation process for delayed response to a referral.

Standardise aspects of the referral process (such as required documentation) as much as possible, and develop processes for routine referrals for certain patient groups (for example, physiotherapy for postoperative patients).

Work with external services to identify referral processes to support ongoing comprehensive care. These might include processes for:

- Safe return to rural or remote health services
- Transfer to subacute facilities
- Referral for ongoing care in the community
- Referral for follow-up of specific clinical or other issues
- Referral to services provided by credentialed clinicians in the private sector (for example, physiotherapists, occupational therapists, dietitians, counsellors).

Set up processes for identifying the clinician with overall accountability

Although all clinicians are accountable for the care they provide to patients, the clinician carrying overall accountability for an individual patient's care should have the seniority to make time-sensitive or complex clinical decisions. The clinician who has overall accountability must also be accessible and available so that they can lead and coordinate comprehensive care planning and delivery. Confusion about which clinician has overall accountability for a patient's care can lead to communication issues and delays in clinical decision-making.^{121,122}

It is a requirement in the Medical Board of Australia's Code of Conduct that doctors ensure 'that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient'.¹²³ This can be challenging even in small hospitals and MPSs.

Overall accountability for a patient's care may be handed over between several clinicians (including doctors, nurse practitioners, midwives and allied health professionals) during a 24-hour period, and during the course of a patient's admission. On-call or locum clinicians may carry overall accountability for a patient's care at different times. Further

complexity can be added when care is shared between teams (for example, in orthogeriatrics) or when multiple teams are involved in a patient's care (for example, patients with multiple chronic organ diseases, maternity patients with pre-existing medical conditions, children with complex medical conditions).

Work with clinical teams to develop consistent and up-to-date processes for identifying the clinician with accountability for individual patients' care at any time of the day or night. A systematic and predictable process is required so that permanent, temporary, locum and agency clinicians can identify the correct clinician, and so that inconsistencies are not driven by variation in the time of day or the personalities involved.

Develop guidance about:

- The roles and responsibilities of on-call and locum clinicians
- Processes for managing circumstances when the clinician with accountability for a patient's care is not available
- Orientation of new, agency or locum clinicians to the process for identifying who has overall accountability for a patient's care
- How unexpected absences or last-minute changes to rosters will be communicated and managed when these affect the identification of the clinician with overall accountability for a patient's care.



Collaboration and teamwork

Action 5.5

The health service organisation has processes to:

- a. Support multidisciplinary collaboration and teamwork
- b. Define the roles and responsibilities of each clinician working in a team

Reflective questions

How do multidisciplinary collaboration and teamwork operate in the health service organisation?

How are the roles and responsibilities of each clinician working in a team defined? How is this communicated to team members and the patient?

Strategies for improvement

To deliver comprehensive care that is safe and continuous, effective communication and teamwork are critical. MPSs and small hospitals will need to develop structured processes to support multidisciplinary teamwork and collaboration. Implement this action with consideration of the requirements of the Communicating for Safety Standard.

A substantial proportion of potentially preventable adverse events are underpinned by failures in communication and teamwork.¹²⁴⁻¹²⁸ Improvements in multidisciplinary collaboration and teamwork have been associated with outcomes such as reduced length of stay¹²⁹, reduced risk of complications of medical care¹³⁰ and reduced risk of surgical complications or death.¹³¹

Teams and clinicians in MPSs and small hospitals are likely to change regularly as agency or locum clinicians come and go. This poses a challenge to effective teamwork. There are consistent indications that structured tools and processes are necessary to achieve effective and lasting change.^{120,132,133}

Examples of tools and processes that can help to structure and encourage effective teamwork include:

- *How-To Guide: Multidisciplinary rounds* (Institute for Healthcare Improvement)
- *Structured interdisciplinary bedside rounds* (In Safe Hands program)
- *Multidisciplinary meetings and case conferencing* (Cancer Australia; this information was developed for cancer service providers, but much of the content is relevant more broadly)
- *Standard Operating Protocols for Implementing Whiteboards to Assist with Multidisciplinary Communication on Medical Units* (the Commission).

Work with clinicians to review current work processes, design or adapt relevant tools, and build the use of structured processes and tools into the workflow.

Consider providing formal teamwork and communication training.^{134,135} Skills in communication, collaboration and team behaviours can be developed through simulation, workshops or lectures. Strategies to improve clinical communication are discussed in more detail in the *Communicating for Safety Standard*.



Action 5.6

Clinicians work collaboratively to plan and deliver comprehensive care

Reflective question

How are clinicians supported to collaborate with each other, patients, carers and families in planning and delivering comprehensive care?

Strategies for improvement

Collaborate with patients, carers and families

Collaborating with patients, carers and family members can ensure that essential baseline information about a patient's condition is established so that deterioration, improvement and strategies for ongoing care can be identified. For example, the carer of a person with advanced dementia is likely to be the most accurate source of information about that patient's usual capabilities, behaviours, preferences and medical history.¹³⁶

As well as being experts in care needs, information providers and part of shared decision making, carers and other family members may also choose to be actively involved in a person's care.¹³⁷ Health service organisations can support carers in this role through policies and programs that enable practical strategies such as providing beds or chairs for overnight stays, refreshments, discounted parking and flexible visiting hours.

Implement shared decision making

Shared decision making is a critical strategy for effectively collaborating with patients, carers and families. Shared decision making is a process of incorporating the best available clinical evidence into a discussion about a patient's values and preferences to make decisions about care.¹³⁸ Shared decision making offers a framework for working jointly with patients (and carers and families, if the patient chooses to have them involved) to make decisions about the comprehensive care plan that are based on a shared understanding of the patient's goals of care, and the risks and benefits of clinically appropriate options for diagnostic tests, treatments, interventions and care.¹³⁹

One model for shared decision making describes five questions that clinicians can use to guide the process^{139,140}:

1. What will happen if the patient waits and watches?
2. What are the test or treatment options?
3. What are the benefits and harms of each option?
4. How do the benefits and harms weigh up for the patient?
5. Does the patient have enough information to make a choice?

Another model, framed from the patient perspective, is Ask Share Know, which encourages patients to ask three questions about their care.

The Commission has also developed a Question Builder tool to help patients, carers and families consider questions to ask their doctor and prepare for a clinical consultation.

Use decision support tools

Decision aids are a type of decision support tool that clinicians, patients, carers and families can work through together. Specific decision aids have been developed for some health topics, and an online inventory of existing tools is available.

A generic decision aid tool has also been developed to help clinicians, patients, carers and families work together to make decisions if no specific decision aid is available.

Strengthen teamwork processes

No single clinician can deliver all aspects of the care that a patient needs.¹⁴¹ Different clinician groups bring specific expertise and need to work together to provide the complete health care that a patient requires. Effective teamwork and collaboration rely on establishing and communicating clear and shared goals. These goals should have meaning for each team member who contributes to the effort to achieve them.¹⁴²



Use processes for clinical handover, communicating critical information and documenting information (described in the Communicating for Safety Standard), to ensure that clinicians collaborate effectively to plan and deliver comprehensive care.

Interventions to improve teamwork vary, but broadly include¹⁴³:

- Training to increase individual competency of team members and offer the opportunity to practise skills (for example, in simulation or role play)
- Structured communication protocols to increase reliability of communication
- Clear articulation of the roles, responsibilities and accountabilities of different team members
- Work and process redesign to provide structured opportunities for effective team communication.

The professional cultures associated with different disciplines and specialty groups can strongly influence the way that clinicians approach goal-setting and decision-making.¹⁴² These cultures contribute to differing degrees of engagement in working collaboratively with other disciplines and professions.^{142,144} Set up processes to support clinicians to understand their own accountabilities in relation to planning and delivering comprehensive care, and those of other members of the team.¹⁴⁵ Strategies may include:

- Using structured handover and communication tools¹⁴⁶
- Using checklists to prompt discussion of patient, family and clinical concerns during bedside rounds¹⁴⁷
- Using tools to prompt participation from different professional groups at critical moments
 - for example
 - the surgical safety checklist
 - the central line insertion checklist
- Identifying roles and responsibilities relating to comprehensive care in position descriptions and scope of clinical practice documentation
- Identifying accountabilities relating to collaboration, teamwork, shared decision making and other key skills, attitudes and behaviours required for comprehensive care in performance review processes

- Identifying clinical and executive leaders to lead collaborative practice and act as role models
- Developing processes to manage issues and feedback relating to multidisciplinary collaboration.

Work with clinical leaders to directly and specifically deal with the expectations for clinicians' participation in teamwork for comprehensive care. Suboptimal collaboration and communication can be especially apparent in the relationships between clinicians, and between clinicians and other professional groups.^{133,148-150} Such problems have been attributed to issues arising from traditional professional hierarchies and cultures, and the relative seniority of the clinicians involved.¹⁴² Improving the organisation of care delivery routines (such as structured multidisciplinary bedside rounds) within the workflow can help provide opportunities for more effective communication and collaboration between clinicians and other professional groups.¹⁵¹⁻¹⁵³

Monitor, analyse and report on system effectiveness

Develop systems consistent with the requirements of the Clinical Governance Standard for reporting and analysing adverse events relating to failures of teamwork and communication, and for ensuring that clinicians are professionally accountable for working collaboratively with patients, carers, families and each other in the planning and delivery of comprehensive care.



CRITERION: Developing the comprehensive care plan

Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop a goal-directed comprehensive care plan.

Every patient receiving health care in Australian health service organisations deserves comprehensive care, but some patient groups are particularly vulnerable; for them, comprehensive care has a substantial role in helping to prevent harm. Consider the groups of vulnerable patients that use the organisation's services and ensure that systems

for comprehensive care cover the needs of these groups.

For example, 40% of patients in hospitals are aged 65 years or over.¹⁵⁴ Hospitalised older patients often suffer from multiple chronic conditions that may require input from many different clinicians, and are known to be at higher risk of potentially preventable adverse events such as falls, delirium, pressure injury and malnutrition.¹⁵⁵

The population served by the health service organisation and the nature of the services provided will determine the approach to screening and assessment.

Planning for comprehensive care

Action 5.7

The health service organisation has processes relevant to the patients using the service and the services provided:

- a. For integrated and timely screening and assessment
- b. That identify the risks of harm in the 'Minimising patient harm' criterion

Reflective question

How does the health service organisation ensure that screening and assessment processes used to identify the risks of harm are integrated and timely?

Strategies for improvement

MPSs and small hospitals will need to:

- Assess the risks and clinical requirements of the patients who use the health service organisation, and agree on relevant screening and assessment processes
- Ensure that the risks of harm identified in the 'Minimising patient harm' criterion of this standard are addressed in these processes.

Screening is used to identify existing conditions or issues that may predispose a patient to further harm, and to identify the level of risk for potential

new harms to occur. The conditions, issues and risks identified through screening need to be properly assessed to determine what actions should be taken to manage them. Screening should shape the care delivered to a patient.

Many different conditions, issues and risks can potentially be identified through screening. To develop appropriate screening processes for the health service organisation, consider:

- The cognitive, behavioural, mental and physical conditions and risks encountered by the patient population served by the organisation
- The risks of harm identified in the 'Minimising patient harm' criterion of this standard
- Feedback from quality improvement processes
- The capacity and type of services that the organisation provides.



Use this information to work with clinicians and consumers to develop screening and assessment processes that are appropriate to the needs of patients and the clinical service being provided, and are integrated into clinical workflow.

Identify expectations about the timing of initial screening and assessment processes, and indications for repeated screening and assessment, in relevant policies, procedures and protocols.

Processes may vary for different groups of patients who attend the health service organisation and in different services. In some cases, different emphasis will be placed on screening versus comprehensive assessment. For example, in the anaesthetic assessment service, a detailed preoperative screening process may be needed to identify anaesthetic and surgical risks. In the geriatric section, screening processes may be minimal because patients routinely receive a thorough clinical assessment of the common conditions, issues and risks associated with older hospitalised patients.

Integrate screening and assessment

Integrate processes for screening and assessment, wherever possible. This means developing strategies to integrate:

- The multiple tools used to screen for common conditions and risks

- Screening activities with clinical assessment activities
- The input of multiple clinicians.

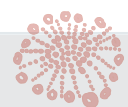
Link screening activities to clinical decision-making and action when clinical risks are identified.

This might mean ensuring that screening tools direct clinicians to the relevant assessments and interventions for managing an identified risk. For example, if a patient is identified as having cognitive impairment, specific assessments and clinical management strategies are recommended.¹⁵⁶

Integrate the screening and clinical assessment findings of multiple clinicians. This will reduce the need for patients, carers and families to repeat the same information multiple times to different care providers. It will also help to ensure that the information gained through different professional assessments is addressed in clinical decision-making and incorporated into the comprehensive care plan. Strategies to foster integrated multidisciplinary screening and assessment activities include the use of:

- Shared electronic or paper-based screening and assessment tools and systems
- Shared ward rounds and clinics, multidisciplinary rapid rounding and multidisciplinary case conferencing
- Formalised communication strategies such as checklists, timeouts, multidisciplinary handover meetings and electronic patient journey boards.

Action 5.8



The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

Reflective questions

What processes are in place for patients to identify as being of Aboriginal or Torres Strait Islander origin?

How is this information recorded in administrative information systems and transferred to clinical information systems?

Strategies for improvement

Confirming the identity of a person as being of Aboriginal or Torres Strait Islander origin at the beginning of their care will help health service organisations provide comprehensive tailored and culturally appropriate care, including better assessment of the risks that an individual may face.



MPSs and small hospitals should:

- Develop policies, protocols and processes for confirming Aboriginal and Torres Strait Islander identification status
- Train the workforce to build competence in working with diverse population groups and specifically for collecting identification information
- Include Aboriginal and Torres Strait Islander identifiers in administrative and clinical datasets
- Monitor and report on the implementation of Aboriginal and Torres Strait Islander identification strategies.

If Aboriginal or Torres Strait Islander identity is established through an administrative process, ensure that there are mechanisms for this information to be transferred to the clinical information systems and, critically, the patient's healthcare record.

Monitor trends in reporting, healthcare delivery and health outcomes for Aboriginal and Torres Strait Islander people, and use this to assess the effectiveness of improvement strategies for Aboriginal and Torres Strait Islander consumers.

The correct and consistent identification and recording of Aboriginal and Torres Strait Islander consumers are also important practices in upholding the rights of healthcare consumers.

Encourage the workforce to collect information in a professional and respectful manner, without making assumptions about a consumer's identity or about how they are likely to respond to any given question. Be aware that some Aboriginal and Torres Strait Islander consumers may not wish to declare their Aboriginal and Torres Strait Islander heritage.

To improve the willingness of Aboriginal and Torres Strait Islander people to identify themselves, health service organisations can:

- Partner with Aboriginal and Torres Strait Islander consumers and local communities to improve the health service organisation's understanding of reasons for declaring or not declaring their Aboriginal and Torres Strait Islander identity, and to improve processes for Aboriginal and Torres Strait Islander identification
- Develop resources in formats that are easily accessible for Aboriginal and Torres Strait Islander consumers, to explain why the question of Aboriginal and Torres Strait Islander identity is being asked
- Set up mechanisms to improve cultural competency and reflective practice of the workforce.

Further strategies are available in [*NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*](#).

Action 5.9

Patients are supported to document clear advance care plans

Reflective question

What processes are in place to support patients to document an advance care plan?

Strategies for improvement

Advance care planning is a process of preparing for likely future healthcare scenarios. Documented advance care plans or directives come into effect when a patient no longer has the capacity to make decisions for themselves.

The laws that govern advance care plans and directives differ across Australian states and territories. Consider relevant legislation and guidelines when developing advance care planning processes for the health service organisation. The [*Advance Care Planning Australia*](#) website includes links to information and resources for different populations (including children) in different settings (for example, mental health or intensive care).

Ensure that the advance care planning process includes discussion of a patient's values, preferences, and personal and family circumstances, and occurs in the context of their medical history and condition.



When undertaking advance care planning, patients need to consider many issues, including:

- How their previous experiences of health care influence their preferences for future care
- The quality of life that would be acceptable to them
- Who they would want to speak for them if they lack capacity to take part in decision-making
- How they will maintain the relevance and currency of their advance care plan.

Outcomes of advance care planning may include nomination of a substitute decision-maker, or documentation of an advance care plan or directive. Patients may want to consider a number of different scenarios through advance care planning, such as their wishes and preferences for future care when:

- An episode of acute deterioration in mental state occurs
- Progressive cognitive decline associated with dementia occurs
- Decisions about end-of-life care are needed.

Advance care planning is an iterative process, and multiple discussions may be needed. Documented advance care plans need to be updated over time.

Include the following in the system for supporting patients to document advance care plans:

- Promotion of advance care planning as an important tool in providing care that aligns with patient preferences
- Consistency with legislative, common law and state or territory requirements
- A senior clinical lead to oversee implementation, evaluation and improvement of advance care planning processes
- Policies and procedures that describe the roles and responsibilities of patients, carers, witnesses, substitute decision-makers and clinicians in advance care planning, and the process for documenting and updating advance care plans
- Information resources, forms and other tools for patients and carers to consider, and documentation of advance care plans in accordance with their wishes.

Screening of risk

Action 5.10

Clinicians use relevant screening processes:

- a. On presentation, during clinical examination and history taking, and when required during care
- b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm
- c. To identify social and other circumstances that may compound these risks

Reflective questions

What processes are used for screening patients at presentation, during clinical examination, at history taking and at other appropriate times?

Are the tools that are used validated, and do these screening processes have the capacity to identify cognitive, behavioural, mental and physical conditions, issues or risks of harm?

Do these screening processes have the capacity to identify social and other circumstances that may compound these risks?

Strategies for improvement

Work with clinicians in different clinical settings and services to integrate the use of screening processes into their workflow. This may include requiring that credentialed medical and other practitioners use screening tools during clinic appointments before a planned episode of care. Ensure that processes identify:

- When routine screening will occur in an episode of patient care



- The role and responsibilities of those who are responsible for screening individual patients
- The process for ensuring that action is taken when conditions or risks are identified through the screening process
- Indications for repeating the screening process.

Provide orientation, education and training for clinicians to understand their individual roles, responsibilities and accountabilities in using relevant screening processes. Clinicians require training about organisational processes, as well as more specific training about the use of these processes for the different services provided.

Topics to cover in education for clinicians include:

- When and how to use relevant screening processes and tools
- How to partner with patients, carers and families to optimise the identification of relevant information

- What assessments and actions to take when cognitive, behavioural, mental and physical conditions, issues or risks of harm are identified
- When to repeat screening processes to identify evolving conditions, issues or risks of harm
- How to provide feedback about any issues with screening tools and processes.

Involve clinicians and consumers in reviewing the effectiveness and usefulness of screening processes. Develop processes for ensuring that updates and changes to screening tools and processes are effectively communicated to clinicians. This may involve developing specific, targeted implementation strategies to ensure that clinicians understand how to use and apply newly developed processes in their work, and have opportunities to provide feedback about usefulness and effectiveness of these processes.

Clinical assessment

Action 5.11

Clinicians comprehensively assess the conditions and risks identified through the screening process

Reflective questions

What processes are in place for clinicians to ensure comprehensive assessment of patients' conditions and risks that were identified through the screening process?

How does the health service organisation ensure that clinicians use these processes?

Strategies for improvement

Comprehensive assessment relies on clinicians working with patients, carers and families to understand a patient's current health status, and its effect on their life and wellbeing. Integrate usual clinical assessment processes (for example, investigation of the presenting condition) with assessments of specific conditions, issues and risks (for example, a pre-existing chronic condition, a

behavioural issue relating to cognitive impairment, a social issue such as homelessness).

Clinicians from different professions and in different services may need to work together to develop a full picture of the patient's needs. Use the processes for communicating critical information that are described in the Communicating for Safety Standard to ensure that assessment findings are effectively communicated.

Clinicians require training about organisational processes, as well as more specific training about the use of these processes for the different services provided. Provide orientation, education and training for clinicians on topics such as:

- Professional roles, responsibilities and accountabilities in comprehensive assessment processes



- When and how to use relevant assessment processes and tools
- How to partner with patients, carers and families to optimise the identification of relevant information
- How to communicate and document comprehensive assessment findings
- When to repeat assessment processes to consider evolving conditions, issues or risks of harm
- How to provide feedback about any issues with comprehensive assessment tools and processes.

Involve clinicians and consumers in reviewing the effectiveness and usefulness of assessment processes. Develop processes for ensuring that updates and changes to assessment tools and processes are effectively communicated to clinicians. This may involve developing specific, targeted implementation strategies to ensure that clinicians understand how to use and apply newly developed processes in their work, and have opportunities to provide feedback about usefulness and effectiveness of these processes.

Developing the comprehensive care plan

Action 5.12

Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record

Reflective questions

What systems and processes are in place for documenting the findings of screening and assessment processes in the healthcare record?

What processes are used to ensure that, if appropriate, information about the identified risks is shared with all members of the workforce who have contact with the patient?

Strategies for improvement

This action should align with the requirements of the Communicating for Safety Standard. Work with clinicians to develop processes for documenting the findings of screening and assessment processes. This may include formalising existing processes, and developing or adapting specific paper or electronic tools.

Clinicians require training about organisational processes, as well as more specific training about the use of these processes for the different services

provided. Provide orientation, education and training for clinicians on topics such as:

- Professional roles, responsibilities and accountabilities in documenting the findings of screening and assessment processes
- How to use paper or electronic tools to document screening and assessment findings
- How to document alerts in the healthcare record
- How to provide feedback about any issues with documentation tools and processes.

Involve clinicians and consumers in reviewing the effectiveness and usefulness of comprehensive care documentation processes. Develop strategies to ensure that updates and changes to relevant tools and processes are effectively communicated to clinicians. This may involve developing specific, targeted implementation strategies to ensure that clinicians understand how to use and apply newly developed processes in their work, and have opportunities to provide feedback about usefulness and effectiveness of these processes.



Action 5.13

Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:

- a. Addresses the significance and complexity of the patient's health issues and risks of harm
- b. Identifies agreed goals and actions for the patient's treatment and care
- c. Identifies the support people a patient wants involved in communications and decision-making about their care
- d. Commences discharge planning at the beginning of the episode of care
- e. Includes a plan for referral to follow-up services, if appropriate and available
- f. Is consistent with best practice and evidence

Reflective questions

What processes are used for shared decision making between clinicians and the patient, carer and support people?

How do clinicians elicit patient preferences and goals of care, including social and wellbeing goals?

What processes are in place for developing a comprehensive and individualised plan that addresses the significance and complexity of the patient's health issues and risk of harm, and identifies the agreed goals of care?

Strategies for improvement

This action requires clinicians to use the processes described in the [Partnering with Consumers Standard](#) to work with patients or substitute decision-makers to reach shared decisions about the comprehensive care plan. It also requires clinicians to use the processes described in the [Communicating for Safety Standard](#) to document the comprehensive care plan and communicate its content to relevant members of the workforce.

The level of detail in a comprehensive care plan should reflect the significance and complexity of a patient's clinical situation. For example, the comprehensive care plan for an older frail person with multiple comorbidities, an existing pressure injury and no family, who is admitted through the emergency department for severe pneumonia, will require much greater detail than that required for an otherwise well young person treated for a fracture. The Victorian Department of Health and

Human Services website has more information about [comprehensive care for older people](#).

Ensure that comprehensive care plans cover:

- Agreed goals of care and actions required to achieve them
- Actions required to manage identified risks of harm
- Actions required to ensure safe discharge from the health service organisation, if relevant
- Indications for review of the comprehensive care plan.

The comprehensive care plan may also identify the individuals who are accountable for the actions required to achieve the goals of care, manage clinical risks and ensure safe discharge from the health service organisation.

Identify goals of care

Ensure that goals of care reflect the input of doctors, nurses, allied health clinicians, consumer liaison officers (for example, Aboriginal liaison officers), the patient, carers and family. Goals of care may include:

- Condition- or disease-specific goals such as 'give maximum three days of antibiotics and fluids; seek specialist palliative care advice regarding symptom control; likely palliation if substantial deterioration occurs or if there is no improvement within 72 hours'
- Functional goals such as 'maintain ability to independently perform activities of daily living'
- Personal goals such as 'attend daughter's wedding in four weeks'.



Ensure that goals of care also identify the overall intent of an episode of care, including whether there are any agreed limitations on medical treatment. For example, the Tasmanian Department of Health and Human Services' Medical Goals of Care Plan indicates whether the overall goal of medical care is intended to be:

- Curative or restorative without limitations on treatment
- Curative or restorative with limitations on treatment
- Palliative symptom management
- Terminal care.

Clinicians who deliver care to people who experience mental illness can work collaboratively to ensure that clinical goals are balanced with the person's own values. The *National Framework for Recovery-Oriented Mental Health Services: Guide for practitioners and providers*¹⁵⁷ describes how this can be implemented.

Identify support people

A person-centred healthcare system is one that supports patients to make informed decisions, and successfully manage their own health and care. This includes giving patients choice about when to let support people, such as family or carers, be involved in their decision-making or make decisions on their behalf.¹⁵⁸ Family or carers know the patient best, and their presence can help to reassure patients in times of uncertainty, anxiety or vulnerability.

To identify support people a patient wants involved in their care, develop effective processes that include:

- Asking the patient during initial conversations or admission processes to identify any support people they wish to be involved in communications and decision-making about their care
- Allowing the patient to nominate or change their nominated support people at any time throughout their care
- Documenting the contact details for a patient's support people in their healthcare record and treatment notes
- Communicating about a patient's support people, including any changes in support people, to all members of the patient's healthcare team.

In some cases, a patient may need the organisation to put them in contact with someone who can provide support for communication and decision-making. Provide:

- Contact details for local, state or territory consumer health advocates or organisations that can provide support for healthcare decision-making
- Access to interpreters or interpreting services that can be involved in discussions about health and healthcare options
- Access to cultural support service or cultural liaison officers, such as Aboriginal health workers.

Support people cannot be part of a patient's healthcare decision-making if they are not present. Review the organisation's visiting policies to identify opportunities to allow a patient's support people to be present throughout care. One strategy to support this is patient-directed visiting, which removes restrictions on visiting times, allowing carers and family to decide on the visiting times that best suit them.

If a support person is not nominated by a patient and a substitute decision-maker is required to make a decision on the patient's behalf, ensure that processes are in place to identify appropriate substitute decision-makers.

Plan for discharge

Part of the comprehensive care planning process is planning for discharge from the health service organisation. This includes identifying any services, equipment and follow-up that may be needed to safely discharge the patient. Develop processes to ensure that follow-up arrangements are made before the patient leaves the health service, and that any required referrals are dealt with promptly. The person, and their family and carers, should be engaged in discharge planning from the beginning of the healthcare episode. In an MPS, discharge may be a process of transition of care for a resident within the facility.



Review the comprehensive care plan

The comprehensive care plan may include general indicators that are applicable to all patients, as well as specific indicators relating to individual patients. Some examples of general indicators are:

- Regularly scheduled review based on length of stay (for example, routine weekly review, or routine review when expected length of stay for a particular intervention or procedure is exceeded)
- Review after critical events such as medical emergency calls
- Review after handover to a new specialty or service (for example, after discharge from intensive care to the ward)
- Review if the patient, substitute decision-maker or family requests it or expresses concerns.

Some examples of individual indicators are:

- Failure to reach a planned goal within a predetermined time (for example, failure to clinically improve after a period of treatment)
- Whether potential complications of a condition or treatment occur
- Review after particular procedures or interventions have been performed, or when the results of diagnostic tests are available
- A patient at the end of life is readmitted.

See the [Resources](#) section at the end of this standard for resources and programs to support the delivery of comprehensive care.



CRITERION: Delivering comprehensive care

Safe care is delivered based on the comprehensive care plan, and in partnership with patients, carers and families. Comprehensive care is delivered to patients at the end of life.

This criterion outlines strategies for the delivery of comprehensive care for all patients. It includes

specific actions about providing care to those at the end of life.

Comprehensive care at the end of life is consistent with the principles of person-centred, goal-directed and compassionate care that are articulated in the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*.¹²¹

Using the comprehensive care plan

Action 5.14

The workforce, patients, carers and families work in partnership to:

- a. Use the comprehensive care plan to deliver care
- b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care
- c. Review and update the comprehensive care plan if it is not effective
- d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur

Reflective questions

What processes are in place to ensure that the care delivered is consistent with the patient's comprehensive care plan?

What processes are in place to ensure that the workforce monitors the effectiveness of a patient's care plan, including reviewing and updating the plan when necessary, in collaboration with the patient, carer and family?

Strategies for improvement

Provide education and training

Provide orientation, education and training for clinicians and other members of the workforce so that they understand their individual roles, responsibilities and accountabilities in delivering care in accordance with the comprehensive care plan. In addition to providing training to doctors, nurses, midwives and allied health clinicians, training is also needed for auxiliary members of the

workforce involved in delivering patient care. For example, members of the food service workforce may need training about their role in managing risks associated with malnutrition and dehydration, and ward clerks may need training to ensure that substitute decision-makers are identified and carers can see patients outside usual visiting hours. Ensure that training covers organisational processes and more specific processes at the ward, unit or service level.

Topics to cover in workforce education include:

- When and how to use the comprehensive care plan
- Roles, responsibilities and accountabilities of different team members in delivering comprehensive care
- Assessment, documentation and communication of patient progress against the goals of care
- Indications to repeat screening, assessment and comprehensive care planning processes
- How to partner with patients, carers and families to optimise the delivery of comprehensive care



- How to support the specific role of carers in delivering comprehensive care
- How to gain access to more expertise (for example, specialist input) and equipment (for example, pressure-relieving mattresses) required for delivering comprehensive care in alignment with a patient's needs
- How to provide feedback about issues with processes that support the delivery of comprehensive care.

Involve patients and carers

The Partnering with Consumers Standard includes strategies to ensure that clinicians work in partnership with patients when delivering care. Other strategies may be needed to ensure that collaboration with carers and families is effective, and in line with the preferences and consent of individual patients, carers and families.

Collaboration with carers and family is becoming increasingly important in the delivery of safe and high-quality care. Carers and family members often have intimate knowledge of what is 'normal' for a patient, and can detect small changes that may indicate substantial deterioration or improvement in a patient's condition.^{122,156} Involving carers and families in the delivery of care may also help to reassure patients and ensure that their needs are being met.³¹ For example, carer involvement in the delivery of care to patients with cognitive impairment can help to reduce patient distress and assist in planning for transitions of care.¹⁵⁶

Carers may have an official role that goes beyond that of other family members. Accurately identify carers to ensure that they have access to support and services that help them to fulfil their role, and to ensure that any legal matters regarding consent and decision-making are established.^{159,160} For example, carers for children and young people may have identification cards that establish their role as legal guardians, which need to be sighted. For Aboriginal and Torres Strait Islander people, there may be a collective approach to carer responsibilities. Confirming who is responsible for different aspects of care is important for ensuring that carer engagement is effective. More information is available in Comprehensive Care for Aboriginal and Torres Strait Islander Consumers.

Useful documents that may help to inform and support collaboration with specific groups of carers are available from Carers Australia, including:

- A resource for young carers
- A literature review providing practical strategies to help overcome isolation among Aboriginal and Torres Strait Islander carers
- A background paper about culturally and linguistically diverse carers in Australia, which includes information and links to resources.

Review processes

Involve the workforce and consumers in reviewing the effectiveness and usefulness of comprehensive care delivery processes. Develop processes for ensuring that updates and changes to comprehensive care planning tools and processes are effectively communicated to clinicians. This may involve developing specific, targeted implementation strategies to ensure that clinicians understand how to use and apply newly developed processes in their work.

The Recognising and Responding to Acute Deterioration Standard contains more information about how to reassess the patient's needs when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported (Action 8.5).



Comprehensive care at the end of life

Action 5.15

The health service organisation has processes to identify patients who are at the end of life that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*¹²¹

Reflective questions

How does the health service organisation identify patients who are at the end of their life?

How does the health service organisation ensure that these processes are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*?

Strategies for improvement

The *National Consensus Statement: Essential elements for safe and high quality end-of-life care* sets out suggested practice for health service organisations delivering end-of-life care in settings that provide acute health care. It describes 10 essential elements of care.

The fourth essential element in the consensus statement provides detail about the need to use triggers to recognise when patients are approaching the end of life. Considering the likelihood of a patient dying offers opportunities to identify their needs and preferences, review their goals and comprehensive care plan, and consider how best to align care with the individual's expressed values

and wishes. Routine use of simple trigger tools and questions can prompt clinicians to use their clinical judgement to make a holistic assessment of whether a patient has end-of-life care needs.

Develop processes aimed at identifying patients at two critical points:

- When death is likely in the medium term (that is, within the next 12 months), but episodes of acute clinical deterioration may be reversible
- When death is likely in the short term (that is, within days to weeks, or during the current admission), and clinical deterioration is likely to be irreversible.

Work with clinicians to set up processes for identifying patients with end-of-life care needs in the health service organisation. A combination of clinical judgement and research-based algorithms is better at identifying end of life than either strategy alone. The consensus statement includes actions to support the development of processes.

A series of online education modules based on the consensus statement and targeted at clinicians working in hospitals is available from the [End-of-life essentials](#) website.

Action 5.16

The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice

Reflective question

How do clinicians gain access to specialist palliative care advice?

Strategies for improvement

Although many clinicians may regularly be involved in providing care to patients approaching the end of their life, this is the core business of specialist



palliative care clinicians. If a patient has unmet physical, psychosocial or spiritual care needs at the end of life, specialist palliative care involvement can improve quality of life. Gain access to specialist palliative care advice by:

- Referring a patient to specialist palliative care
- Seeking a consultation from a palliative care specialist
- Seeking informal advice to help manage the patient.

If the health service organisation does not have a specialist palliative care service, develop agreements to seek advice from, and make referrals to, specialist palliative care providers in nearby health service organisations or in the community.

For small hospitals and MPSs, specialist palliative care advice may be limited to telephone support or videoconferencing. Such advice can be a source of primary information or a valuable sounding board to help make decisions about a patient's management. Develop clear guidelines indicating when and how to seek such advice.

Action 5.17

The health service organisation has processes to ensure that current advance care plans:

- a. Can be received from patients
- b. Are documented in the patient's healthcare record

Reflective questions

How does the health service organisation receive advance care plans from patients?

How does the health service organisation ensure that advance care plans are documented in the patient's healthcare record and that care is provided in accordance with these plans?

Strategies for improvement

In this action, advance care planning refers to the process of preparing for likely clinical scenarios near the end of life. Advance care planning can help to ensure that patients' preferences are known if they are no longer able to speak for themselves, and can reduce the likelihood of unwanted or inappropriate treatment.

The outcome of advance care planning processes may be the documentation of an advance care plan, which may include a formal advance care directive and nomination of a substitute decision-maker. Legislation and policy governing the documentation of advance care directives and nomination of substitute decision-makers vary in each state and territory. The [Advance Care Planning Australia](#) website includes information for consumers

and clinicians, and links to state and territory resources to guide advance care planning and the documentation of advance care directives.

Develop standardised processes for:

- Determining whether a patient has a pre-existing and up-to-date advance care plan and, if so, ensuring that a copy is available in the healthcare record
- Ensuring that advance care plans are readily accessible to clinicians involved in providing care to patients
- Providing access to documented advance care plans in all areas where care is provided, and in emergency situations.

Advance care plans can be documented on paper or stored electronically in the patient's digital healthcare record.

Evaluate processes for receiving and acting on advance care plans by using the reportable event system to investigate failures to provide care in accordance with a patient's advance care plan. Consider adding items relating to advance care planning to the statewide or organisation-wide incident management and investigation systems. For example, in South Australia, items relating to



advance care planning have been added to statewide incident reporting systems, including:

- Delay or failure in obtaining the advance care plan
- Missing, inadequate or illegible documentation of the advance care plan
- Communication inadequate or failed between clinicians
- Communication inadequate or failed between substitute decision-maker/family/carers and clinicians
- Patient incorrectly identified or advance care plan does not match patient
- Substitute decision-maker contact delayed or not attempted
- Dispute between clinicians
- Dispute between substitute decision-maker/family/carers and clinicians
- Advance care plan ignored, not followed or not used
- Planned treatment option unavailable.

Action 5.18

The health service organisation provides access to supervision and support for the workforce providing end-of-life care

Reflective question

How does the health service organisation ensure that members of the workforce receive supervision and support when delivering end-of-life care?

Strategies for improvement

Dealing with death and dying can be challenging for clinicians, and for other members of the workforce such as ward clerks, porters and cleaners. It can add considerably to workplace stress. Chronic unmanaged stress can erode empathy, and could contribute to poorer experiences for patients, carers and families.

Put processes in place to aid access to peer support, mentoring and appropriate clinical supervision.

Develop a policy framework outlining how clinical supervision and support are provided in the health service organisation. Ensure that this includes access to external services for formal clinical supervision, counselling or debriefing after particularly distressing or problematic episodes of care. Provide information to the workforce about access to supervision and support at orientation at the start of employment and during regular refresher training.

Develop resources and training materials to support clinicians to develop skills in self-care, reflective practice and providing peer support to colleagues. Detailed information about stress and burnout relating to the care of the dying, and strategies for prevention, is available from the [CareSearch](#) website.



Action 5.19

The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care

Reflective questions

What data are collected about the safety and quality of end-of-life care in the health service organisation?

How are these data reviewed to ensure that they align with planned goals of care for the patient?

Strategies for improvement

Ensure that evaluation of end-of-life care addresses the safety and quality of the care provided, not just the potential preventability of death. This includes reviewing whether end-of-life care is delivered in line with the planned goals of care.

Capture feedback about the safety and quality of end-of-life care from different perspectives, including nurses, doctors, allied health clinicians, patients, substitute decision-makers, carers and families. Work with clinicians to decide on meaningful measures of the safety and quality of end-of-life care in the health service organisation, such as:

- The number of expected and unexpected deaths
- Rates of documented patient goals and preferences for end-of-life care
- The length of time between recognising that a patient was likely to die and the time of death
- Adequacy of assessment and management of terminal symptoms
- Rates of clinical intervention (for example, chemotherapy, dialysis, diagnostic testing, antibiotic use) in the last days of life
- The number of advance care plans received and developed
- Carer and family perceptions and experiences of end-of-life care
- Workforce perceptions and experiences of providing end-of-life care.

Develop strategies for routine data collection about safety and quality relating to both expected and unexpected deaths, and the delivery of comprehensive care at the end of life. This may include using sources such as consumer experience data and health service administration data, and processes such as mortality and morbidity meetings.

Palliative Care Australia's National Standards Assessment Program (NSAP) has patient and family evaluation tools for health service organisations to use:

- [NSAP Audit Tool 2: Patient interview](#)
- [NSAP Audit Tool 3: Family evaluation of palliative care.](#)

Health services that submit their results to Palliative Care Australia receive a report that can be used as evidence to support this action.

The Commission is developing survey and audit tools to help assess the overall safety and quality of end-of-life care in the organisation. More information is available on the [Commission website.](#)



Action 5.20

Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*¹²¹

Reflective questions

How are clinicians supported to share decisions about end-of-life care with patients, carers and families?

How are clinicians supported to deliver care that aligns with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care*?

Strategies for improvement

The [consensus statement](#) sets out suggested practice for health service organisations delivering end-of-life care in settings that provide acute health care. It describes 10 essential elements of care.

Use the actions described in the first essential element of the consensus statement and in the [Partnering with Consumers Standard](#) to guide the development of processes to support clinicians to work collaboratively with patients, carers and families, and make shared decisions about end-of-life care.

The patient and the clinical team are essential participants in discussions and decision-making about care at the end of life. Include substitute decision-makers, carers and families according to the patient's wishes and state or territory legislative frameworks. More information about advance care planning in each state and territory is available from the [Advance Care Planning Australia website](#).

Having conversations about death, dying and the end of life requires compassion, knowledge, experience, sensitivity and skill on the part of the clinicians involved. Provide orientation, education and training for clinicians to understand their individual roles, responsibilities and accountabilities in working with patients, carers and families to make shared decisions about end-of-life care. This may include developing peer support and mentoring programs to help clinicians practise and improve their skills over time. Training, education and mentoring programs should be consistent with

the actions described in the consensus statement, and may need to cover several processes and skills, such as:

- Using organisational shared decision-making processes
- Supporting shared decision making in patients with fluctuating capacity
- Strengthening communication skills and preparing for discussions about end-of-life care
- Developing cultural competence
- Providing information about organ and tissue donation
- Documenting the outcome of shared decision-making processes.

Many states and territories have strategies and resources in place to support efforts to improve end-of-life care. Refer to these when planning improvements within the health service organisation. Links are provided in the [Resources](#) section at the end of this standard.



CRITERION: Minimising patient harm

Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm.

The screening actions in this standard aim to identify the patients who are at the greatest risk of

harm while receiving health care. The specific risks identified in this criterion are areas in which at-risk patients are commonly harmed. Implementing targeted, best-practice strategies can prevent or minimise the risk of these specific harms.

Preventing and managing pressure injuries



Action 5.21

The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines

Reflective questions

How are decision-making and management processes described for preventing pressure injuries and for wound management?

What processes are in place to ensure evidence-based documents and tools for preventing pressure injuries and wound management are current and consistent with best-practice guidelines?

How does the health service organisation ensure that the workforce is following best-practice guidelines and tools for the prevention of pressure injuries?

Strategies for improvement

Use the screening processes in [Action 5.10](#) to identify patients at risk of pressure injuries and plan for comprehensive care. Use [Action 5.12](#) to ensure that the risk factors and a decision about the need for comprehensive and ongoing skin inspections are documented. Ensure that processes for preventing pressure injuries are based on best-practice guidelines and that details of prevention strategies are communicated to the team caring for at-risk patients.

*Prevention and Treatment of Pressure Ulcers: Clinical practice guideline*¹⁰² is the relevant best-practice guidelines. These guidelines outline the components of, and techniques for, comprehensive skin and tissue inspections.

Implement a comprehensive wound management system that describes the protocols and processes for patient care when a patient's pressure injury has been identified. Consider the assessment, treatment, monitoring and documentation of pressure injuries.

Ensure that assessment of pressure injuries incorporates:

- The use of a validated risk assessment tool
- The use of a pressure injury classification system
- Assessment of pain using validated self-reporting tools such as verbal descriptor, visual analogue or numerical scales
- Ongoing assessment that evaluates the effectiveness of the wound management plan.

Ensure that treatment addresses:

- Pain management
- Wound management
- Adjunctive treatment options such as heel elevation, prophylactic dressings or electrotherapy
- Referral to allied health when indicated, including dietetics or occupational therapy.

Conduct ongoing assessments of pressure injury risks and pressure injury healing, and documentation of all management plans, treatments and interventions provided.



Action 5.22

Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency

Reflective questions

What assessment tools or processes are used by the workforce to complete a comprehensive skin inspection for at-risk patients?

What processes are in place to ensure that prevention plans (including skin inspections) for patients at risk of a pressure injury are consistent with best-practice guidelines?

Strategies for improvement

Develop or adapt a process to prompt clinicians to perform and document comprehensive skin inspections as part of routine patient care.

Incorporate comprehensive skin inspections for patients who are screened as being at high risk of pressure injury into routine admission processes, as outlined in [Action 5.11](#). For at-risk patients, conduct

skin inspections on admission and on an ongoing basis, depending on the patient's clinical needs. Best-practice guidelines provide recommendations on how often skin should be inspected.

Document the results of skin inspections in the healthcare record, as outlined in [Action 5.12](#). When pressure injuries are identified, ensure that measurements and images are included in the documented wound assessment.

For patients at risk of developing a pressure injury or who have an existing pressure injury, integrate skin inspections into patients' daily care plans, in line with [Action 5.13](#).

*Prevention and Treatment of Pressure Ulcers: Clinical practice guideline*¹⁰² is the relevant best-practice guidelines. These guidelines outline the components of, and techniques for, comprehensive skin and tissue inspections.



Action 5.23

The health service organisation providing services to patients at risk of pressure injuries ensures that:

- a. Patients, carers and families are provided with information about preventing pressure injuries
- b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries

Reflective questions

What processes are in place to ensure that equipment, devices and products are being used in line with best-practice guidelines to prevent and effectively manage pressure injuries?

What information and support are provided to patients about the prevention and management of pressure injuries?

Strategies for improvement

Provide patient information

Patients, carers and families can help clinicians to prevent and manage pressure injuries. Provide patients, carers and families with information that will help them to understand and take part in the development of effective and appropriate strategies, including information on:

- Risk factors, preventing pressure injuries and self-care



- How to gain access to credible electronic knowledge sites
- How to change the environment to reduce risk
- How to gain access to ongoing care.

Strategies to distribute information may include:

- Providing brochures, fact sheets, posters, and other printed and online material
- Providing opportunities for patients to discuss pressure injuries with clinicians on presentation for care and during care
- Broadcasting prevention and management messages about pressure injuries on patient television and audio services.

Arrange access to products, equipment and devices

Access to products, equipment and devices can prevent pressure injuries or reduce harm when injuries have already been sustained.

To enable access to equipment and devices, consider:

- Evaluating products, equipment and device requirements, use and effectiveness
- Determining the type and number of support devices the organisation may need and options for access to the equipment
- Scheduling routine maintenance and coordinating repairs to maximise the availability of equipment
- Developing guidelines on how to gain access to required equipment (for example, rental options).

Preventing falls and harm from falls



Action 5.24

The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for:

- a. Falls prevention
- b. Minimising harm from falls
- c. Post-fall management

Reflective question

How does the health service organisation ensure that falls prevention, harm minimisation and post-fall management plans are consistent with best-practice guidelines?

Strategies for improvement

Falls remain a major safety and quality risk in health service organisations. Falls prevention and harm minimisation plans based on best practice and evidence can improve patient outcomes.

Best-practice guidelines and guides for preventing falls and harm from falls in older people are available on the [Commission's website](#).¹⁰³⁻¹⁰⁵

These resources were developed for hospital, community and aged care home settings. The resources comprise detailed guidelines, shorter guidebooks and fact sheets, and include strategies for falls prevention, managing falls risks and responding to falls.

Many organisations and expert bodies have developed [falls prevention resources](#) that can be used by health service organisations.

Delirium should be considered a risk factor for falls.¹¹⁴ Refer to [Action 5.29](#) and the [Delirium Clinical Care Standard](#) for strategies to manage risks of harm related to delirium.



Action 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

Reflective question

What equipment and devices are available for patients to prevent harm from falls or to manage patients who are at risk of falling?

Strategies for improvement

Identify, and facilitate access to, the equipment and devices required for the organisation's patient population. Adjust the environment in line with a patient's risk profile and make equipment available for the patient to reduce the risk of falling. This may include:

- Adjusting chair and bed heights
- Using lighting that is even and activated by sensors, especially over stairs and at night
- Providing slip-resistant surfaces
- Providing well-maintained walking aids and wheelchairs
- Reducing clutter and trip hazards around the patient
- Cleaning up spills and urine promptly

- Providing stable furniture for handholds
- Ensuring effective brakes on beds, wheelchairs and commodes
- Reducing the use of physical restraints
- Placing call bells within reach.

Special equipment can include commodes, body protective equipment and appropriate footwear.

Develop a log to register equipment and devices used in falls prevention and management, and record their maintenance. This may include:

- Evaluating previous equipment and device requirements and effectiveness
- Determining the type and number of support devices the organisation may require, and options for access to the equipment
- Scheduling routine maintenance and coordinating repairs to maximise the availability of equipment
- Reviewing falls incident reports to evaluate the role that access to equipment played in the incident.



Action 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

Reflective question

What information and support are provided to patients and carers about falls risk and prevention?

Strategies for improvement

Provide patient information

Involving patients, carers and families in discussions about falls risks and the development of falls

prevention and harm minimisation strategies may reduce the frequency and severity of falls. Providing information to, and discussing information with, patients, carers and families will help them understand and take part in the prevention and management strategies.

Fact sheets for patients are available that describe different aspects relating to falls.



Seek feedback from patients, carers, families and the workforce about the information provided to patients to inform quality improvement.

Ensure access to referral services

Create a log of services available that accept referred patients after discharge.

Set the criteria for referral, and include these in policies, protocols and procedures.

Detail prevention strategies, falls risks and patient history in discharge information to enable continuity of care between health services.

Nutrition and hydration

Action 5.27

The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice

Reflective question

How does the health service organisation ensure that the planning, preparation and distribution of food, fluids and nutritional supplements are safe and acceptable, and meet a patient's needs?

Strategies for improvement

Food is part of the care that is provided to patients who are admitted to hospital, and should not be considered solely as part of hotel services. Malnutrition adversely affects patient outcomes, and nutrition needs to be considered as an integral part of the comprehensive care plan.

In line with the requirements in [Action 5.1](#), ensure that the health service organisation has evidence-based nutrition policies, procedures and protocols for managing nutritional wellbeing and recovery, and malnutrition that comply with relevant legislation and state or territory requirements.

Patients should be screened for risk of malnutrition and other specific nutritional requirements.

To be effective, all members of the workforce involved in implementing the food and nutrition system need to understand their roles and responsibilities, as well as the role of nutrition in clinical care. Identify the clinical and non-clinical

members of the workforce who need training for the best operation of the system.

In line with the requirements in [Action 5.2](#), ensure that quality improvement processes are in place to improve the effectiveness and appropriateness of the nutritional systems. This may involve collecting and analysing data on:

- Age, life stage, and cultural and religious background of patients
- Organisational casemix and profile of length of stay
- Nutrition assessments
- Complaints and incidents.

Ensure that processes for planning, preparing and distributing food, fluids and nutritional supplements are timely, safe and appropriate to the setting of care. Ensure that ordering and delivery processes support the right foods and fluids being delivered to the right patient at the right time.

Processes for menu and meal planning should:

- Reflect the nutritional requirements appropriate to the age and life stage of patients receiving care¹⁶¹
- Reflect the special dietary needs appropriate to the organisation's casemix^{162,163}
- Consider psychosocial, cultural and religious needs



- Offer food and fluid choices that are appealing and that patients enjoy
- Consider flexible meal timing and service arrangements
- Be relevant to patients' length of stay, and to patients who are admitted often.

Action 5.28

The workforce uses the systems for preparation and distribution of food and fluids to:

- a. Meet patients' nutritional needs and requirements
- b. Monitor the nutritional care of patients at risk
- c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone
- d. Support patients who require assistance with eating and drinking

Reflective questions

How does the health service organisation collect and report data on nutrition risk screening and assessment?

What information is reported to the executive about the nutritional care of at-risk patients?

What support is given to patients who require nutritional support or assistance with eating and drinking?

If a nutrition assessment is required, consider:

- Weight and intake history
- Physical assessment
- Condition of the mouth, teeth or dentures
- Ability to swallow safely
- Ability to open packages
- Ability to self-feed
- Nutritional impact of symptoms of disease or treatment.

Strategies for improvement

A nutrition risk assessment is part of the organisation's screening and assessment processes, and involves:

- Conducting screening on admission and weekly during an episode of care if care changes or if the patient's condition changes, or at routine review
- Considering nutrition risk such as malnutrition and dehydration, dysphagia, special dietary needs, food intolerance or allergy
- Documenting the results of nutrition risk screening and assessment.

Monitor the nutritional care of patients at risk

Ensure that the nutritional care for each patient is planned and documented. For patients with, or at risk of, malnutrition or dehydration, increase the level of food and fluid intake, and nutritional status monitoring. Act when poor oral intake, weight loss or other change in nutritional status is detected.

Consider the role of nutrition and hydration in planning and providing end-of-life care. This includes following advance care plans for nutritional support, and recognising a drop in food and fluid intake as part of the dying process.

Monitor patients to ensure that periods of fasting before and after surgery and tests are minimised.



Identify, and provide access to, nutritional support for patients who cannot meet nutritional requirements with food alone

Consider the need for nutritional support such as oral nutrition supplements, enteral nutrition or parenteral nutrition when oral intake is inadequate or contraindicated.

Support patients who require assistance with eating and drinking

Monitor patients' food intake and their capacity to independently eat and drink, and help when required.

Preventing delirium and managing cognitive impairment

Action 5.29

The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to:

- a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant
- b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

Reflective questions

What processes are in place to manage safety and quality issues for patients with, or at risk of, developing cognitive impairment?

How is the use of antipsychotics and other psychoactive medicines monitored, and how is feedback provided to clinicians?

What supports are available for clinicians to use non-pharmacological approaches in response to behavioural and psychological symptoms of dementia?

Strategies for improvement

Implement a system

A well-designed system for caring for patients with cognitive impairment will support clinicians to routinely screen for cognitive impairment¹⁶⁴ in patients aged 65 years or over using a validated tool (Action 5.10). Also, at any age, screen patients at risk of delirium and when the patient, carer, family or other key informants raise cognitive concerns.

For all patients with cognitive impairment:

- Assess for delirium and reassess with any changes in behaviour or thinking¹⁶⁴ using validated delirium assessment tools applicable to the setting (see Action 8.5)
- If delirium is detected, investigate and treat the causes of delirium; comprehensive history taking and physical examination can enable targeted investigations
- Investigate (or refer for investigation) other causes of cognitive impairment—for example, a person may have developed cognitive impairment as a result of a recent acquired brain injury or an undiagnosed dementia, requiring further assessment, treatment and follow-up
- Partner with patients, carers and family members who have a central role in the prevention, early recognition, assessment and management of cognitive impairment; develop systems for their early consultation and involvement
- Provide relevant information to patients, carers and families in an easy-to-understand format, including information on delirium risk, delirium, and the roles of patients, carers and families



- Comprehensively assess and develop an individualised plan (see [Actions 5.12](#) and [5.13](#))
- Respond to other care needs, including assistance with nutrition¹⁶⁵ and hydration (see [Action 5.27](#)), reorientation, safe mobilising, maintaining or restoring functioning, and providing meaningful activities^{166,167}
- Set goals of care based on the needs and preferences of the person with cognitive impairment; use processes for informed consent, shared and substitute decision-making, and advance care planning to establish goals of care
- Manage medication issues, including
 - treating pain and reducing sedation¹⁶⁸
 - undertaking medication reconciliation, and reviewing to identify, reduce or stop medicines that can cause or exacerbate cognitive impairment (see [Action 4.10](#))
- Communicate effectively¹⁶⁹ and seek information to provide individualised care; tools are included in the [Resources](#) section at the end of this standard
- Respond appropriately to behavioural symptoms (see ‘Manage the use of antipsychotic medicines’, below)
- Provide a supportive environment – for example, implement evidence-based design principles in scheduled major capital works or refurbishments, as well as through simple, small-scale changes at the ward and room level (see [Action 1.29](#) and [1.30](#)), and support carers and family members when they choose to be actively involved in a person’s care
- Manage transitions effectively, including referral for appropriate follow-up for undiagnosed cognitive impairment and after a delirium episode
- Involve and inform patients and carers about ongoing care decisions.¹⁶⁴

Note that these steps are not linear. For example, keeping a person safe by responding to other care needs should happen at the same time as investigating the possible cause of delirium, if detected.

For patients at risk of delirium, implement multi-component delirium prevention strategies^{164,170}

Patients aged 65 years and over, and patients with a known cognitive impairment (such as dementia), severe medical illness or hip fracture are considered to be at greatest risk.¹⁶⁴

Note that delirium prevention strategies are also useful delirium management strategies – for example, early treatment of dehydration, sepsis, metabolic imbalance, immobilisation, sensory impairment and sleep disturbance.¹⁶⁸

Introduce protocols to prevent and treat pain, reduce sedation, enable safe early mobilisation and reduce sleep disturbance.¹⁶⁸

Set up procedures to avoid or remove catheters in a timely manner.

For all patients, be alert to, and assess for, delirium when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported (see [Action 8.5](#))

[Care of Confused Hospitalised Older Persons \(CHOP\)](#) and the [Dementia Care in Hospitals Program](#) provide direction on implementing systems for caring for patients with cognitive impairment.

A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital¹⁷¹ and the [Delirium Clinical Care Standard¹⁶⁴](#) set out suggested strategies for health service organisations in early recognition, prevention, treatment and management of cognitive impairment. *A Better Way to Care* also provides links to further resources that are useful in implementing this action.



Manage the use of antipsychotic medicines

Incorporate best practice and legislation in the use of antipsychotics and other psychoactive medicines for people with cognitive impairment into policies and procedures. This includes:

- Conducting a comprehensive, formal assessment of any behavioural symptoms or changes, including assessment of potential unmet needs
- Communicating effectively and understanding the person
- Involving carers and family members
- Creating a supportive environment
- Managing training and education of the workforce (see [Action 5.30](#))
- Avoiding physical restraint, if possible, and following guidance in [Action 5.35](#) to minimise restraint
- Trying non-pharmacological approaches in the first instance
- Seeking behavioural management advice when required
- Starting pharmacological treatment only if a patient is severely distressed, or is at immediate risk of harm to themselves or others, and non-pharmacological interventions have been ineffective¹⁶⁴

- If pharmacological interventions are prescribed
 - following ‘start low, go slow, time limit and review’
 - selecting the agent based on evidence according to diagnosis, severity and patient factors such as comorbidities
 - avoiding multiple agents
 - considering evidence and pharmacokinetics when selecting dose, frequency and timing
 - documenting indications for use and providing instructions for community prescribers^{172,173}
- Monitoring and collecting feedback on the use of antipsychotics and other psychoactive medicines.

Ensure that policies for preventing and responding to aggression include specific guidance on responding to acute behavioural disturbance in relation to cognitive impairment. Use non-pharmacological approaches in the first instance, involve carers and families, minimise sedation, and ensure that any medicine use is evidence based, including age-specific evidence. Over-sedation can have serious consequences, such as dehydration, falls, respiratory depression, pneumonia and death.¹⁷⁴

Action 5.30

Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to:

- a. Recognise, prevent, treat and manage cognitive impairment
- b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care

Reflective questions

How is the workforce supported to recognise, prevent, treat and manage cognitive impairment?

How is feedback from patients with cognitive impairment, and their carers and families collected and used to inform improvement strategies?

Strategies for improvement

The whole workforce has a role in providing care and creating a person-centred culture. This means that all levels of the workforce need access to continual, targeted education, information and training.

Provide orientation, education and training for the workforce to understand their individual roles, responsibilities and accountabilities in working with patients, carers and families to prevent and



reduce the risk of harm for people with cognitive impairment or at risk of developing delirium.

Include information about forms of cognitive impairment other than dementia and delirium, because people with other forms of cognitive impairment also have poor experiences.¹⁷⁵

Consider liaising with [Dementia Training Australia](#), [Dementia Support Australia](#) and [Dementia Australia](#).

Consider developing initiatives such as recruiting cognitive champions who can reinforce education,

offer peer support to help clinicians improve their skills and confidence, and organise relevant resources for their wards.¹⁷⁶

Consider implementing evidence-based programs, such as [TOP 5](#)¹⁷⁷, that assist clinicians and carers to work together to reduce a person's distress. Well-structured and well-supported volunteer programs and modification of the environment (see [Action 1.29](#)) can also help to reduce a person's distress.

Predicting, preventing and managing self-harm and suicide

Action 5.31

The health service organisation has systems to support collaboration with patients, carers and families to:

- a. Identify when a patient is at risk of self-harm
- b. Identify when a patient is at risk of suicide
- c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed

Reflective questions

What processes are in place to ensure that the workforce can work collaboratively to identify patients at risk of self-harm or suicide?

How does the health service organisation ensure that clinicians know how to respond safely and effectively to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed?

How do members of the workforce gain access to specialist mental health expertise to provide care to patients who have thoughts of self-harm or suicide, or have self-harmed?

Strategies for improvement

Identify risk of self-harm

When a person presents with self-harm or thoughts of self-harm, their physical safety is often the clinical priority. Triage can be supported by use of a validated tool such as the [Mental Health Triage Tool](#).¹⁷⁸

Maintain an empathic, non-judgemental approach while implementing clinical actions. Engage therapeutically with the person to understand what the act or thought of self-harm means for the person. Self-harm can be related to suicidal thoughts, or can be independent of these. The person may or may not be clear about their intent. Some self-harm may be enacted without suicidal ideation, but still present a risk to the person's life. Always consider self-harm seriously.

Processes of respectful and effective therapeutic engagement create safety for people who have



thoughts of self-harm or suicide. Avoid making presumptions about the person's intent, including whether the person's self-harm does or does not indicate suicidal thoughts or is 'attention-seeking'. Communicate with the person, their carers and family, and other clinicians in non-judgemental language.

The Royal Australian and New Zealand College of Psychiatrists endorses the national guidelines developed in the United Kingdom by the National Institute for Health and Care Excellence on the [clinical management of self-harm](#).¹⁷⁹

Some people have recurrent episodes of self-harm, including people who have been diagnosed with borderline personality disorder. Members of the workforce may experience conflicting feelings about treating people for recurrent self-harm. [Clinical guidelines](#) have been developed to support health service organisations.¹⁸⁰

Identify risk of suicide

When a person presents with suicidal thoughts, or has attempted suicide, their immediate physical safety is a priority. Use the environment, formal observation, and engagement with the person and any accompanying support people to ensure that the person remains safe until comprehensive assessment is conducted and a collaborative care plan is initiated. Steps taken to implement this action align with the [Clinical Governance Standard](#), the [Partnering with Consumers Standard](#), and the [Recognising and Responding to Acute Deterioration Standard](#).

Ensure that the organisation has a system in place for frontline members of the workforce to gain access to specialist mental health expertise to assess and manage a person with suicidal thoughts. This process should be developed locally, and reflect available resources and partnership agreements. Ensure that members of the workforce are aware of the local process and how to escalate care. Review the effectiveness of the local process regularly, and in response to critical incidents.

Ensure implementation of national, state or territory, or local policies, such as the NSW Health policy [Clinical Care of People Who May Be Suicidal](#).¹⁸¹

Many people who attempt suicide have contacted a member of the workforce before the attempt. Train all members of the workforce to recognise signs of potential risk for suicide and engage therapeutically to develop trust so that people can discuss these thoughts. People who have been treated after a suicide attempt report that the attitudes of members of the healthcare workforce were an important factor determining whether they would disclose suicidal thoughts in the future.¹¹⁵

Stigma following self-harm or a suicide attempt can present particular challenges in a small hospital or MPS because members of the community are often treated in the same setting. In these circumstances, strategies to maintain privacy for the person include using carers or companions rather than security guards.

For some people, treatment after a suicide attempt may be the first time that the clinical or social stressors leading to the attempt have come to light.

Comprehensive psychosocial assessment may reveal mental illness or substance use conditions that can respond to clinical treatment, or social factors such as domestic violence that increase the risk of suicide. Ensure that the organisation has the capacity to deal with the issues, or has established links with partner organisations.

Adopt a recovery-oriented approach, focused on restoring hope, throughout clinical engagement with a person after a suicide attempt. The specific treatment immediately after a suicide attempt is likely to be a brief episode in the person's experience. They and their families will be dealing with the long-term effects, and interventions need to:

- Align with the patient's and family's existing skills, values and preferences
- Identify the supports that may be needed to achieve these
- Link to these services.

Currently, less than half of the people who have attempted suicide report being involved in treatment decisions.¹¹⁵

Carers and family members often need extra support to cope with a person's suicide attempt. Provide these services, or arrange for a partner organisation to do so. These supports are also needed for family members if a person has



completed suicide. Several organisations can provide this support, including:

- [Lifeline](#)
- [Support after suicide](#)
- [beyondblue](#).

Use tools and resources

Population screening is recommended for certain groups when higher risk has been identified for members of the group who have no previous history of mental illness or self-harm. For instance, women accessing prenatal services are screened using the [Edinburgh Postnatal Depression Scale](#).

The national framework for suicide prevention sets out the roles of health service and other

organisations. Called [Living is For Everyone](#), the framework is supported by a regularly updated website. The website also contains a series of fact sheets, which include guidance about suicide prevention strategies and how to implement them.

Reflecting the specific issues facing Aboriginal and Torres Strait Islander Australians, there is also a [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy](#).¹⁸² Ensure that members of the workforce are familiar with this strategy, and review processes to ensure that they cover the issues for the local Aboriginal and Torres Strait Islander communities. Support this approach with workforce training in culturally competent care, and the employment of, or partnerships with, experts in Aboriginal and Torres Strait Islander mental health, and social and emotional wellbeing.

Action 5.32

The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts

Reflective questions

What procedures and processes are in place to ensure rigorous follow-up for people who have harmed themselves or reported suicidal ideation?

What partnerships have been developed with key agencies when responsibility for follow-up is transferred between agencies?

How does the health service organisation identify gaps in referral processes?

Strategies for improvement

People who have recently attempted suicide are at increased risk of a subsequent attempt in the days and weeks following discharge from healthcare settings.¹¹⁵ People who have recently started antidepressant medicines are at increased risk of suicide. However, there is considerable variation in follow-up arrangements when people leave a health service organisation after a suicide attempt, with up to 30% of people leaving without any formal arrangements in place.

It is therefore essential that health service organisations ensure adequate follow-up for people who have harmed themselves or reported suicidal ideation. The [Living is For Everyone](#) framework underlines that 'it is critical that the chain not be broken, as levels of risk can change rapidly'.¹⁸³

Develop the post-discharge treatment plan

Ensure that development of the plan is collaborative and recovery oriented, using the principles of shared decision making outlined in the [Partnering with Consumers Standard](#). Engage the person, their carers and family, and any other person involved in implementing the plan, and give them the opportunity to advise whether actions within the plan are feasible.

Post-discharge care may require cooperation across a number of different health and other service organisations in the community. Ensure that the



roles and contact details are available to all key participants. If there is a person coordinating services, or if care is shared between different clinicians and services, include this information in the plan.

Communicate the post-discharge treatment plan

Ensure that communication of the plan is multimodal, using verbal, written and electronic means (if available). Confirm receipt of communication about the plan from key participants before discharge. Conduct all communications in respectful, non-judgemental language.

Implement the post-discharge treatment plan

Confirming implementation of the plan can present a challenge. For specialist mental health services, the rate of post-discharge community care within seven days is a nationally agreed performance indicator¹⁸⁴, and follow-up can be confirmed internally within the organisation.

In situations in which clinical accountability is being transferred between services, support this process by establishing partnerships. The health service organisation must be sure that, after a person has been treated for suicidal ideation, responsibility for engagement with the person has been effectively transferred. Negotiate these arrangements such that they do not breach privacy legislation, but also such that privacy cannot be invoked and leave key participants uninformed of critical information.

The National Institute for Health and Care Excellence in the United Kingdom has developed [guidelines for the longer-term clinical management of self-harm](#)¹⁸⁵ that align with the guideline for short-term clinical response. These guidelines have been endorsed for use in Australia by the Royal Australian and New Zealand College of Psychiatrists.

Ensure that health service organisations working with recovery-oriented practice balance risk management with people’s stated preferences for care, especially when a person has recently been identified as at high risk of self-harm or suicide.

Predicting, preventing and managing aggression and violence

Action 5.33

The health service organisation has processes to identify and mitigate situations that may precipitate aggression

Reflective questions

What processes are in place to ensure that the workforce can identify situations that may precipitate aggression?

What processes are used to mitigate these situations?

What features of the environment are used to minimise sources of potential conflict?

Strategies for improvement

Aggression and violence are predictable in healthcare settings, and health service organisations need to implement strategies to reduce the risk of aggression occurring, and reduce the risk of harm when it does occur. This action relates to steps that an organisation can take to modify environmental or procedural factors that can contribute to the risk of aggression. It links to [Action 1.29](#) which addresses designing healthcare environments to maximise safety. It also links to [Action 5.34](#), which addresses strategies to reduce the risk of aggression in individual patients.



Healthcare environments can be stressful places. People are dealing with uncomfortable experiences, including pain and uncertainty, in environments that are both unfamiliar and high stimulus. People also experience frustration with processes that may be routine for members of the healthcare workforce, but are new and not always comprehensible from the perspective of the patient or carer. For some people, these contextual factors can lead to feelings of aggression.

Although the design of healthcare environments can contribute to reducing aggression, it is not always possible to change the ‘bricks and mortar’ in the short term. Use the given environment in ways that reduce the risk of aggression, such as:

- Allowing people to move around, preferably with access to outside areas
- Reducing stimulus such as bright lights or loud noises
- Providing privacy using curtains or side lounges
- Implementing sensory modulation strategies.

Action 5.34

The health service organisation has processes to support collaboration with patients, carers and families to:

- a. Identify patients at risk of becoming aggressive or violent
- b. Implement de-escalation strategies
- c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce

Reflective questions

What processes are in place to ensure that the workforce can work collaboratively to identify patients at risk of becoming aggressive or violent?

What strategies are used to support patients at risk of becoming aggressive or violent to control their behaviour?

How does the health service organisation minimise harm to patients, carers, families and the workforce from patients who are aggressive or violent?

Strategies for improvement

Screening for risk of aggression and violence is an important and complex task for members of the healthcare workforce. Because it is predictable that violence will occur in healthcare settings, ensure that the health service organisation has effective risk assessment and risk management processes in place. The [National Institute for Health and Care Excellence guidelines](#) recommend the use of standardised tools to augment clinical judgement.¹⁸⁶

Predictive factors for risk of aggression include:

- Previous history of aggression or violence
- Intoxication or withdrawal from licit or illicit substances
- Acute brain injury
- Cognitive impairment.

Ensure that the use of screening tools and risk management processes do not lead to stigmatising practices, which have been associated with suboptimal healthcare delivery. In particular, ensure that people with mental illness are not automatically assessed as presenting high risk for aggression, and, conversely, that people without mental illness are categorised as low risk. Risk assessment needs to be a dynamic process, based on evidence, rather than assigning a person to a category and proceeding.

There will be times when a person who has not been screened as presenting a risk of violence becomes aggressive. Be alert to changes in a person’s behaviour, cognitive function, perception, physical function or emotional state that may indicate deterioration in their mental state and lead to aggression. This action aligns with the [Recognising](#)



and Responding to Acute Deterioration Standard. The *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*¹⁸⁷ outlines the processes to effectively manage these situations.

Train the workforce in the use of de-escalation strategies, which are demonstrated to reduce the likelihood of verbal aggression progressing to physical violence.¹⁸⁸ De-escalation strategies are appropriate for patients with severe behavioural disturbance relating to delirium or dementia, when sedation should be avoided unless they are at risk of harm to themselves or others. Ensure that policies relating to preventing and responding to aggression

include specific guidance on sedation that is age appropriate.

Dealing with aggression and violence has specific workplace health and safety implications for MPSs and small hospitals because of the reduced workforce available to deal with incidents compared with large organisations. Small hospitals can work with local police services to respond to incidents of aggression.

*Principles for Safe Management of Disturbed and/or Aggressive Behaviour and the Use of Restraint*¹⁸⁹ contains valuable information about aggressive patient behaviour.

Minimising restrictive practices: restraint

Action 5.35

Where restraint is clinically necessary to prevent harm, the health service organisation has systems that:

- a. Minimise and, where possible, eliminate the use of restraint
- b. Govern the use of restraint in accordance with legislation
- c. Report use of restraint to the governing body

Reflective questions

What strategies does the health service organisation have in place to minimise the use of restraint?

Are members of the workforce competent to implement restraint safely?

How does the health service organisation ensure that the workforce is aware of safety implications of different forms of physical and mechanical restraint with different patient populations?

What processes (for example, benchmarking, routine review) are used to review the use of restraints in the health service organisation?

Strategies for improvement

Know the types of restraint

Understand where and when restraint is used in the health service organisation and benchmark the use of restraint with similar organisations.

Restraint is the restriction of an individual's freedom of movement.¹⁹⁰ It includes mechanical restraint, physical restraint, and chemical or pharmacological restraint.

Mechanical restraint is the application of devices (including belts, harnesses, manacles, sheets and straps) to a person's body to restrict their movement. This is to prevent the person from harming themselves or endangering others, or to ensure that essential medical treatment can be provided. It does not include the use of furniture (including beds with cot sides and chairs with tables fitted on their arms) that restricts the person's capacity to get



off the furniture, except when the devices are only used to restrain a person's freedom of movement. The use of a medical or surgical appliance for the proper treatment of physical disorder or injury is not considered mechanical restraint.

Physical restraint is the application by members of the healthcare workforce of hands-on immobilisation or the physical restriction of a person to prevent them from harming themselves or endangering others, or to ensure that essential medical treatment can be provided.¹⁹¹

Chemical/pharmacological restraint is defined in some state and territory mental health Acts, but there are no nationally comparable data supply activities for this category.¹⁹¹ There is a lack of consensus on the definition of chemical/pharmacological restraint¹⁹², because of difficulties in determining whether a clinician's intent is primarily to treat a person's symptoms or to control their behaviour. For this reason, the Commission does not currently require health service organisations to report on the use of chemical restraint (except when this is directed under state or territory legislation). Nonetheless, organisations should seek to understand if there is inappropriate use of medicines, and note if rates of rapid tranquilisation increase.

Use strategies, tools, resources and training to minimise restraint

Restraint is practised in mental health services and other health service organisations. Minimising and, if possible, eliminating the use of restraint and seclusion were identified as a national safety priority for mental health services in Australia in 2005.¹¹⁶

The key to minimising use of restrictive practices is to be alert to changes in a person's behaviour or demeanour that may suggest a deterioration in their mental state. Be receptive to information from the person themselves, and from their carers and families. People who have experienced mental health issues, or cared for someone who does, often have detailed knowledge about what can lead to a deterioration in their mental state, and what strategies are most effective for restoring their capacity to manage their mental state without the use of restrictive practices. These principles are outlined in the *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*.¹⁸⁷

The *National Seclusion and Restraint Project* identified six main strategies for health service organisations to minimise restraint:

- Leadership towards organisational change
- Use of data to inform practice
- Workforce development
- Use of restraint and seclusion reduction tools
- Improving the consumer's role
- Debriefing techniques.

These are described in detail in the Mental Health Professional Online Development training module *Reducing and Eliminating Seclusion and Restraint*.¹⁹³ This training module also includes information on strategies to reduce the use of restraint.

The Royal Australian and New Zealand College of Psychiatrists *Position Statement 61: Minimising the use of seclusion and restraint in people with mental illness*¹⁹² supports the principles outlined above, and makes recommendations, including a review of the concept of chemical restraint, and cautions against using prone restraint.

Within mental health services, the use of restraint is governed through state or territory legislation, or mandatory policy. It is critical that health service organisations ensure that, when restraint is practised, members of the workforce are aware of, and practise within, the legislation of their state or territory. Legislative requirements differ across state or territory boundaries. The 2014 *Seclusion and Restraint Project Report* by the Melbourne Social Equity Institute maps these differences.¹⁹⁴ Links to current state and territory legislation are provided in the *Resources* section at the end of this standard.

Outside mental health services, restraint is used, but often with less reporting and oversight. Older people with cognitive impairment are more likely than the general population to be restrained in acute care services, and also more likely to experience adverse outcomes relating to the use of restraint.^{195,196} In 2009, the Commission released *Preventing Falls and Harm From Falls in Older People: Best practice guidelines for Australian hospitals*.¹⁰⁴ These guidelines explain that, although falls prevention is often cited as a reason for using restraint, research has shown that restraint can increase the chance of falls. These guidelines include strategies to reduce the use of restraint and to prevent falls.



In 2015, SA Health released a [suite of documents](#) relating to the use of restrictive practices in health care, including a policy framework, guidelines, implementation tools and fact sheets for clinicians.

Ensure that members of the workforce who implement restraint are trained to do so safely and, when restraint has occurred, offer debriefing for the people involved, including patients, carers and members of the workforce.

Minimising restrictive practices: seclusion

Action 5.36

Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that:

- a. Minimise and, where possible, eliminate the use of seclusion
- b. Govern the use of seclusion in accordance with legislation
- c. Report use of seclusion to the governing body

Reflective questions

What strategies does the health service organisation have in place to minimise the use of seclusion?

How does the health service organisation ensure that the workforce is competent in implementing de-escalation strategies?

What processes (for example, benchmarking, routine review) are used to review the use of seclusion in the health service organisation?

Strategies for improvement

Review the use of seclusion within the health service organisation. Implement strategies to minimise the use of seclusion and ensure that seclusion is only implemented by members of the workforce who have been trained to implement it safely.

Seclusion is the confinement of a patient, at any time of the day or night, alone in a room or area from which free exit is prevented.¹⁹⁰

The strategies to minimise the use of restraint (see [Action 5.35](#)) also apply to seclusion, as both are restrictive practices. Ensure that the workforce is trained in de-escalation skills, implement routine observations of the person in seclusion, and provide for the person's physical needs and dignity.

The use of seclusion in mental health services is governed by state and territory legislation and mandatory policy. This typically includes designated processes for reporting and review of the use of seclusion, at local unit, hospital, local health network, state or territory, and national levels. Links to current state and territory legislation are provided in the [Resources](#) section at the end of this standard.

The use of seclusion outside designated mental health services is unlawful, and health service organisations should ensure that it does not occur.



Resources

Developing the comprehensive care plan

[Care of Confused Hospitalised Older Persons \(CHOPs\) program](#)

[Dementia Care in Hospitals Program](#)

[Older people in hospital](#)

[Royal Children's Hospital Complex Care Hub](#)

[Triple CCC Project – Care, Communicate, Coordinate.](#)

[Victorian Department of Health and Human Services – End of life and palliative care](#)

[Western Australian Department of Health – End of life](#)

Tools and processes to help identify patients with end-of-life care needs include:

- [AMBER Care Bundle](#)
- [Gold Standards Framework](#)
- [The SPICT™ \(The Supportive and Palliative Care Indicators Tool\)](#)

Multidisciplinary teamwork

[Australian Commission on Safety and Quality in Healthcare – Standard Operating Protocols for Implementing Whiteboards to Assist with Multidisciplinary Communication on Medical Units](#)

[Cancer Australia – Planning a multidisciplinary care meeting](#)

[In Safe Hands program – Structured interdisciplinary bedside rounds](#)

[Institute for Healthcare Improvement – How-to guide: multidisciplinary rounds](#)

Nutrition and hydration

Nutrition standards

[Dietitians Association of Australia – Nutrition Manual, 9th edition, 2014](#)

[NSW Agency for Clinical Innovation – Nutrition Standards for Adult Inpatients in NSW Hospitals](#)

[NSW Agency for Clinical Innovation – Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW](#)

[Queensland Health – Nutrition Standards for Meals and Menus](#)

[The Nutrient Reference Values for Australia and New Zealand, the Australian Dietary Guidelines and the Australian Guide to Healthy Eating](#) are intended for use with healthy populations but may be relevant to some groups receiving care in hospitals and day procedure services

Advance care planning

[Advance Care Planning Australia](#)

[Victorian Department of Human Services – Nutrition Standards for Menu Items in Victorian Hospitals and Residential Aged Care Facilities](#)

[Western Australian Department of Health – Nutrition Standards for Adult Inpatients in WA Hospitals](#)

End-of-life care

[Australian Commission on Safety and Quality in Healthcare – End-of-life care](#)

[Flinders University – End-of-life essentials](#)

[New South Wales Agency for Clinical Innovation and Clinical Excellence Commission – Palliative and end of life care: a blueprint for improvement](#)

[Queensland Health – Statewide Strategy for End-of-Life Care 2015](#)

[SA Health – End of life care for health professionals](#)

[Tasmanian Department of Health and Human Services – Advance care planning for healthy dying](#)

Nutrition risk screening and assessment tools

[Lady Cilento Children's Hospital – Paediatric Nutrition Screening Tool](#)

[Malnutrition Screening Tool](#)



[Malnutrition Universal Screening Tool](#)

[Mini Nutritional Assessment](#)

[Subjective Global Assessment](#)

Other tools

- [Discharge report](#)
- [Food and fluid consumption chart](#)
- [Food diary](#)

Preventing delirium and managing cognitive impairment

Australian Commission on Safety and Quality in Health Care resources

[A Better Way to Care: Safe and high-quality care for patients with cognitive impairment \(dementia and delirium\) in hospital](#)

[Delirium Clinical Care Standard](#)

Implementing systems for cognitive impairment

[Care of Confused Hospitalised Older Persons \(CHOPS\)](#)

[Dementia Care in Hospitals Program](#)

Acute care e-learning course for dementia

[The View from Here](#)

Delirium

[Australasian Delirium Association](#)

[Delirium awareness video](#)

[Health Research & Educational Trust \(United States\) – Preventing and Managing Iatrogenic Delirium Change Package](#)

[Hospital Elder Life Program \(HELP\) for Prevention of Delirium](#)

[Queensland University of Technology – Learn about delirium](#)

Responding to distress

[Dementia Support Australia – Resources library](#)

[NPS MedicineWise and Alzheimer’s Australia resource on medicines and dementia \(includes a fact sheet on *Strategies to Address Distress*\)](#)

[NSW Agency for Clinical Innovation – Volunteer Dementia and Delirium Care program](#)

[Royal Australian and New Zealand College of Psychiatrists – *Assessment and Management of People with Behavioural and Psychological Symptoms of Dementia \(BPSD\): A handbook for NSW health clinicians*](#)

[University of Sydney – *Clinical Practice Guidelines and Principles of Care for People with Dementia in Australia*](#)

Communication

[Alzheimer’s Australia – *Dementia Language Guidelines*](#)

[Alzheimer’s Australia – *Talk to Me: Good communication tips for talking to people with dementia*](#)

[Alzheimer’s Society – *This is Me*](#)

[Centre for Developmental Disability Health – *Working with People with Intellectual Disabilities in Healthcare Settings*](#)

[Focus on the Person](#)

[NSW Agency for Clinical Innovation – *Sunflower Tool*](#)

[Queensland Health – *Communication changes after ABI*](#)

[Stroke Foundation – *Communication after stroke*](#)

Environment

[Dementia Enabling Environments](#)

[Dementia Training Australia](#)

Partnering with patients, carers and family

[NSW Clinical Excellence Commission – *Top 5 Initiative*](#)

Predicting, preventing and managing self-harm and suicide

[National Health and Medical Research Council – *Care after a Suicide Attempt*](#)



Predicting, preventing and managing aggression and violence

CPI – *Nonviolent Crisis Intervention*[®] training program

MTU Training Concepts – *Predict, Assess and Respond to Challenging Behaviour (PART)*

NSW Health – *Violence Prevention and Management Training Framework for NSW Health Organisations*

Minimising restrictive practices

Legislation

ACT Mental Health Act 2015, Chapter 5 – Mental Health Orders, Part 5.4 – Psychiatric treatment orders, s. 65 – Powers in relation to psychiatric treatment order

Northern Territory Mental Health and Related Services Act 2004, Part 9 – Regulation of certain treatments and measures, s. 61 – Mechanical restraint

Queensland Mental Health Act 2016, Chapter 8 – Use of mechanical restraint, seclusion, physical restraint and other practices

South Australian Mental Health Act 2009, Division 4 – Level 3 inpatient treatment orders, s. 34A – Confinement and other powers relating to involuntary inpatients

Tasmanian Mental Health Act 2013, Division 5 – Seclusion and restraint, s. 57 – Restraint, s. 58 – Records

Victorian Mental Health Act 2014, Part 6 – Restrictive interventions, Division 1 – General, Division 3 – Bodily restraint

Western Australian Mental Health Act 2014, Part 14 – Regulation of certain kinds of treatment and other interventions, Division 6 – Bodily restraint

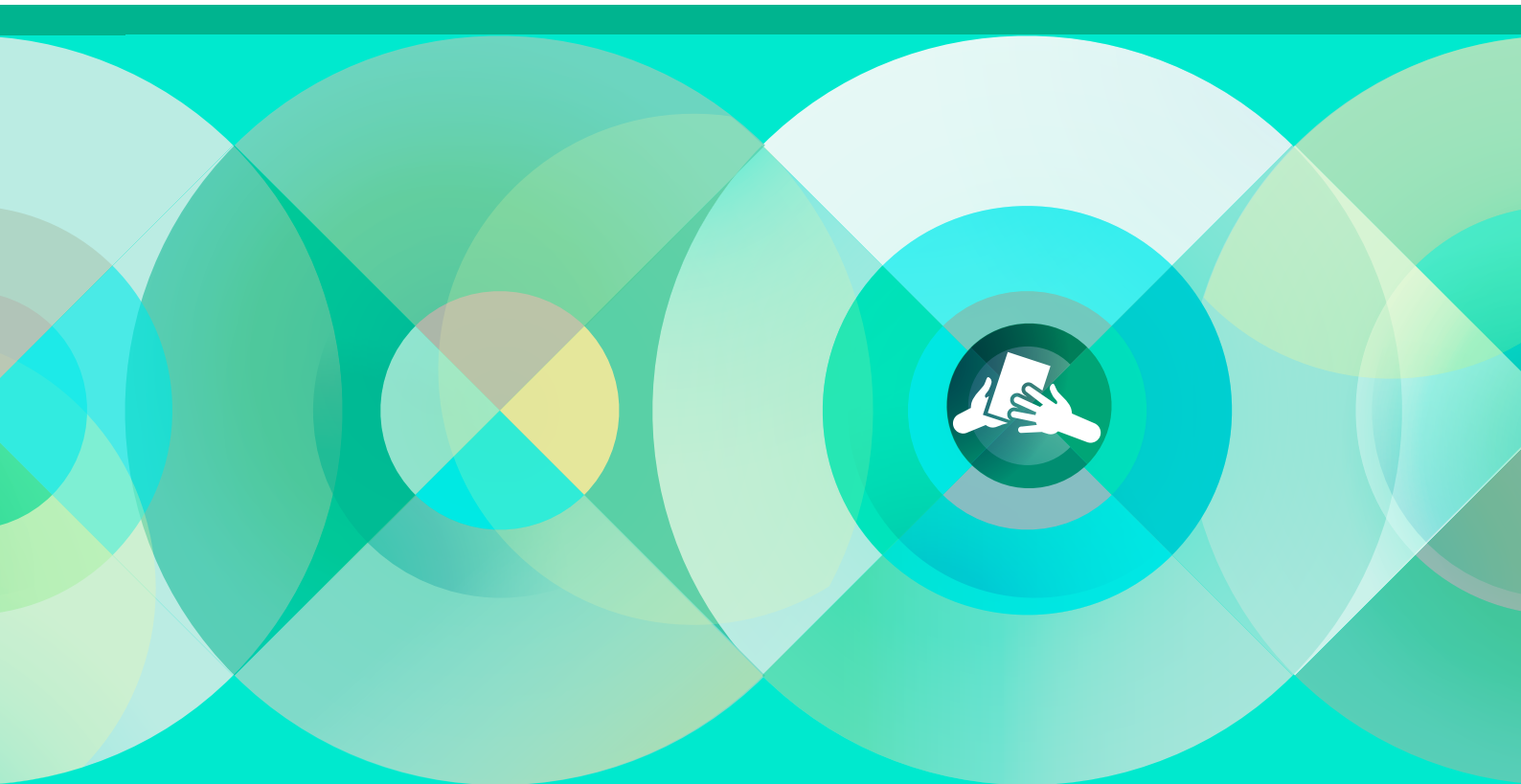
Policies and guidelines

NSW Health – *Policy Directive: Aggression, seclusion and restraint in mental health facilities in NSW*

SA Health – *Policy Guideline: Restraint and seclusion in mental health services*

6

Communicating for Safety Standard





Communicating for Safety Standard

Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.

Intention of this standard

To ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

Criteria

Clinical governance and quality improvement to support effective communication

Correct identification and procedure matching

Communication at clinical handover

Communication of critical information

Documentation of information



Introduction

Communication is a key safety and quality issue, and is critical to the delivery of safe patient care. Communication failures, and inadequate or poor documentation of clinical information can result in errors, misdiagnosis, inappropriate treatment and poor care outcomes.^{125,147,197-201} Communication errors are also a major contributing factor in sentinel events in health service organisations²⁰², and communication issues are identified as one of the most common underlying factors in complaints about the Australian healthcare system.²⁰³⁻²⁰⁵

This standard recognises the importance of effective communication in health care and the essential role that communication plays in ensuring safe, coordinated and continuous care (Figure 2). Actions in this standard focus on three high-risk areas in which communication is critical to patient safety:

- When patient identification and procedure matching should occur
- When all or part of a patient's care is transferred within an organisation, between multidisciplinary teams and clinicians, across organisations and on discharge (that is, at transitions of care)
- When critical information or risks emerge or change throughout the course of care.

Contemporaneous documentation and recording of information that supports the provision of health care are also essential.

Communication is inherent to patient care, and informal communications will occur throughout care delivery. This standard is not intended to apply to all communications within the organisation. Rather, it aims to ensure that systems and processes are in place at key times when effective clinical communication and documentation are critical to patient safety.

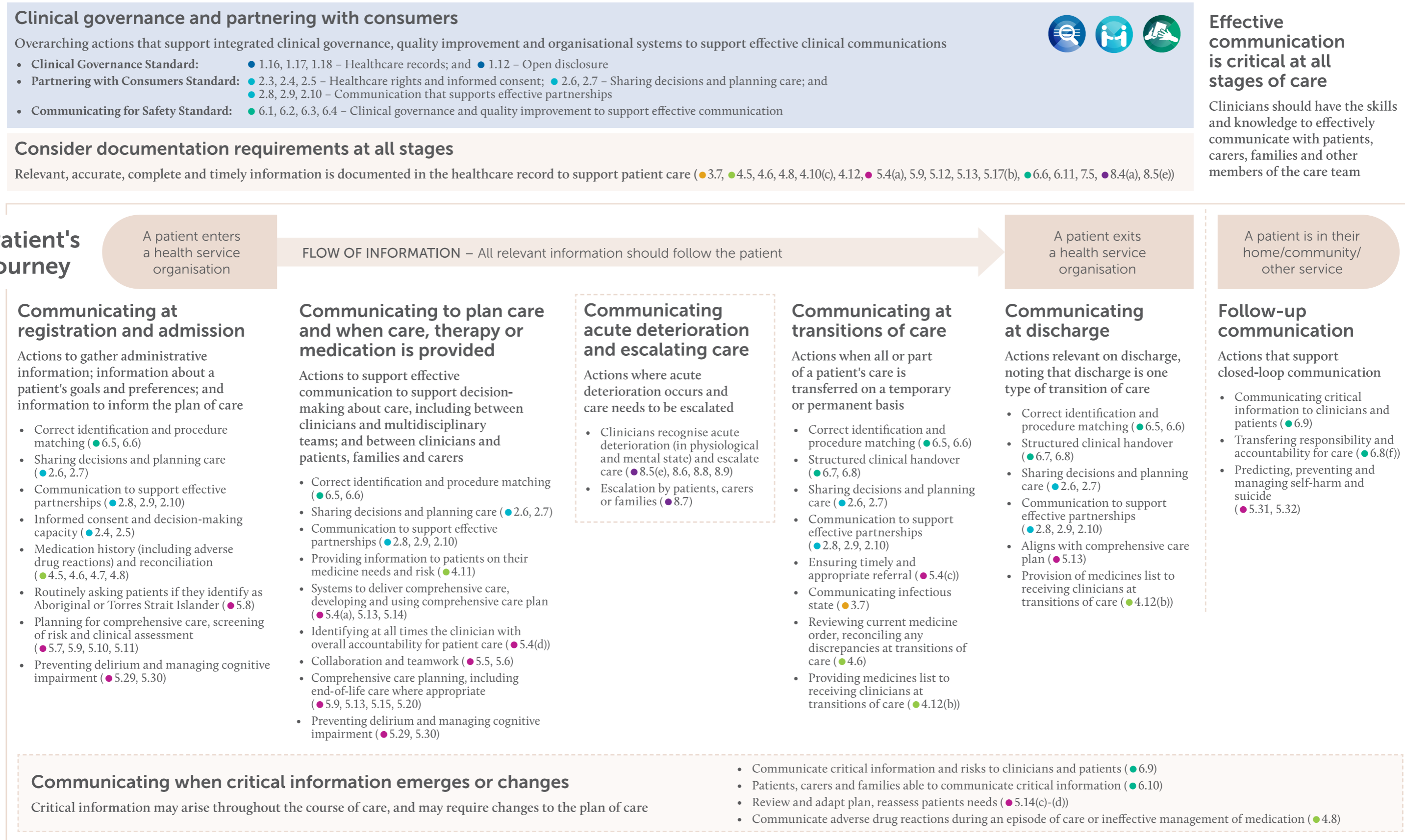
About this standard

This standard specifically outlines the high-risk situations when effective communication is critical to ensure safe, continuous patient care. The standard requires health service organisations to implement systems and processes to support effective clinical communication and documentation.

This standard is informed by research and work undertaken in Australia and internationally, which recognises the importance of effective clinical communication and documentation to the delivery of safe and high-quality health care.^{147,200,201} This includes work by the Australian Commission on Safety and Quality in Health Care (the Commission) on the *Ensuring Correct Patient, Correct Site, Correct Procedure Protocol*²⁰⁶; the *National Clinical Handover Initiative Pilot Program*²⁰¹; the *OSSIE Guide to Clinical Handover Improvement*¹⁴⁷; and the *Implementation Toolkit for Clinical Handover Improvement*.²⁰⁷ The Commission has also supported research on improving transitions of care²⁰⁸, patient-clinician communication²⁰⁹ and documentation.



Figure 2: Actions that support effective clinical communication and safe patient care across the NSQHS Standards





Links with other standards

Communication is important across all aspects of care. Implementation of this standard will depend on the organisation-wide systems required under the [Clinical Governance Standard](#) and the [Partnering with Consumers Standard](#). These two standards set the overarching requirements for effective implementation of actions within this [Communicating for Safety Standard](#). There are also strong links with actions in the [Medication Safety Standard](#), the [Comprehensive Care Standard](#), and the [Recognising and Responding to Acute Deterioration Standard](#). If appropriate, these standards should be applied in conjunction with this standard.

For example, the [Clinical Governance Standard](#) requires organisations to integrate multiple information systems, where they are used ([Action 1.16e](#)), and have in place a healthcare record system that makes the healthcare record available to clinicians at the point of care ([Action 1.16a](#)). By ensuring that clinicians have access to all the relevant information, these actions support clinicians to effectively communicate. In turn, this standard requires organisations to have systems to contemporaneously document relevant information in the healthcare record, ensuring that the most up-to-date information is available to clinicians.

Communication is integral to all aspects of patient care, and should be considered in the broader context of service delivery. [Figure 2](#) provides a visual representation of how communication with patients, carers and families, and between clinicians and multidisciplinary teams is important during the whole patient journey. It maps areas in which actions across NSQHS Standards should be considered when implementing strategies and processes to improve communication. It also highlights the importance of considering how the NSQHS Standards work together.



CRITERION: Clinical governance and quality improvement to support effective communication

Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.

For systems and processes to work effectively and consistently across a health service organisation, they need to be embedded in the overall governance of the organisation.

This criterion requires organisation-wide governance, leadership and commitment to support effective clinical communication with patients, carers and families; between clinicians and multidisciplinary teams; and across organisations. To meet this criterion, health service organisations are required to:

- Integrate clinical governance and apply quality improvement systems

- Apply principles of partnering with consumers, health literacy and shared decision making when developing and implementing organisational clinical communication processes
- Implement safety and quality systems and processes to support effective clinical communication during high-risk situations.

Organisations will need to understand their priorities; identify their risks in relation to clinical communications; and consider how to best deal with these within their given resources, and workforce and organisational structures.

This criterion aligns closely with the [Clinical Governance Standard](#) and the [Partnering with Consumers Standard](#).

Integrating clinical governance

Action 6.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- 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

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for effective clinical communication

- Identify and manage risks associated with clinical communication
- Identify training requirements for the delivery of effective clinical communication?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19, 1.20 and 1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support the policies and procedures, risk management and training for clinical communications
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.

Implement policies and procedures

Policies and procedures should outline how organisation-wide systems support effective clinical communication.

Implementation of policies and procedures to improve clinical communications requires organisations to consider their structure and governance, and how these policies and procedures may fit within the organisation's context. This does not necessarily require the development of separate policies or procedures, as it may be more efficient and effective to have an overarching policy, supported by local application of policies that are fit for purpose for the specific localised environment (for example, communication in a general ward compared with an emergency department).

MPSs or small hospitals that are part of a local health network or private hospital group should

adopt or adapt and use the established governance structures and communications policies and processes.

Small hospitals that are not part of a local health network or private hospital group should consider including in policies and processes:

- An organisation-wide strategy that outlines clinical communication processes and the flow of information to patients, carers, families and clinicians responsible for providing care
- Situations when identification, procedure matching, structured clinical handover, communication of critical information and documentation are required (linked to [Actions 6.4 and 6.11](#))
- Agreed processes for communicating in these situations, including the structure and method of communication, and relevant information to be communicated – for example
 - points of care at which communication is required
 - appropriate communication methods
 - roles and responsibilities of the workforce
- Guidance on how to engage with, and support, patients (and carers) to communicate about their care.

Ensure that policies and procedures describe patients as key participants in clinical communication, and how patients, carers and families can be involved in clinical communication strategies and associated processes.

Document the policies, processes, resources and tools for clinical communication. Make these available to the workforce to ensure that a consistent approach is taken across the organisation and members of the workforce understand what is required of them when using the organisation's clinical communication processes. This can be done through the organisation's website, at meetings, through newsletters or noticeboards, or by displaying communication techniques and processes in the ward or on patient charts.

Set up governance and reporting structures to support effective clinical communication across the organisation, and effective collaboration with patients and clinicians. This could involve identifying an individual or group with governance oversight for improving or monitoring clinical communication.



A network of consumer advisors (groups and individuals) who can provide advice about the development of effective clinical communication processes and collaboration initiatives may be helpful.

Manage risks

Consider the types of risks that may be associated with clinical communications, such as²¹⁰:

- Contextual risks (for example, noise, interruptions, inadequate space and time, absent participants)
- Informational risks (for example, information that is not integrated, unavailable, inaccessible, unstructured, incomplete, irrelevant, inaccessible, inaccurate or not up to date)
- Interactional risks (for example, failure to design communication processes that are accessible, legible and intelligible to recipients, and to which recipients can actively contribute).

Ensure that the organisation-wide risk management system can identify, assess, manage and document organisational risks associated with poor clinical communication or communication errors (see [Action 1.10](#)). These risks could include:

- Failure to correctly identify patients or match procedures
- Failure to communicate critical tests or diagnostic results
- Communication errors that result in misdiagnosis
- Miscommunication of clinical information at clinical handover
- Risks associated with poor documentation.

Consider potential clinical risks associated with electronic health systems (hardware and software) that are intended to aid or enable communication processes. For example, electronic health systems and new technology have the potential to enable faster, more effective communication; however, information systems and technology can also present challenges for privacy, and risks to clinical safety and quality if they are poorly implemented or integrated.

Consider the interaction between non-technical dimensions of health care (workflow, policies and personnel) and technical dimensions (software, hardware, content and user interface).²¹¹ Patient

safety issues can occur when one or more technical dimensions interact unexpectedly with non-technical dimensions. For example, a change in the way that one system presents information to a clinician may lead to incorrect interpretation if the clinician is unaware of that change. Ensure that the organisation considers, monitors and manages these risks.

Carefully consider the planning and implementing of electronic handover solutions, such as electronic discharge summary systems. Use the [Electronic Discharge Summary Systems Self-Evaluation Toolkit](#)²¹² and [National Guidelines for On-Screen Presentation of Discharge Summaries](#).²¹³

Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19, 1.20 and 1.21](#). Perform a risk assessment to inform the training schedule and to set priorities for the members of the workforce who need training. Develop, or provide access to, training and education resources to meet the needs of the workforce in relation to clinical communication.

Provide ongoing education and training to new and existing members of the workforce about the organisation's clinical communication policies, processes and tools. This should include information about what is required, roles and responsibilities (including how and when to escalate care, and who to), and the structure or standardised format to be used for communicating when identification, procedure matching, clinical handover and communication of critical information are required.

Provide information through orientation, training, regular updates at workforce and management meetings, mentorship programs, and feedback or debriefing sessions with members of the project workforce or clinicians.

Ensure that the performance management processes established in [Action 1.22](#) give priority to continuous development of the workforce's communication skills. Identify any communication skills that need to be improved or refined, and incorporate these into the organisation's training system.

Given the complexity of care and the number of people that can be involved in clinical communications, consider ongoing support for multidisciplinary



education and training initiatives to enable and sustain the implementation of any strategies.²¹⁴ This will enable different members of the workforce to

have a shared understanding of the processes and requirements for effective clinical communication.

Applying quality improvement systems

Action 6.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- 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

Reflective questions

How is the effectiveness of clinical communication and associated processes continuously evaluated and improved?

How are the outcomes of improvement activities communicated to the governing body, the workforce and consumers?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for clinical communications.

Strategies to improve effective communication will take time, leadership, commitment (across the whole organisation) and resources.¹⁴⁷

Identify a suitable individual, group or committee to take responsibility for monitoring and evaluating organisation-wide clinical communication systems. Consider how monitoring and evaluation in relation to improving clinical communication inform and feed into existing evaluation processes in the organisation.

Monitor effectiveness and performance

Strategies for monitoring effectiveness of clinical communications may include:

- Audits of workforce compliance with policies, procedures and protocols for clinical communication and associated processes
- Audit and evaluation of patient healthcare records to check whether critical information has been recorded and acted on; this could include information contained in discharge summaries, clinical handover checklists or consent forms, actions taken as a result of an alert, and timely communication of critical information.

Stakeholder engagement at all levels of the organisation is an essential part of quality improvement systems and to lead change. This includes feedback from patients, carers and families about their experience with the organisation's communication processes.



Ensure that quality improvement and incident management and investigation systems include monitoring and evaluation of incidents, adverse events and near misses relating to patient identification, procedure matching, clinical handover at transitions of care, failure to communicate critical information, and inadequate or poor documentation. These incidents could include:

- Mismatching events
- Clinical handover incidents
- Communication errors that contribute to misdiagnosis or failure to escalate
- Readmission because of poor discharge planning.

Ongoing monitoring of adverse events allows organisations to keep track of whether there are safety gaps in their clinical communication processes, and to modify these processes to suit the service context. Evaluation allows organisations to measure the progress and impact of clinical communication processes and improvement strategies.

Safe Communication, developed by the Quality Improvement Clinic (United Kingdom), is a useful step-by-step guide to measuring the effectiveness of clinical communication processes.²¹⁵

Implement strategies for quality improvement

Implementation of quality improvement systems is essential to ensure that clinical communication systems and processes continue to operate effectively, and any areas for improvement are identified and acted on. It can also help to determine where communication is being done well in the organisation. Ongoing monitoring and regular evaluations are necessary to track changes over time, and to report on adverse events or risks that may relate to clinical handover or other communication failures.

Use the results of monitoring activities to show improvements, or areas in which improvement is required. If appropriate, use quality improvement activities that are consistent and measurable across the corporate group, network or health service.

Use the results of organisational risk assessments to identify gaps, plan, and set priorities for areas for investigation or action.

When adverse events or near misses occur, specifically investigate to identify any issues in the performance or use of the system. Use this information to make improvements.

One model to implement strategies to improve clinical communications is the plan–do–study–act (PDSA) cycle.^{207,215} The PDSA cycle is an iterative feedback process that allows improvements to respond to changing circumstances or consequences, as well as ensuring continual and increasing engagement of clinicians. Engagement of clinicians and other relevant workforce members is essential to any quality improvement process.¹⁴⁷

Report outcomes

Ensure that processes are in place to facilitate feedback, and provide review findings from monitoring quality improvement processes to relevant committees or meetings about governance and leadership. Members of the relevant committee or the individual(s) responsible for governance arrangements should ensure that actions are taken to improve clinical communication systems.

Data obtained through these processes should be fed back to the highest level of governance and the local workforce. This may help inform clinicians and the local workforce of areas that may need improvement, and provide a strong case for them to change practice and take part in improvement activities. This feedback process also contributes to a culture of transparency and accountability.



Partnering with consumers

Action 6.3

Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to effectively communicate with patients, carers and families during high-risk situations, to involve patients in planning and making decisions about their own care?

How does the health service organisation collect feedback from patients about information provided about clinical communication?

Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) relating to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

Effective clinical communication requires the active participation of patients, carers and families.

Health service organisations should use established processes from the Partnering with Consumers Standard when:

- Conducting patient identification and procedure matching
- Performing clinical handover
- Communicating critical information.

Ensure that communication with, and information provided to, patients, carers and families about procedures, treatments and care (including follow-up care after discharge) reflect health literacy principles, and are delivered in a way that supports effective partnerships (see Action 2.8–2.10).

Ensure that the organisation has support systems for patients who need assistance to communicate. This could include ensuring that interpreters are available, and putting in place processes to support patients with hearing or vision problems.

Support patients, carers and families to effectively use clinical communication processes and tools to actively take part in communications.

Implement processes to review internally developed patient information relating to clinical communication by conducting regular patient feedback or experience surveys (see Action 2.9).



Organisational processes to support effective communication

Action 6.4

The health service organisation has clinical communications processes to support effective communication when:

- 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

Reflective questions

What processes are in place for patient identification, procedure matching, clinical handover and communication of critical information or risks?

How is the workforce supported to use these processes?

What are the high-risk situations in which patient identification, procedure matching, and the communication or sharing of information are critical to ensuring safe, continuous patient care?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established clinical communication processes. This may include mandated tools and approaches for patient identification, procedure matching, clinical handover and communication of critical information.

Small hospitals that are not part of a local health network or private hospital group should:

- Identify the situations in which identification, procedure matching, structured clinical handover and communication of critical information are required, such as
 - when care, treatment or medicine is provided to a patient
 - when a patient is undergoing a procedure
 - when there is a change of clinician (for example, at shift change); for high-risk patients, this could include when a clinician goes on a break or has to leave the patient unattended (for example, in an intensive care unit)
 - when a person is moved between different levels of care in the same location (for example, from acute care to subacute care, to aged care)
 - when part of person's care is transferred for diagnostic purposes within the organisation or to another service
 - when there is follow-up of patient referrals and communication of test results (for example, from pathology or radiology)
 - when a person is transferred to a different organisation or referral service (for example, to a base hospital)
 - when a person is admitted to a hospital, or leaves a hospital and returns to their carer or primary care clinician (for example, general practitioner)



- Review the organisation's policies and processes to determine whether they support and enable effective communication in these situations, including by
 - reviewing or mapping the organisation's current clinical communication processes
 - analysing patient flow patterns and work processes that require information to be shared (inside and outside the organisation)
 - collecting baseline data about the clinical communication issues or needs of the organisation by interviewing, surveying or observing the workforce and consumers
 - performing a risk assessment to determine clinical communication gaps, areas for improvement or good practice
- If there are gaps, or improvements can be made, revise or develop policies and processes to close these gaps
- In clinical communication policies, describe what is expected and required of the workforce in these situations, and tailor these to the service context
- Provide resources and tools to encourage effective communication processes in these situations
- Communicate about the policies, processes and tools for communicating in these situations, and make this information available to all members of the workforce
- Educate, train and support the workforce about the use of tools and their responsibilities to effectively communicate in these situations.

Communicate with transport services

When a patient is transferred into or out of the organisation, consider what processes are in place to communicate with the transport services that are moving the patient (for example, ambulance, the Royal Flying Doctor Service). These services may have their own communication protocols and processes. Collaborate with them to ensure that there is a shared understanding of roles, responsibilities, how communication should occur and the documentation of clinical information. This is especially important for small hospitals and MPSs because of the possible long distances and travel times to other organisations.

Consider the role of non-clinicians

Consider the role that non-clinicians play in communicating with patients about their care or transfers. Non-clinicians (such as members of the wards, reception and administration workforces) communicate regularly with patients about appointments, tests, referrals and transfers. They therefore have a role in patient care.

Implement policies, directives or memorandums that outline the expectations and requirements for non-clinicians when they are communicating with patients (including maintaining patient confidentiality). An example could include setting the expectation that members of the workforce who are transferring patients will communicate with the patient to let them know where they are going, why they are being moved, if they are going over bumps, and so on. This is to ensure that the patient feels safe, secure and cared for at all times.



CRITERION: Correct identification and procedure matching

Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them.

Correctly identifying and implementing processes to match patients to their intended care is critical to ensuring patient safety. Risks to patient safety occur when there is a mismatch between a patient and components of their care. This includes diagnostic, therapeutic and supportive care.

Patient identification is performed often in all care settings, and can be seen as a relatively unimportant or routine task. The development of safety routines for common tasks (such as patient identification) provides a powerful defence against simple mistakes that may cause harm. Routines allow the workforce to focus their attention on activities that require more cognitive processing and judgement, such as providing clinical care.²¹⁶ The design and implementation of routines should consider human factors such as human capabilities, limitations and characteristics.²¹⁷ It is also important to educate and remind the workforce about the use of routines, including who does what, when and how.

Tools such as the [WHO Surgical Safety Checklist](#)²¹⁸ and the [Commission's Ensuring Correct Patient, Correct Site, Correct Procedure Protocol](#)²¹⁹ provide a basis for developing these routines.

Studies using both large and small databases of healthcare records in the United States have demonstrated that the risk of false positive matching decreases from a 2-in-3 chance when using family name only, to a 1-in-3,500 chance when given name, family name, postcode and date of birth are used.²²⁰

Regardless of the type of care, therapy or service that is provided, all organisations need to ensure that a comprehensive organisation-wide system is in place to reliably identify patients at each treatment episode, and that there are processes for correct procedure matching.

This criterion focuses on clinical situations in which there may be greater risks to the patient, including procedural areas such as surgery, investigations (for example, radiology) and specific treatments (for example, nuclear medicine). The focus for action is on the use of protocols for matching patients to their intended care.

This criterion does not relate to establishing the legally correct identity of people who may choose to use an alias. The criterion is to ensure that a person's declared identity can be matched with any care, therapy, medicine or service that is provided within the organisation.



Correct identification and procedure matching



Action 6.5

The health service organisation:

- 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

Reflective questions

What processes are used to ensure consistent and correct identification at any point in a patient's admission, care, treatment or transfer?

How are the requirements to use at least three approved patient identifiers described and monitored?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established patient identification processes.

Small hospitals that are not part of a local health network or private hospital group will need to:

- Define the approved patient identifiers for use in the organisation, according to best-practice guidelines
- Develop or confirm an organisation-wide system for patient identification
- Implement policies and processes that require at least three approved identifiers to be used at registration and on admission; when care, medicine, therapy or other services are provided; and whenever clinical handover or transfer occurs, or discharge documentation is generated.

Develop a patient identification system

An organisation-wide patient identification system is the set of written policies, procedures and protocols that ensure the consistent and correct identification of a patient at any time during an admission or course of treatment. This system is at the centre of efforts to ensure correct patient

identification and procedure matching. Policies, procedures and protocols for specific activities (such as patient registration, or generating and checking identification bands) should be included in, or linked to, this system.

Approved patient identifiers are items of information (such as name, date of birth or healthcare record number) that can be used to identify a patient when care, medicine, therapy or services are provided.

At least three approved patient identifiers are required each time identification occurs. This provides manual and electronic patient identification systems with the best chance to correctly match a patient with their record, without imposing impracticable demands on information gathering.

Patient identifiers may include:

- Patient name (family and given names)
- Date of birth
- Gender
- Address (including postcode)
- Healthcare record number
- Individual Healthcare Identifier (IHI) (see [Action 1.17](#) for more information).

Specify the data items approved for patient identification for use in the organisation, and use at least three identifiers:

- On admission or at registration
- When matching a patient's identity to care, medicine, therapy or services
- Whenever clinical handover or patient transfer occurs
- Whenever discharge documentation is generated



- In specific service settings, if they are different from those generally used across the organisation.

Standardise patient identification bands (if used)

If the organisation uses patient identification bands, identify where these need to be used within the organisation, and what arrangements are in place for maintaining and checking the identity of people who are not wearing identification bands.

Ensure that patient identification bands are standardised and comply with the *Specifications for a Standard Patient Identification Band*. These specifications apply to bands that have the primary purpose of identifying the patient within the health service organisation. They do not apply to bands or bracelets that have other purposes (such as triggering an alarm when a patient leaves a certain area). Neither the NSQHS Standards nor the specifications require all people receiving care to wear identification bands.

The Commission recommends using identification bands as described in the specifications, and not to vary the specifications. The specifications were developed to minimise adverse events associated with patient identification and procedure matching, and using identification bands that do not comply with the specifications may increase the risk of such events. If it is considered necessary to use a band that differs from the specifications, assess the potential risks associated with any proposed changes, identify strategies to reduce these risks and document this process.

When disposing of patient identification bands, consider issues relating to maintaining the confidentiality and privacy of patient details.

Assess the use of coloured patient identification bands (if used)

The Commission recommends that no coloured bands are used to alert clinicians to specific clinical information (such as falls risk, allergies or resuscitation status). Using colour-coded bands to indicate clinical risk:

- Is based on tradition rather than evidence of any patient safety benefit^{221,222}
- Can cause confusion and error because of inconsistencies in meaning for different colours across different organisations, especially when members of the workforce work across different health service organisations²²³⁻²²⁵
- May not accurately reflect the patient's clinical situation or be synchronised with the healthcare record.^{221,223}

If it is considered necessary to have a colour system for identifying a known allergy or other known risk, the patient identification band should be red only (see *Specifications for a Standard Patient Identification Band*).

Take a multi-factorial approach if patient identification bands are used to manage clinical risk for patients with specific characteristics or conditions. For example:

- Check the medication record for allergies before prescribing, dispensing or administering medicines (see the *Medication Safety Standard*)
- Use a multi-factorial prevention program that involves surveillance, together with interventions such as reviewing medicines (see *Action 4.10*), making the environment safe (see *Action 1.29*), screening for infections (see *Action 3.6*) and minimising the use of restraints (see *Action 5.35*).

Consider other methods of patient identification

Specialist areas of the organisation may have specific needs regarding patient identification and procedure matching. For example, in mental health units, dialysis units or aged care sections, patient identification bands may be inappropriate, and other methods such as photographic identification may be required. Determine which methods for patient identification and procedure matching will be used in each service or unit, and include these in, or link to, the organisation-wide patient identification system. Consider privacy when adopting a particular method of patient identification (for example, asking for verbal confirmation of a patient's address in an open waiting room may not be appropriate).



Action 6.6

The health service organisation specifies the:

- 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

Reflective questions

How are the processes for matching a patient to their intended care described?

How does the health service organisation ensure that the workforce is using these processes?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for correctly matching patient to their care.

Small hospitals that are not part of a local health network or private hospital group may need to:

- Develop explicit, documented protocols that outline the process of matching a patient to their intended treatment, tailored to the procedure and organisation
- Check that these processes align with nationally agreed policies, if they exist
- Ensure that policies specify which information should be documented about the process of identification and procedure matching.

Correct identification is especially important at transitions of care, where there is an increased risk of information being miscommunicated or lost.^{208,226} Transitions of care occur often in health care and include situations in which a patient's care is transferred between members of the clinical workforce, to another health service organisation or to their primary care clinician. At these times, information about a person's identity is critical to ensuring safe patient care. Consider this action alongside other actions in this standard (especially [Actions 6.7](#) and [6.8](#)).

The type of patient identification and procedure-matching process will depend on the type of procedure, the design of workflow in a particular area or organisation, and the risks for the patient.

Clearly document the process for how patient identification and procedure matching are performed in each specialist area to ensure that no requirements are overlooked. For example, in most procedural areas, 'timeouts' are required with the whole team before a procedure can start. In other situations (such as radiology, where there may be only a single operator), this could be done as a 'stop to verify' that all requirements are correct.

Support communication among clinicians and with patients

Supporting team participation and communication in safety checks is key to achieving a shared understanding of what is required and improving patient safety. Communication strategies used during the checking processes could include 'making sure, double-checking', 'verbalising information' and 'deliberate confirmation of checklist items with oral validation'.¹³³ These strategies promote closed-loop communication and allow an opportunity for participants to ask questions or clarify concerns.^{133,227,228}

Incorporate patient identification and procedure matching into structured clinical handover processes, as required under [Actions 6.6](#) and [6.7](#). Ensure that the documentation required for patient identification at handover, transfer and discharge is determined by these policies, procedures and protocols.

If appropriate, support patients, carers and families to take part in the processes to correctly match patients to their care.

Specify the information that needs to be documented about the processes to correctly match patients to their intended care

Ensure that policies describe what documentation is needed about the processes to correctly match a patient to their intended care. The requirements for documentation will depend on the situation.



CRITERION: Communication at clinical handover

Processes for structured clinical handover are used to effectively communicate about the health care of patients.

Structured clinical handover has been shown to reduce communication errors within and between health service organisations, and to improve patient safety and care, because critical information is more likely to be accurately transferred and acted on.^{147,207} This is especially important at transitions of care, when communication errors are more likely and there is an increased risk of information being miscommunicated or lost. Ineffective communication at clinical handover is also associated with clinicians spending extensive time attempting to retrieve relevant and correct information.²²⁹ This can result in inappropriate care, and the possibility of misuse or poor use of resources.^{230,231}

Structured clinical handover at transitions of care

Implement and support the use of structured clinical handover processes in the organisation's service context. This criterion is linked to [Action 6.4b](#), which requires organisations to have clinical communication processes at transitions of care, across all levels of the organisation. Transitions of care occur when all or part of a patient's care is transferred between healthcare locations, clinicians, or different levels of care within the same location. This includes when:

- There is a change in clinician (for example, shift change)
- A patient is transferred to another health service organisation (for example, from hospital to an aged care home, another hospital, community nursing or a palliative care service)
- A patient is moved within an organisation (for example, from the acute care section to the aged care section)
- A patient transfers for a test or appointment
- A patient is discharged.

Transitions of care are not limited to these times, but consider these situations as a minimum

requirement for clinical handover policy and processes, if these situations occur in the organisation.

Under an effective standardised and structured clinical handover process, all relevant participants know the minimum information that needs to be communicated when a handover takes place, the purpose of the handover, the structured format to help communication, and how responsibility and accountability are transferred.¹⁴⁷

[Table 1](#) illustrates several clinical handover solutions in a matrix of clinical situations and handover delivery options. It considers the format that clinical handover might occur in and recommendations about how it should be delivered.²³²

Defining the minimum information content

The minimum information content for a particular handover will depend on the context and reason for handover. Be guided by best practice, and determine the minimum information content in consultation and collaboration with the patients, carers and clinicians who are active participants in the clinical handover process.

When defining the minimum information content, consider actions across the NSQHS Standards that require and support communication of relevant information at transitions of care (see [Table 2](#) for some examples of relevant actions).



Table 1: Clinical handover matrix*

Why implement standard key principles?	Evidence indicates that standardisation of handover processes contributes to safer patient care ^{250, 285}								
What clinical information should be handed over?	Locally defined minimum information content that meets the key principles, ensuring that the most important clinical information is handed over								
Who should attend handover?	Key participants in the handover process should be identified and available to attend the handover of their patients								
When should handover occur?									
How/where should handover be delivered?	Multidisciplinary team handover	Shift handover (continuous coverage)	Shift handover (non-continuous coverage)	Escalation of deteriorating patient	Patient transfers for a test or appointment	Patient transfers to another ward	Patient transfers to another facility	Inpatient to community handover	Inpatient to outpatient handover
Face to face (in the patient/carer presence) and written	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Face to face (in a common area) and written	✓	✓	✓	✓	✓	✓	✓	✓	✓
Telephone and written	?	✓	✓	✓	✓	✓	✓	✓	✓
Telephone only	?	?	?	✓	✓	✓	?	?	?
Written only	✗	✗	✓	✗	✓	?	✗	?	✓
Voice recording	✗	✗	✗	✗	✗	✗	✗	✗	✗

Recommended
 Adequate
 Not recommended
 Should never occur

* Adapted from [WA Clinical Handover Policy](#)



Table 2: Actions in the NSQHS Standards that support communication of relevant information at transitions of care

Information to be communicated	Actions in the NSQHS Standards
Patient identification	Action 6.5b
Diagnosis (provisional or principal), clinical assessment (including any relevant alerts) and current clinical condition (e.g. stable, improving, deteriorating)	Actions 5.11–5.13 , Action 6.8b , Action 8.5e , Action 8.9
Risks of harm, worry or clinical concerns	Action 5.7b , Action 5.10 , Actions 5.21–5.36 , Actions 8.6e
Medication history and current medicines list (e.g. adverse drug reactions, reasons for any changes to medicines)	Actions 4.5–4.7 , Actions 4.10–4.12
Emerging or new critical information (e.g. changes in patient condition, new results, results outstanding or needing follow-up, critical information arising post-discharge)	Actions 6.9 and 6.10
Agreed care plan, priorities for care (e.g. further reviews, treatments or procedures; discharge planning; referrals; follow-up)	Actions 5.13 and 5.14
Infectious state (if relevant)	Action 3.7
Transfusion history, blood management and transfusion details (if relevant)	Action 7.5
Identity and confirmation of clinician or healthcare team responsible and accountable for patient care (transfer of responsibility and accountability)	Action 6.8f



Key principles of clinical handover

The purpose of clinical handover is to ensure that relevant, accurate and current information about a patient's care is transferred to the right person or people, action is taken (when necessary) and continuity of patient care is maintained. To ensure that these events occur, all clinical handover policies and processes need to reflect the key principles of clinical handover. This is required under [Action 6.8](#) and includes:

- a. Preparing and scheduling clinical handover
- b. Having the relevant information at clinical handover
- c. Organising relevant clinicians and others to participate
- 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.

Clinical handover is more than the transfer of information, which is 'irrelevant unless it results in action that is appropriate to the patients' needs'²³³ – it is about maintaining continuity of care.

Engaging patients and carers in clinical handover processes

Patients, carers and family members are key participants in transition communication processes, and the patient's preferences and choices should be known and respected. Patients can have important insights into their conditions, and the circumstances that may affect their ongoing care and needs. Patient engagement and communication at transitions of care improve patient care outcomes, prevent adverse events during care and reduce readmissions to hospital after discharge.^{209,234,235}

If practicable, implement systems to engage patients early, and support patients, carers and families to take part in clinical handover and transition of care processes. Consider the organisation's processes, including when handover is occurring, and identify opportunities to engage with patients, carers and families. Ensure that participation is in accordance

with the patient's wishes, and include careful consideration of the patient's level of health literacy, language barriers and culture.²⁰⁹ Consider how actions link to requirements in the [Partnering with Consumers Standard](#).

Resources to support patient–clinician communication at transitions of care are available on the [Commission's website](#).

Communication at transitions for patients with cognitive impairment

The importance of communication at transitions is highlighted for people with cognitive impairment, particularly if they are unable to communicate required information. Information from a person's general practitioner, family, carer or substitute decision-maker, and healthcare record about the patient's medical history, medicines list, recent cognitive changes, advance care plans and goals of care is crucial for accurate diagnosis, medication reconciliation and appropriate treatment decisions (see [Actions 5.29](#) and [5.30](#)). During a hospital stay, family members may be the first to notice changes in cognition and behaviour that should prompt assessment for delirium (see [Actions 8.5](#) and [8.7](#))

Any diagnosis of delirium or concern about ongoing cognitive impairment needs to be communicated so that arrangements can be put in place for post-discharge assessment, management and support.

[A Better Way to Care](#)¹⁷¹ sets out suggested strategies for health service organisations in early recognition, prevention, treatment and management of cognitive impairment.



Clinical handover

Action 6.7

The health service organisation, in collaboration with clinicians, defines the:

- 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

Reflective questions

How does the health service organisation describe the minimum information content to be communicated at each clinical handover?

What processes are used to ensure that the health service organisation collaborates with the clinicians who are involved in clinical handover when determining the minimum information content for different handovers?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established clinical handover processes.

Small hospitals that are not part of a local health network or private hospital group should collaborate with clinicians to define the minimum information content to be communicated for each type of clinical handover identified in the organisation.

Document the minimum information content for different clinical handovers, and make this easily available to the workforce to ensure that all participants involved in a handover are aware of what the minimum information content is for that handover, and their roles and responsibilities for communicating and receiving this information. Provide orientation and training to support the workforce in effectively transferring the correct information (see [Action 6.1](#)). Provide guidance on the overarching minimum information required for all handovers, and allow this to be adapted and refined to the different contexts in which handovers occur in the organisation. At a minimum, consider the information that is required to be

communicated across the NSQHS Standards (see [Table 2](#)).

Use of structured handover tools can help to provide a framework for communicating the minimum information content for clinical handovers. The iSoBAR framework is an example ([Table 3](#)).²¹⁰

A 'patient safety check' process at the end of a handover can help to focus on the patient's safety as a priority. This may include raising or reiterating any safety concerns, such as socioeconomic factors, alerts, allergies or risks.

Other examples of tools to help structure handover include:

- ISBAR (Identify, Situation, Background, Assessment and Recommendation)
- SBAR (Situation, Background, Assessment, Recommendation)
- SHARED (Situation, History, Assessment, Risk, Expectation, Documentation)
- I PASS the BATON (Introduction, Patient, Assessment, Situation, Safety concerns, Background, Actions, Ownership, Timing, Next).

These tools are designed to be flexible and adapted to suit local workforce environments and culture, and the purpose of handover. They are available on the [Commission's website](#).



Table 3: iSoBAR framework

i	Identification	Introduce or identify patient, self and team
S	Situation	Provide current working diagnosis, specific clinical problems, concerns and critical laboratory results
o	Observation	Check, update and discuss recent vital signs
B	Background history	Update and discuss relevant medical and support information
A	Agree to a plan (actions)	Outline plan for assessment, treatment and discharge
R	Responsibility and risk management	Confirm shared understanding; clarify tasks (read back critical information to check understanding), timing and responsibility is transferred

Action 6.8

Clinicians use structured clinical handover processes that include:

- 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

Reflective questions

How does the health service organisation describe the different situations in which structured clinical handover should take place, the method of communication, who should be involved and the structured communication tools to assist with handover?

How are the patient's goals and preferences communicated to those involved in clinical handover?

How does the health service organisation ensure that discharge summaries are provided to the relevant people involved in a patient's ongoing care?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established structured clinical handover processes.

Small hospitals that are not part of a local health network or private hospital group should:

- Document the structured clinical handover processes required in the organisation, ensuring that they are consistent with the key principles of clinical handover
- Clearly communicate the clinical handover policies and processes to the workforce, including expectations for using clinical handover processes



- Provide access to structured clinical handover tools
- Support the workforce, patients and carers to use structured clinical handover processes and tools.

Prepare for and schedule clinical handover

Consider the organisation's environment and decide on the best time for clinical handovers to take place. This may include assessing the environment that the handover is taking place in (for example, ensuring that participants can hear and see each other without interruptions), and setting an agreed time, duration and frequency for clinical handover.²¹⁰

Nominate all key participants for clinical handovers. Consider the need for multidisciplinary input, including clinical and non-clinical workforce members (such as nursing, allied health or psychosocial clinicians, if appropriate).

Inform participants of the clinical handover processes and expectations for participating in handover.

If possible, involve patients, carers and families as key participants in handover.

Allocate specific roles to members of the workforce during handover to ensure continuity of patient care and reduce disruptions. This includes nominating a leader at each clinical handover.

Set the method and location for clinical handover, preferably face to face and in the patient's presence, if appropriate.

Make structured communication tools, such as iSoBAR, ISBAR, SBAR or SHARED, available to the workforce. These tools are designed to be flexible and adaptable to the local workforce environment. Resources including videos and templates are available on the [Commission's website](#).

Support clinicians and the workforce to have situational awareness. This refers to maintaining an awareness of the 'big picture', and thinking ahead to plan and discuss contingencies. Ensure an open and ongoing dialogue as part of the handover, which keeps members of the team up to date with what is happening and how they will respond if

the situation changes. This includes informing the workforce about:

- Patients who require considerable levels of attention or immediate care (for example, patients who could be, or are, deteriorating, or who may present occupational safety issues)
- Potential patient movements
- The condition of the work environment and staffing numbers that may affect safety (for example, high workload, busy environment).^{125,200}

Have relevant information at clinical handover

To ensure that the most up-to-date and relevant information is communicated, put systems and processes in place to enable clinicians to obtain the necessary documents and information before handover. This information may include the healthcare record, advance care plans, progress notes, prepared handover sheets, test results, and information written on electronic journey boards or patient care whiteboards.

Organise relevant clinicians and others to participate

All relevant participants should be present before handover begins.

The designated leader manages and facilitates the handover. This is usually the role of the most senior clinician present; however, this will depend on the handover, and it may be more appropriate to designate a clinician who is involved in coordinating a patient's care.

If appropriate, implement multidisciplinary team handovers or rounds. These should be structured, and when and how often they take place will depend on the context of the health service organisation. Also consider whether all participants need to be present for the whole transfer, or only part of it.

Be aware of the patient's goals and preferences

Ensure that all participants who are involved in the handover are aware of the patient's goals and preferences (see [Action 5.13](#)).

If unsure, check with the patient, or their family or carer if appropriate.



The TOP 5 initiative in New South Wales encourages clinicians to engage with carers to gain valuable non-clinical information to help personalise care for patients with cognitive impairment. This information is made available to every member of the healthcare team to improve communication between the patient, the carer and the team, and information is documented on a TOP 5 form:

- T – Talk to the carer
- O – Obtain the information
- P – Personalise the care
- 5 – Strategies developed.

Support patient, carer and family involvement

Patients often feel anxious when they are being moved or their care is being transferred, particularly if no information is provided to them about the transfer or what to expect. Engage patients in transition communications to help alleviate this anxiety. Strategies to engage patients in transition communications could include:

- Ensuring that structured communication tools are patient focused, such as including an opportunity to engage and communicate with patients as part of the tool
- Placing patient care boards or whiteboards around the patient's bedside that record key information about the comprehensive care plan (such as upcoming tests and patient goals), and allowing patients, carers and families to write comments on the board for the workforce
- Signposting the organisation's processes for transfer, including providing clear information about the steps the patient is likely to go through and the different demands that may be made of them along the way, and allowing patients, family members and carers to ask questions.

Consider how the privacy of a patient and confidentiality of patient information is maintained during transfers of care. This includes when patients are engaged in clinical handover at the bedside. If sensitive information is to be discussed, consider options for conducting aspects of the handover in a private area. Sensitive information may also be recorded on the handover sheet. Ask the patient if they are comfortable with bedside handovers, and let them know the purpose of bedside handovers and why they can play an important role. Let them

know that sensitive information may be discussed and ask if they are comfortable with this.²³⁶ When sensitive information is handed over in a private area, involve patients by asking them if they have questions or comments, or inviting them to confirm or clarify information. Detail the options and requirements to ensure privacy in the organisation's privacy policy, and reflect this in the organisation's handover policy.

Ensure transfer of responsibility and accountability of care

Key objectives of clinical handover are to maintain continuity of care, and to transfer professional responsibility and accountability for some or all aspects of patient care. This requires a clear understanding of who is responsible for tasks that need to be performed at any given time, and who may be held accountable for the decisions made and directions specified for a patient's care.²¹⁰

The importance of ensuring the transfer of responsibility and accountability for patient care is emphasised in structured communication tools such as SBAR, ISBAR, iSoBAR and SHARED (see [Action 6.7](#)). These provide an opportunity for clinicians to request, recommend, read back/check back and communicate expectations. For example:

- What do I recommend or request to be done?
- What am I asking them (the recipient) to do?
- Has the person I am communicating to confirmed receipt of information? – ask participants to confirm understanding (check back) and provide an opportunity for participants to ask questions
- Does everyone understand what is going to happen next, who is doing what and by when?²³⁷

Put processes in place to clearly document the transfer of responsibility and accountability across the patient's journey, who is responsible and accountable for patient care, and what has been agreed on. Examples of documentation that shows effective handover of responsibility of care could include:

- Completed transfer forms
- Referral letters or discharge summaries
- Rounding checklists
- Information on changes to patient comprehensive care plans and pathways.



When a patient is discharged from the organisation, ensure timely communication of critical information to the patient, their general practitioner and/or their primary carer. This may be in the form of a discharge summary (see [Actions 6.4 and 6.7](#)). Consider the significance and complexity of the patient's health issues and risks of harm (see [Action 5.13](#)), and ensure that the discharge summary is provided to all the relevant people involved in the patient's ongoing care.²³⁸ This includes ensuring that patients, carers and families understand the discharge plans, and (if relevant) who their ongoing care providers are, especially if English is not their first language (see [Action 2.10](#)). Ensure that documentation in the discharge summary has correct and up-to-date contact details of all relevant clinicians, and reflects the most current communications about care.



CRITERION: Communication of critical information

Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.

When critical information emerges or there is a risk to patient care, timely communication of this information to the appropriate person(s) is essential to ensuring patient safety and delivery of the right care.

How critical information is defined in an organisation will depend on the type of services provided and the needs of the local population using the service. It may be helpful to consider what clinical and non-clinical information is time critical or significant to patient care, such as:

- New critical diagnostic or test results that require a change to care
- Changes in a patient's physical and psychological condition, including unexpected deterioration or development of complications (linked to the [Recognising and Responding to Acute Deterioration Standard](#))
- Errors in diagnosis
- Missed test results
- Predetermined alerts and triggers
- Follow-up communication after a review of results.

This criterion recognises that critical information can arise at any point during a patient's care. These times can occur outside formal clinical handover, and can be closely linked to the formal processes of recognising and escalating acute deterioration, if escalation is required.

This criterion is closely linked to clinical handover ([Action 6.8](#)) and recognising acute deterioration ([Actions 8.4–8.13](#)). It addresses a communication gap by ensuring that the 'in-between times' are captured, and that organisations have systems and processes in place to support communication of critical information, whenever it emerges or changes. This is essential because problems in communication at in-between times can result in failure to rescue, inappropriate treatment, care that does not align with a patient's goals or preferences, and poor coordination of care.^{239,240}

New critical information can come from several sources, including patients, carers and families.

For timely action to occur, information must be communicated to the right person – that is, a clinician(s) who can make decisions about care. It is important to determine who this is, and to have processes that enable the workforce, patients, carers and families to know who this person is at any given time. What is 'timely' will depend on how important or time critical the information is to a patient's health, wellbeing or ongoing care. For example, communication may need to occur immediately, within hours or within days.

This standard does not apply to all informal communications. The intention is for organisations to consider and define what critical information means for their particular service, and put in place formal processes to ensure that this critical information is communicated whenever it emerges or changes. Ensure that policies and processes include:

- When communication should occur (for example, flags, triggers, alerts, defined criteria or critical values for diagnostic tests, referral criteria)
- Expectations about the time frame in which communication should occur (emphasising timely communication that is relevant to the criticality of the information)
- Who to communicate with, and how to escalate in the event of no response
- The preferred method of communication.

Documenting critical information in the patient's healthcare record is also essential to ensure patient safety, and to support subsequent communications and decisions about care. It is therefore important to consider the requirements under [Action 6.11](#).

In developing processes, consider ways to support closed-loop communication.²³⁹ This is when the person who is communicating the information knows that the message has been received, and there is a response that lets them know that action will be taken to deal with the communication need.²⁴¹ Closed-loop communication is especially important if communication occurs through tools or technologies that do not allow two-way communication, such as pagers, email or letters.



Communicating critical information

Action 6.9

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:

- a. Clinicians who can make decisions about care
- b. Patients, carers and families, in accordance with the wishes of the patient

Reflective questions

What processes are used to identify the clinician(s) who can make decisions about care and take action if needed?

How do clinicians effectively communicate critical information to other clinicians who can make decisions about care, and patients and carers, in a timely way?

- Missed results
- Wrong diagnosis
- Change in patient goals
- Allergies or adverse drug reactions
- Issues with equipment or medical supplies
- Information that requires follow-up with another clinician or the patient (or family or carer, if appropriate).

Strategies for improvement

MPSs or small hospitals will need to:

- Define what 'critical information' and 'risks to patient's care' mean for the service context
- Implement processes to identify the clinicians who are responsible for a patient's care and who can make decisions about care at any given time
- Identify when and to whom communication of critical information, alerts or risks should occur, including communication with patients, carers or families
- Develop and implement standardised processes that describe how communication of critical information, alerts or risks should occur.

The nature of critical information or a risk to patient care for the organisation depends on a number of factors and could include:

- Changes to medicines
- New critical results of diagnostic tests, including pathology tests, radiology exams or ultrasound procedures, and results from any diagnostic test that is conducted at the point of care (for example, at the bedside)

Review policies for communicating critical information

Ensure that policies and processes clearly define:

- The types of critical information that need to be communicated
- The method for communicating critical information to the responsible clinician or multidisciplinary team
- The method for communicating critical information to the patient (or family or carer, if appropriate)
- The expected time frames for this communication
- How the information is documented (see [Action 6.11](#)).

Policies for communicating critical information to patients, carers and families should also consider whether open disclosure is relevant. Organisations are required to have open disclosure processes as a part of [Action 1.12](#).



Use specific strategies and frameworks

Strategies to enable clinicians to communicate critical information could include:

- Implementing daily or triggered 'safety huddles' or team rounds, which are a mechanism for everyone to discuss potential risks and identify safety issues
- Having in place 'critical language', which is an agreed set of terms or common language that indicates to all members of the team that there is a problem or concern – for example, phrases such as 'I need some clarity' or 'I am worried about'; teams that respond to critical language know that, when this type of phrase is spoken, they need to stop, take a moment, pay attention and ensure that everyone on the team is on the same page

- Establishing agreed communication processes and pathways between clinicians, multidisciplinary teams, and pathology, biochemistry and radiology, to ensure that members of the workforce are clear about who to communicate new critical results to, and who is responsible for the action or follow-up.

The SHARED framework may be a helpful structure to use when communicating a critical situation or change in patient condition (developed by Mater Health Services Brisbane as part of the Commission's National Clinical Handover Initiative).

Action 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

Reflective questions

What processes are in place to support patients and carers to communicate critical information about their care to clinicians?

What feedback processes are in place to let patients and carers know that they have been heard and action has been taken, if necessary?

Strategies for improvement

MPSs or small hospitals will need to:

- Develop and implement processes for patients and carers to communicate critical information and risks about their care
- Support patients and carers to understand and use these processes.

Ensure that policies describe the processes for patients, carers and families to communicate critical

information that has emerged or changed to the clinicians who are responsible for the patient's care:

- Before admission
- At different points of care
- After discharge.

This could include:

- Informing patients, carers and families about what could be considered critical information
- Informing patients, carers and families about their role in communicating this information
- Providing access to resources or communication tools to support patients, carers and families to communicate critical information to clinicians.

Examples of mechanisms could include information provided on admission, posters, notices in wards or patient rooms, and messages on waiting-room TVs and the organisation's website. Ensure that information is displayed in a way that can be easily noticed and read by patients, carers and families.



Processes to inform patients, carers and families about who they can communicate critical information to when it emerges or changes, at any time, are also important. This may involve displaying information about how, and to whom, patients, carers and families can communicate critical information in patient rooms and common areas. The information could include:

- A photo board of care team members with contact details
- A phone number (and available phone) for patients, carers and families to call if they are concerned
- A section on the patient whiteboard that identifies who is responsible for their care at any given time and how they can contact them
- Information about how patients and families may request a meeting with their clinician, or an integrated team meeting.

If possible, allocate specific times for patients, carers and families to communicate with their care team, rather than leaving patient and family queries to random encounters with the workforce.

An example of a tool for implementing this action is the REACH model (Recognise, Engage, Act, Call, Help is on its way) developed by the NSW Clinical Excellence Commission to enable patient- and family-activated escalation.



CRITERION: Documentation of information

Essential information is documented in the healthcare record to ensure patient safety.

Documentation is an essential component of effective communication. Given the complexity of health care and the fluidity of clinical teams, healthcare records are one of the most important information sources available to clinicians. Undocumented or poorly documented information relies on memory and is less likely to be communicated and retained. This can lead to a loss of information, which can result in misdiagnosis and harm.^{242,243}

The intent of this criterion is to ensure that relevant, accurate, complete and up-to-date information about a patient's care is documented, and clinicians have access to the right information to make safe clinical decisions and to deliver safe, high-quality care.

Documentation can be paper based, electronic or a mix of both. It can also take a number of forms, including the care plan, handover notes, checklists, pathology results, operation reports and discharge summaries. For this criterion, organisations are required to have in place systems to ensure that essential information about a person's care is documented in the healthcare record. For documentation to support the delivery of safe, high-quality care, it should²⁴⁴:

- Be clear, legible, concise, contemporaneous, progressive and accurate
- Include information about assessments, action taken, outcomes, reassessment processes (if necessary), risks, complications and changes
- Meet all necessary medico-legal requirements for documentation.

Regardless of who records information in the healthcare record, organisations need to ensure that their systems and processes for documentation meet the requirements of this standard. This involves supporting the workforce to document information correctly, and could include policies or training that clearly describe:

- The workforce's roles, responsibilities and expectations regarding documentation
- When documentation is required
- How to gain access to the healthcare record, and templates, checklists or other tools and resources that support best-practice documentation.

Clinical information systems and technologies play an increasingly important role in documentation in the healthcare system. It is essential to consider the safety and quality issues that may arise when designing, implementing or integrating digital health solutions. Any digital health record system that is implemented should meet the elements of best-practice documentation and support effective clinical communication.

This criterion is supported by actions in the Clinical Governance Standard that require organisations to make the healthcare record available to clinicians at the point of care, support the workforce to maintain accurate and complete healthcare records, and integrate multiple information systems if they are used (Action 1.16).



Documentation of information

Action 6.11

The health service organisation has processes to contemporaneously document information in the healthcare record, including:

- a. Critical information, alerts and risks
- b. Reassessment processes and outcomes
- c. Changes to the care plan

Reflective questions

How does the health service organisation describe the roles, responsibilities and expectations of the workforce regarding documenting information?

What processes are in place to ensure that complete, accurate and up-to-date information is recorded in the healthcare record and is accessible to clinicians?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established documentation processes.

Small hospitals that are not part of a local health network or private hospital group should:

- Develop and implement systems to support the contemporaneous documentation of critical information in the healthcare record, and ensure that they comply with relevant state and territory policies on documentation requirements about clinical information
- Record the organisation's documentation policies, and make them available to the workforce
- Communicate to the workforce their roles and responsibilities for documentation.

Develop policies and processes that encourage a shared understanding of the organisation's documentation requirements. These could outline:

- When documentation is required
- What needs to be documented (that is, critical information, risks, reassessment processes and outcomes, and changes to the care plan)

- What format of documentation is required
- Expectations regarding information being recorded (that is, contemporaneous, accurate, legible and up to date)
- Where information should be documented, and how to gain access to and use the organisation's information management systems
- Roles and responsibilities relating to documentation.

The following 'CARE' elements²⁴⁵ provide a useful guide when considering what good written documentation may look like in practice. They apply equally to digital information.

Compliant and complete

- All electronic and written documentation adheres to the standards and procedures of the health services and professional bodies concerned; this includes the use of approved abbreviations, and rules for clinician and patient identification
- Documentation is complete and current (for example, new or emerging information is recorded, daily progress notes or care plans are documented, a discharge summary is completed on discharge)
- Clinicians provide the right documents and use them correctly.

Accessible and accurate

- Paper and electronic documents are available to clinicians who need them, when they need them, and in a language that the intended readership can easily understand



- Relevant, up-to-date information is immediately at hand and easy to locate, or searchable (physical accessibility)
- The documents consider the potential future relationship and the needs and capabilities of those who will use the information (deferred accessibility); clinicians should not use language that excludes the people who will be using the information (such as the patient, carers, families and other clinicians across disciplines)
- The information recorded correctly reflects the event being documented.

Readable

- Documents are legible and can be understood; electronic and paper forms and checklists should provide enough space so that they can be completed accurately and legibly, and include clear instructions about how they should be completed
- Acronyms and abbreviations are avoided (in both design and completion) if there is any potential for ambiguity
- Documents are as specific as possible.

Enduring

- Documents are materially durable, not loose paper that is likely to slip out or fade
- The meaning of the documents is maintained, and they are completed in such a way that someone who is not present at the time of the recording can interpret the information – written information restricts the immediacy of feedback, so predict the reader's need to know, and try to anticipate their queries by providing enough information and justification to explain recommendations and instructions (actions to be taken and why), rather than just listing them.²¹⁰

Implement standardised and structured templates, checklists or forms that are based on best practice and developed in collaboration with clinicians, to support documentation of clinical information.²⁴⁵ Ensure that the workforce has easy access to these resources, and training about documentation protocols and how to use any standardised forms.

For electronic discharge summaries, core information components have been specified by the Australian Digital Health Agency. The Commission's *National Guidelines for On-Screen Presentation of Discharge Summaries* provides recommendations about the best on-screen view of a discharge summary and other strategies to deal with presentation inconsistencies.

If electronic health systems are implemented to support documentation (for example, digital healthcare records, information-sharing systems, electronic patient journey boards), consider requirements under the *Clinical Governance Standard* (particularly Actions 1.16–1.18), and actions related to managing risks for clinical communication (Action 6.1), and monitoring and reporting incidents (Action 1.11).



Resources

Quality improvement for clinical communication

Australian Commission on Safety and Quality in Health Care – [Implementation Toolkit for Clinical Handover Improvement, evaluation plan and evaluation framework \(pages 51–52\)](#)

Quality Improvement Clinic – [Handover & Transfers of Care: Step-by-step measurement guide](#)

Clinical communication and handover

Although many of these resources were developed in the context of clinical handover, the framework and principles are helpful when considering how to improve clinical communications more broadly at transitions of care:

- Agency for Healthcare Research and Quality – [CUSP Toolkit, 'Implement teamwork and communication' module](#)
- Australian Commission on Safety and Quality in Health Care – [Implementation Toolkit for Clinical Handover Improvement](#)
- Australian Commission on Safety and Quality in Health Care – [OSSIE Guide to Clinical Handover Improvement](#)
- Institute for Healthcare Improvement – [How-to Guide: Multidisciplinary rounds](#)
- NHS England – [Safe Communication: Design, implement and measure](#)
- NSW Clinical Excellence Commission – [In safe hands](#)
- NSW Health – [Implementation Toolkit: Standard key principles for clinical handover](#)
- Primary Health Tasmania – [Sharing Points videos](#)
- SA Health – [TeamSTEPPS](#)
- SA Health and NSW Health clinical handover tool – [Know the Plan, Share the Plan, Review the Risk](#)

Communicating with transport services

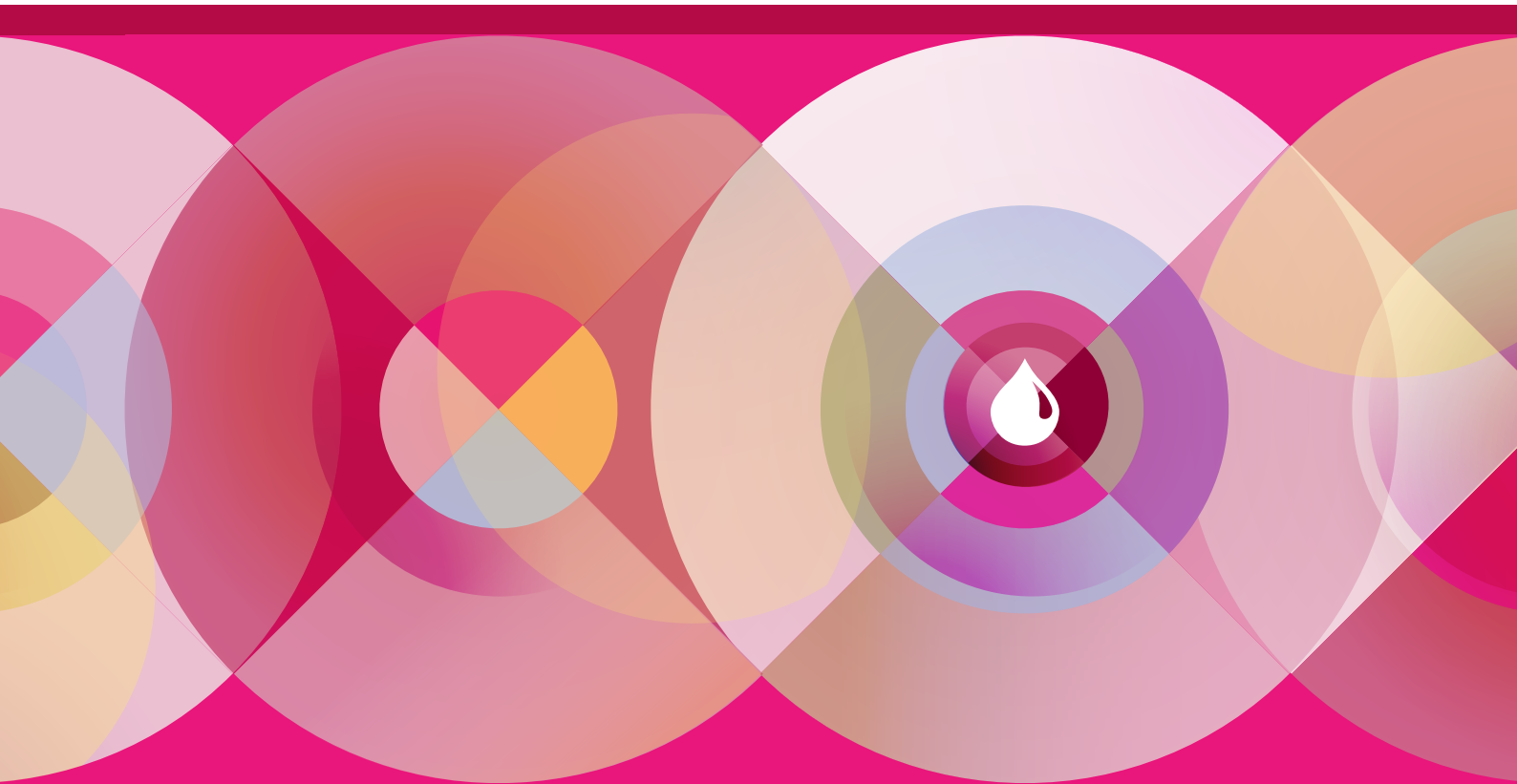
Queensland Ambulance Service – [Clinical Practice Procedures: Other/clinical handover](#)

Royal Flying Doctor Service – [Transporting Your Patient: Guidelines for organizing and preparing patients for transfer by air](#)

Victorian Department of Health – [Protocol for the Clinical Handover of Ambulance Patients into the Emergency Department](#)

7

Blood Management Standard





Blood Management Standard

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

Intention of this standard

To identify risks, and put in place strategies, to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

Criteria

Clinical governance and quality improvement to support blood management

Prescribing and clinical use of blood and blood products

Managing the availability and safety of blood and blood products



Introduction

Blood and blood products are a vital resource, sourced from the Australian and international donor community, and from commercial manufacture. The use of blood and blood products can be lifesaving, but there are also risks associated with their administration and use. Adverse outcomes can vary in frequency and severity, and include allergic and immunological complications, infections, and incorrect blood transfusions.^{246,247} Prescribing practices regarding blood vary widely, and a significant proportion of blood transfusions are unnecessary or could be avoided.²⁴⁸

The management of patients' own blood, and the use of blood and blood products, are critical components of health care. The National Blood Authority (NBA) manages the national blood supply to ensure that clinicians have reliable and efficient access to blood and blood products needed for patient care, and to ensure value for money. Blood and blood products are provided to patients free of charge, based on clinical need and appropriate clinical practice.

Transfusion should not be a default decision. It should:

- Be carefully considered
- Take into account all the available evidence-based blood management strategies
- Balance the evidence for efficacy and improved clinical outcome against the potential risks
- Consider patient values and choices.

In MPSs and small hospitals, the use of blood or blood products may be limited. If this is the case, many of the actions in the Blood Management Standard will be not applicable. Organisations with limited use of blood or blood products should develop a blood management system appropriate to the size, type and risk profile of the organisation.

Scope of this standard

The Blood Management Standard covers all elements in the blood management and clinical transfusion process. This includes the principles of patient blood management (PBM), which involves avoiding unnecessary exposure to blood components through appropriate clinical management of the patient and the use of other, non-blood treatments. Consideration of all treatment options should be covered in the organisation's policies, protocols and procedures (Action 7.1), and in communication with patients about treatment options (Action 7.3).

The Blood Management Standard aims to ensure that patients (and carers) are engaged in decisions about their management and, if they receive blood and blood products, they do so appropriately and safely.

The Blood Management Standard requires clinician leaders and managers of a health service organisation to implement systems to ensure the safe, appropriate, efficient and effective use of blood and blood products. Clinicians and other members of the workforce should use the blood and blood product safety and quality systems.

The term 'transfusion' in this guide covers the administration of all blood and blood products, regardless of their route of administration. The blood and blood products governed under this standard include:

- Fresh blood components, such as
 - red blood cells
 - platelets
 - clinical fresh, frozen plasma
 - cryoprecipitate
 - cryodepleted plasma
- Plasma derivatives and recombinant products, such as
 - albumin
 - immunoglobulins, including immunoglobulin replacement therapy (for example, intravenous immunoglobulin) and hyperimmune globulins
 - coagulation proteins
 - coagulation and complement inhibitors.



Other products that are made or derived from human blood or plasma, such as some types of fibrin sealants (including Tisseel and Artiss), could be considered blood products. However, these products are not included in the scope of this standard, and it is not necessary to apply the actions of this standard to these products. However, ensuring safety and quality is important for all patient treatments. These products should meet safety and quality standards identified in the Medication Safety Standard, as well as any other relevant standards, including those relating to patient consent.

The Blood Management Standard relates to the management of patients' own blood, pre-administration (including assessment of the patient's bleeding risk) and administration, and management and use of blood and blood products.

Patient blood management

PBM improves patient outcomes by ensuring that the focus of the patient's medical and surgical management is on optimising and conserving the patient's own blood. With better management, patients usually require fewer transfusions of donated blood components, which avoids transfusion-associated complications. PBM is not an intervention or an alternative to allogeneic blood transfusion; it is sound, evidence-based clinical practice.²⁴⁹

PBM should be the standard of care applied by all clinicians for patients facing a medical or surgical intervention who are at high risk of significant blood loss.

Stewardship Statement

The Australian Health Ministers' Conference Statement on National Stewardship Expectations for the Supply of Blood and Blood Products (the Stewardship Statement)²⁵⁰ outlines the expectations of clinicians with regard to the responsible, sustainable and appropriate use of blood and blood products. The Blood Management Standard builds on these expectations, and outlines the safety and quality expectations of health service organisations in PBM, and the management of blood and blood products.

The Stewardship Statement lists a number of principles, including the following:

- All blood and blood products are used in a clinically appropriate manner in accordance with relevant professional guidelines and standards
- Informed patient consent procedures are implemented for all patients
- Processes, programs and facilities are in place to minimise the wastage of blood products
- Facilities are accredited with the appropriate bodies to meet all safety and quality obligations
- Transfusion-related adverse event information is collected and managed according to state or territory requirements.



CRITERION: Clinical governance and quality improvement to support blood management

Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met.

This criterion requires organisation-wide governance, leadership and commitment to support blood management.

To meet this criterion, health service organisations are required to:

- Apply safety and quality systems to support timely and appropriate blood management
- Use quality improvement systems to monitor, review and improve blood management

- Apply the principles of partnering with consumers when designing and implementing blood management systems.

This criterion aligns closely with the Clinical Governance Standard and the Partnering with Consumers Standard.

Safety and quality governance arrangements for blood and blood products may be embedded in, or managed as an adjunct to, broader safety and quality governance arrangements. Regardless of the approach, safety and quality governance arrangements for blood and blood products are required.

Integrating clinical governance

Action 7.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- a. Implementing policies and procedures for blood management
- b. Managing risks associated with blood management
- c. Identifying training requirements for blood management

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for blood management
- Identify and manage risks associated with blood management
- Identify training requirements for blood management?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19, 1.20 and 1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support the policies and procedures, risk management and training for blood management
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.

Blood management governance

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established governance arrangements for blood management.

Small hospitals that are not part of a local health network or private hospital group should set up clinical governance for blood management to oversee the safety and quality systems for blood management. This may include:

- Ensuring that members of the clinical workforce are trained in documentation requirements relating to transfusion, and receipt, storage, collection and transport of blood and blood products
- Developing strategies to improve and monitor compliance

- Increasing circulation of, or developing new, communiqués for clinicians involved in administering or prescribing blood and blood products to manage the risks identified.

Implement policies and procedures

Depending on the risks and use of blood and blood products, policies and procedures may need to cover:

- Preoperative anaemia and iron deficiency assessment and management pathways, or evidence through chart audit of a haemoglobin assessment
- Identification of patients at high risk of bleeding
- Use of appropriate diagnostic assays to assess cause of bleeding in a timely manner
- Use of decision support tools to support decision-making about bleeding management
- Use of all treatment options
- Management strategies that help minimise the likelihood of transfusion (including any PBM program)
- Support for transfusion alternatives and blood product refusal
- Pre-transfusion practice – strategies to optimise and conserve the patient's own blood, identify patients at risk of bleeding, and pre-transfusion blood sampling and testing
- Pre-, intra- and post-treatment or intervention assessment and documentation of a patient's haemoglobin, ferritin and iron studies
- Prescribing practice and clinical use of blood and blood products, and decisions to use blood and blood products, including any specific requirements (for example, irradiated products)
- Record taking and reporting, including completion of local blood request forms
- Administration of blood and blood products, including venous access; the use of equipment, concurrent fluids and medicines; pre-administration identity check of patient and blood product; infusion rates; and observations and monitoring²⁵¹
- Identity checks at the time of pre-transfusion specimen collection, testing, product allocation, and collection of blood products from storage



- Management of blood and blood products – including receipt, storage, collection and transport, wastage, and contingency planning
- Informed patient consent relating to blood and blood products, and partnering with patients in their own care.

Manage risks

Use established risk management systems (see [Action 1.10](#)) to identify, monitor, manage and review risks associated with blood management.

The administration of blood products involves a number of processes performed by multiple clinicians across different disciplines, which can increase the risk of human or system error. Identify risks associated with transfusion, especially risks relating to procedural errors, and redesign the system to reduce the potential for patient harm.

Risks associated with the administration of blood products may be reduced by avoiding the transfusion altogether, assessing the benefits of PBM strategies that optimise the patient's own blood, and considering all treatment options. Assessing the impact and likelihood of risks relating to blood management and transfusion of blood and blood products will inform decisions about which, if any, blood management and transfusion-related risks to include in the organisation-wide risk management system.

Identify training requirements

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19, 1.20 and 1.21](#). Perform a risk assessment to inform the training schedule and to set priorities for the members of the workforce who need training. Develop, or provide access to, training and education resources to meet the needs of the workforce regarding blood management.

Applying quality improvement systems

Action 7.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- a. Monitoring the performance of the blood management system
- b. Implementing strategies to improve blood management and associated processes
- c. Reporting on the outcomes of blood management

Reflective questions

How is the effectiveness of the blood management system continuously evaluated and improved?

How are the outcomes of improvement activities reported to the governing body, the workforce and consumers?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for blood management.

Monitor effectiveness and performance

The blood management governance group should routinely identify recurring issues, monitor incidents and implement quality improvement strategies.

If clinical decisions result in a deviation from policies and procedures, record the deviation and the justification for the deviation, including any PBM strategies implemented.

If adverse patient outcomes are identified through incident monitoring (see [Action 1.11](#)), ensure that the blood management governance group assesses whether these incidents could be reduced by improving policies and procedures.

Investigate, audit or assess practices against national evidence-based guidelines.

Use established quality improvement systems to assess and reduce risks across all transfusion practices.

Ensure that specific actions to manage identified risks include communicating issues to the workforce, educating clinicians on appropriate practice, and implementing change processes to improve clinical practice.

Ensure that reporting and feedback mechanisms are in place for blood management outcomes.

Partnering with consumers

Action 7.3

Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

What processes from the [Partnering with Consumers Standard](#) do clinicians use to involve patients in planning and making decisions about safe blood management?

How does the health service organisation collect feedback from patients about information provided on safe blood management?

How does the health service organisation involve patients in decisions about their care and confirm their consent to treatment?



Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) relating to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

Provide information to patients and carers about optimising their own blood, PBM strategies, and the potential need for blood and blood products, including all treatment options, risks and benefits. Provide this in a format that can be understood and is meaningful, and ensure that patients are given the opportunity to ask questions. Ensure that the information is current, and that clinicians have ready access to it.

Information on blood management should suit different health literacy levels, including simpler and more complex information resources, so that clinicians have access to the most appropriate information for an individual patient. Written information and diagrams may be appropriate in certain circumstances; in others, information could be provided online.

Seek feedback from patients about the information provided using surveys or informal discussions, and make changes to ensure that it is understood and meaningful.

Ensure that organisation-wide informed consent processes (see Action 2.4) include consideration of issues relating to consent for transfusions.



CRITERION: Prescribing and clinical use of blood and blood products

The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.

Although blood and blood products remain a critical element of clinical practice, there is increasing evidence that allogeneic blood transfusions pose risks to patients, and that a significant proportion of transfusions are unnecessary or could have been avoided. Allogeneic transfusions can be associated with adverse patient outcomes, potentially leading to increased morbidity, delayed recovery, extended hospital stays or mortality.²⁴⁹

Introduction of PBM strategies can minimise these risks. PBM describes several medical and surgical strategies that aim to conserve and optimise the patient's own blood, which can reduce or avoid the need for allogeneic transfusion and improve patient outcomes. It is a person-centred approach, as opposed to having a product-centred focus. PBM is not an intervention or an alternative to blood transfusion; it is sound, evidence-based clinical practice that aims to improve clinical outcomes by avoiding unnecessary exposure to blood components. It includes the three pillars of:

- Optimising blood volume and red cell mass (including haemoglobin and iron studies)
- Minimising blood loss
- Optimising the patient's tolerance of anaemia.

Benefits of appropriate management through PBM include:

- Assessment and management of conditions that, without appropriate interventions, might lead to a blood transfusion (so that transfusions are done only when necessary)
- Improved patient outcomes, including fewer complications, faster recoveries and shorter hospital stays
- Reduced patient exposure to the potential risks associated with receiving blood and blood products from another person.

The NBA website provides more information on [PBM and supporting resources](#).

Documenting blood management history and decisions

Accurately recording a patient's blood and blood product transfusion history, including any previous reactions and specific indications for use, in the patient's healthcare record (written or electronic) is essential to enable easy and accurate review of records. Blood and blood products can be implicated in recalls or lookback processes by the Australian Red Cross Blood Service or other commercial suppliers. The [NBA website](#) lists these suppliers.

Health service organisations need to be able to trace all blood and blood products to allow recall if possible, and treatment, testing or counselling of the recipient as required. This can only be achieved through well-maintained records of the fate of all blood and blood products.

Reviewing and reporting adverse events

The Stewardship Statement includes the requirement to manage blood and blood products in ways that ensure that transfusion-related adverse event information is collected and managed according to state or territory requirements.



Optimising and conserving patients' own blood

Action 7.4

Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by:

- a. Optimising patients' own red cell mass, haemoglobin and iron stores
- b. Identifying and managing patients with, or at risk of, bleeding
- c. Determining the clinical need for blood and blood products, and related risks

Reflective questions

How are patients who are at risk of substantial blood loss identified and managed?

What PBM strategies are used for optimising patients' own red cell mass, haemoglobin and iron stores?

Who is responsible for planning and overseeing PBM initiatives?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for PBM.

Small hospitals that are not part of a local health network or private hospital group should:

- Identify, develop and implement policies, procedures and protocols for PBM to optimise and conserve the patient's own blood, and manage the need for blood and blood products
- Develop effective PBM strategies
- Develop and implement education activities for PBM to optimise and conserve the patient's own blood, and manage the need for blood and blood products
- Establish perioperative standard practice for assessment and management of anaemia
- Implement processes to communicate elective surgical time frames to patients' primary carers to enable effective anaemia management in the primary care sector, if possible.

The NBA has further information on [implementing strategies and initiatives](#).



Documenting

Action 7.5

Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record

Reflective questions

How does the health service organisation ensure that a comprehensive history of blood product use, transfusion history, optimising a patient's own blood and assessing the patient's bleeding risk are documented in the patient's healthcare record?

What processes are used to document adverse reactions to blood or blood products in the patient's healthcare record?

Strategies for improvement

MPSs and small hospitals will need to set up processes for:

- Documenting comprehensive information, including blood use, transfusion history and transfusion details, before, during and after transfusions
- Provide access to education activities for the workforce responsible for PBM about documenting transfusion of blood or blood products in the patient's healthcare record, recognising and responding to adverse transfusion reactions, and documenting adverse reactions in the patient's healthcare record.

Transfusion-related adverse events can be associated with high rates of morbidity or mortality.²⁵¹ To reduce this risk, assess the patient for a history of red blood cell antibodies, transfusion reactions or any other special transfusion requirements.²⁵²

Ensure that the integrated patient healthcare record required under [Actions 1.16](#) and [1.17](#) includes a record of the administration of blood components.

Routinely document the following information in the patient's healthcare record:

- Patient consent, limited consent or refusal, including documentation of information provided to the patient
- Relevant medical conditions
- Indications for transfusion or administration of the blood product
- Any special product or transfusion requirements (for example, irradiated products)
- Known patient transfusion history, including red blood cell antibodies, transfusion reactions, and any adverse reactions to blood or blood products
- Blood or blood product identification to ensure traceability, such as the blood pack donation numbers (or the product ID and batch number for plasma and recombinant blood products)
- Blood transfusion compatibility label, or the report form, if applicable (this includes a statement of compatibility)
- Type and volume of product transfused or administered
- Date and time of both start and end of transfusion
- Evidence of observations documented on an appropriate form
- Pathology results, including haemoglobin levels and ferritin, as appropriate
- Patient response to administration of blood products, including occurrence and management of any adverse reactions.



Prescribing and administering blood and blood products

Action 7.6

The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria

Reflective question

How does the health service organisation ensure that protocols for prescribing and administering blood and blood products are consistent with national guidelines and national criteria?

- Ensure that clinicians have the necessary skills to prescribe and administer blood and blood products
- Develop and implement education activities for the prescription and administration of blood and blood products.

Strategies for improvement

MPSs and small hospitals may need to:

- Develop and implement policies, procedures and protocols that are evidence based, and in line with national guidelines and criteria for the prescription and administration of blood and blood products

Reporting adverse events

Action 7.7

The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria

Reflective questions

How are blood management incidents reported and managed?

To whom does the health service organisation report adverse reactions to blood and blood products?

Strategies for improvement

MPSs and small hospitals may need to:

- Capture blood-related incidents in the incident management and investigation systems, and provide reports from these systems to the blood management governance group to inform activities in the blood management quality improvement system (see [Action 7.2](#))
- Provide a summary analysis of blood- and blood product-related incidents to the highest level of governance in the organisation for review and action



- Report transfusion adverse events in accordance with regulator and supplier requirements, as well as local policies and procedures
- Develop and implement education activities for reporting transfusion-related adverse events in accordance with national guidelines and criteria.

Action 7.8

The health service organisation participates in haemovigilance activities, in accordance with the national framework

Reflective questions

To whom does the health service organisation report internally and externally on haemovigilance activities?

How does the health service organisation ensure that this reporting is consistent with the national framework?²⁵³

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should

adopt or adapt and use the established processes to take part in haemovigilance programs.

Small hospitals that are not part of a local health network or private hospital group may need to:

- Identify and implement processes to take part in the organisation's haemovigilance program, or a program conducted by the Local Hospital Network or nearby larger hospitals, and state or territory or national programs
- Develop and implement education activities for haemovigilance programs.



CRITERION: Managing the availability and safety of blood and blood products

Strategies are used to effectively manage the availability and safety of blood and blood products.

Health service organisations, the NBA and manufacturers in the blood supply chain play an important role in understanding where blood and blood products are being held. This total picture of national inventory of blood and blood products is important to ensure that products are held in the most appropriate place so that they can be provided to health services to meet clinical need.

BloodNet is a system that allows health service organisations to enter their inventory levels, and assists in building the picture of national inventory.

Managing blood and blood product inventory involves two key factors, and both processes are required to ensure that blood and blood products are safe:

- Product availability and security – planning of inventory levels held, timing of deliveries and order volume
- Product quality and integrity – physical and process control of product in the organisation to ensure efficient and effective handling to maintain availability and minimise wastage.

The Stewardship Statement states that health service organisations should have processes, programs and systems in place that ensure the safe and efficient receipt, storage and transport of blood and blood products, and that minimise wastage of these products. National blood product planning, management and governance are supported by:

- Health service organisations having an ordering and receipt verification process in place that provides appropriate financial accountability, as required by governments
- Inventory data that are provided on a regular and timely basis to assist in supply and demand planning requirements, especially in times of national shortages.

Many of the risks associated with receipt, storage, collection and transport of blood and blood products can be avoided with adequate systems and processes. Monitor systems for cold chain integrity, sample collection, cross-matching, product collection and inventory management, including storage, handling and transport. Identify and manage weak spots that increase the risk of human error, handling, patient harm or wastage.

Inventory management encompasses all the activities associated with ordering, storing, handling and issuing blood products. Good inventory management ensures appropriate use of this precious resource. Not holding enough product can potentially put patients at risk or disrupt routine services. However, too much inventory can deplete products held by the supplier to insufficient levels, increase the age of blood at transfusion and increase wastage.

The NBA is responsible for ensuring enough supply of blood and blood products to meet clinical needs. The National Blood Supply Contingency Plan is designed to guide the NBA and other relevant stakeholders in facilitating and coordinating a national response in the event of a domestic threat or disaster that affects the provision of a safe and adequate blood supply in Australia. The response by the clinical community is a vital element of the plan. Organisations should have arrangements in place to support the clinical management of blood and blood products in a crisis, and to help clinicians effectively respond to patient requirements.



Storing, distributing and tracing blood and blood products

Action 7.9

The health service organisation has processes:

- a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely
- b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer

Reflective questions

How does the health service organisation ensure that processes for the receipt, storage, collection and transport of blood and blood products are consistent with best practice and national guidelines?

How are blood or blood products tracked within the health service organisation?

Strategies for improvement

MPSs or small hospitals that use blood or blood products should:

- Review the risks associated with traceability, receipt, storage, collection and transport of blood and blood products
- Provide training to the workforce about safe blood management
- Review policies, procedures and protocols for addressing risks identified with receipt, collection, storage, handling and transport of blood and blood products, and review reports from inventory management and supply chain systems; processes and policies should comply with manufacturers, suppliers, the TGA, distributors, other stakeholders, and state and territory directions, legislation and relevant requirements relating to the safe and secure storage, distribution and handling blood and blood products.

To identify potential risks in systems:

- Assess compliance with policies, procedures and protocols relating to the management of blood and blood products (as required in [Action 7.1](#))
- Regularly review reports on traceability, receipt, collection, storage and transport of blood and blood products within the organisation
- Monitor incidents relating to traceability, receipt, storage, collection and transport of blood and blood products, and identify recurring issues
- Monitor inventory levels to ensure product availability to meet clinical demand
- Monitor wastage of blood and blood products (as required under [Action 7.10](#))
- Review the risks identified against the reports from the blood and blood product management systems, such as refrigeration temperature reports and temperature loggers.

If possible, use electronic systems (for example, [BloodNet](#)) to monitor receipt, transfer and fate (including wastage) of blood and blood products.



Availability of blood

Action 7.10

The health service organisation has processes to:

- a. Manage the availability of blood and blood products to meet clinical need
- b. Eliminate avoidable wastage
- c. Respond in times of shortage

Reflective questions

How is the availability of blood products monitored?

What processes are in place to minimise blood wastage?

What contingency arrangements are in place for blood products?

Strategies for improvement

MPSs or small hospitals that use blood or blood products should:

- Regularly review the risks associated with availability of blood and blood products, including minimising wastage and responding in times of shortage, and develop policies and processes to respond to these risks
- Provide training to the workforce about ensuring blood availability
- Record wastage in a system and monitor wastage reports
- Regularly review inventory requirements, and manage blood and blood products to ensure availability
- Identify, develop and implement contingency arrangements, including planning for times of supply shortage, considering state or territory and national arrangements.

Ensure that documented processes and systems are in place to record the fate of products by type. If possible, use electronic systems (for example, [BloodNet](#)) to record discard as part of the fate of the product. Ensure that these processes clearly outline:

- What is to be reported and how
- The format in which it is to be reported

- Who it should be reported to, including the blood management governance group.

Minimise blood wastage

Minimise blood wastage at all times. Implement strategies as part of the blood management quality improvement system to reduce the risks identified in [Action 7.9](#). These strategies may include:

- Identifying a target for wastage, based on targets communicated at a state or national level (the level of wastage will be product-specific, and will also depend on the different services provided by the organisation)
- Identifying appropriate inventory levels that ensure that appropriate blood and blood products are available to meet clinical demand while minimising wastage
- Identifying appropriate inventory management strategies or practices (for example, first-in-first-out)
- Communicating wastage targets to the workforce, and clarifying that meeting the target is not a goal in itself – that is, if product is available but is not clinically indicated, do not encourage use of the product to reduce wastage
- Benchmarking against the current wastage level, and against other similar organisations
- Reviewing ordering practices for non-standard or unusual blood products to ensure that prescribing is based on current knowledge and evidence
- Identifying strategies to ensure that products remain within specifications so that they do not need to be disposed of, including maintaining temperature requirements, reducing unnecessary handling and storing appropriately.



Resources

[An update of consensus guidelines for warfarin reversal](#)

[Australian Standard 3864.1-2012: *Medical Refrigeration Equipment – For the storage of blood and blood products. Part 1: Manufacturing requirements*](#)

[Australian Standard 3864.2-2012: *Medical Refrigeration Equipment – For the storage of blood and blood products. Part 2: User-related requirements for care, maintenance, performance verification and calibration*](#)

[BloodSafe eLearning Australia – Transfusion practice courses, including ‘Collecting blood specimens’ and ‘Transporting blood’](#)

[National Pathology Accreditation Advisory Council – *Requirements for Transfusion Laboratory Practice*](#)

[Therapeutic Goods Administration – *Blood and blood components*](#)

State or territory health departments have numerous high-quality tools and resources related to blood management:

- [NSW Clinical Excellence Commission – *Blood Watch*](#)
- [Queensland Health – *Blood management*](#)
- [SA Health – *BloodSafe*](#)
- [Victorian Department of Health and Human Services – *Blood Matters Program*](#)
- [Victorian Department of Health and Human Services – *Serious Transfusion Incident Reporting \(STIR\) guide*](#)
- [Western Australian Department of Health – *Haemovigilance*](#)
- [Western Australian Department of Health – *Patient blood management*](#)

Australian and New Zealand Society of Blood Transfusion

[Guidelines for the Administration of Blood Products](#)

[Guidelines for Transfusion and Immunohaematology Laboratory Practice](#)

Australian Red Cross Blood Service

[Blood components and products website](#)

[Blood Component Information: *An extension of blood component labels*](#)

[Haemovigilance and patient safety](#)

[Patient website](#)

National Blood Authority Australia

[Australian Bleeding Disorders Registry](#)

[Australian Health Ministers’ Conference Statement on National Stewardship Expectations for the Supply of Blood and Blood Products \(the Stewardship Statement\)](#)

[BloodNet](#)

[Criteria for the Clinical Use of Intravenous Immunoglobulin in Australia](#)

[Guidelines for the Management of Haemophilia in Australia](#)

[Guidelines on the Prophylactic Use of RhD Immunoglobulin \(anti-D\) in Obstetrics](#)

[Haemovigilance reporting](#)

[Managing blood product inventory](#)

[National Blood Supply Contingency Plan](#)

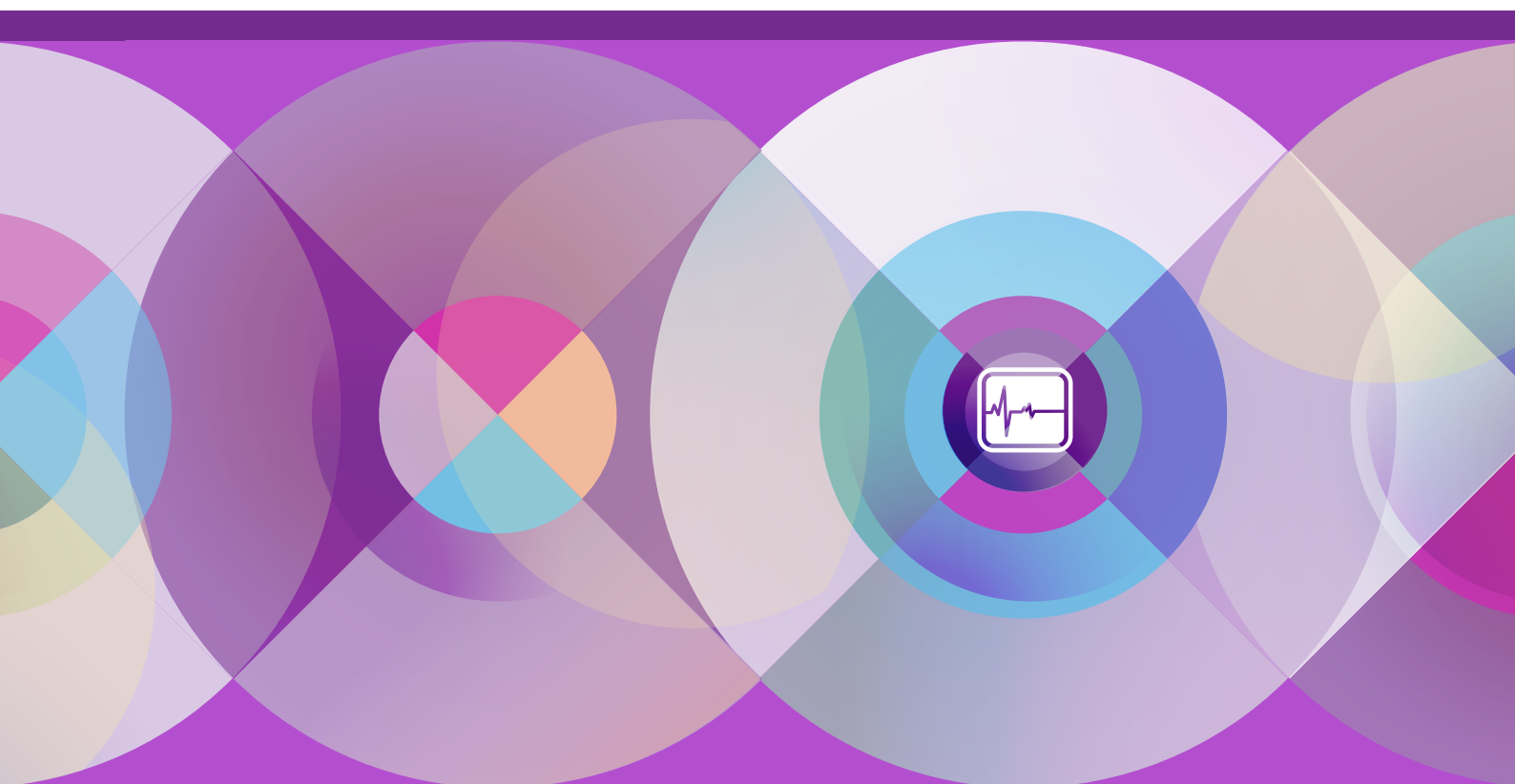
[National Patient Blood Management Implementation Strategy](#)

[Patient Blood Management Guidelines](#)

[What blood products are supplied – National Product List](#)

8

Recognising and Responding to Acute Deterioration Standard





Recognising and Responding to Acute Deterioration Standard

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

Intention of this standard

To ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state.

Criteria

Clinical governance and quality improvement to support recognition and response systems

Detecting and recognising acute deterioration, and escalating care

Responding to acute deterioration



Introduction

Serious adverse events, such as unexpected death and cardiac arrest, are often preceded by observable physiological and clinical abnormalities.²⁵⁴ Other serious events, such as suicide and aggression, are also often preceded by observed or reported changes in a person's behaviour or mood that can indicate deterioration in their mental state.

Early identification of deterioration may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates in a health service organisation.²⁵⁵

The warning signs of clinical deterioration are not always identified or acted on appropriately.²⁵⁶ The organisational and workforce factors that contribute to a failure to recognise and respond to a deteriorating patient are complex and overlapping, and include²⁵⁷⁻²⁵⁹:

- Not monitoring physiological observations consistently, or not understanding changes in physiological observations
- Lack of knowledge of signs and symptoms that could signal deterioration
- Lack of awareness of the potential for a person's mental state to deteriorate
- Lack of awareness of delirium, and the benefits of early recognition and treatment²⁶⁰
- Lack of formal systems for responding to deterioration
- Lack of skills to manage patients who are deteriorating
- Failure to communicate clinical concerns, including in handover situations
- Attributing physical or mental symptoms to an existing condition, such as dementia or a mental health condition.^{175,261}

Systems to recognise deterioration early and respond to it appropriately need to deal with these factors, and need to apply across the health service organisation. The *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*²⁶² has been endorsed by Australian health ministers as the national approach for recognising and responding to clinical deterioration in acute care facilities in Australia. It provides a consistent national framework to support clinical, organisational and strategic efforts

to improve recognition and response systems. This standard builds on the national consensus statement to drive implementation in acute care facilities.

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*.¹⁹² This outlines the principles that underpin safe and effective responses to deterioration in a person's mental state, and provides information about the interrelated components that a health service organisation can implement to provide appropriate care.

The Commission's *Delirium Clinical Care Standard*¹⁶⁴ highlights the importance of being alert to, and assessing, delirium with any reported or observed changes in a person's mental state.

This standard supports the provision of appropriate and timely care to patients whose condition is acutely deteriorating. It requires that systems are in place to detect, recognise and respond to acute deterioration in physiological or mental state. It applies to all patients in the health service organisation: adults, adolescents, children and babies, and medical, surgical, maternity and mental health patients.



CRITERION: Clinical governance and quality improvement to support recognition and response systems

Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates. These systems are consistent with the National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration¹²², the National Consensus Statement: Essential elements for safe and high-quality end-of-life care¹²¹, the National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state¹⁹², and the Delirium Clinical Care Standard¹⁶⁴.

This criterion requires organisation-wide governance, leadership and commitment to support recognition of, and response to, acute deterioration in physiological and/or mental state.

To meet this criterion, health service organisations are required to:

- Apply safety and quality systems to support timely and appropriate recognition of, and response to, acute physiological or mental deterioration
- Use quality improvement systems to monitor, review and improve recognition and response systems
- Apply principles of partnering with consumers when designing and implementing systems to recognise and respond to acute physiological or mental deterioration.

This criterion aligns closely with the [Clinical Governance Standard](#) and the [Partnering with Consumers Standard](#).

Key documents are available from the [Commission's website](#), together with other practical tools and fact sheets. These resources support organisations to implement robust recognition and response systems and meet the requirements of this standard.

Integrating clinical governance

Action 8.1

Clinicians use the safety and quality systems from the Clinical Governance Standard when:

- 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

Reflective questions

How are the health service organisation's safety and quality systems used to:

- Support implementation of policies and procedures for recognising and responding to acute deterioration
- Identify and manage risks associated with recognising and responding to acute deterioration
- Identify training requirements for recognising and responding to acute deterioration?



Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' safety and quality systems.

- [Action 1.7](#) – policies and procedures
- [Action 1.10](#) – risk management systems
- [Actions 1.19](#), [1.20](#) and [1.21](#) – education and training

Health service organisations should:

- Use these and other established safety and quality systems to support policies and procedures, risk management and training for recognising and responding to acute deterioration
- Ensure that current versions of all relevant policies and procedures are readily available and accessible to clinicians.

Policies may be developed or adapted at different levels within the organisation. However, all policy documents should be incorporated into a single, coherent set to maximise the effectiveness of the policy development process.

Implement policies and procedures

Ensure that policies and procedures provide guidance about aspects of recognising and responding to acute deterioration, such as:

- Screening, assessment and comprehensive care planning processes that are required as part of the Comprehensive Care Standard to identify patients at risk of acute deterioration, and developing appropriate monitoring and escalation plans
- Escalation and emergency assistance processes
- Patient and family escalation processes
- Requirements for communicating and documenting the outcome of rapid response calls
- Roles, responsibilities and accountabilities of multidisciplinary team members in recognising and responding to acute deterioration

- Processes for referral to services required to definitively manage episodes of acute deterioration in physical or mental state.

Manage risks

Use established risk management systems (see [Action 1.10](#)) to identify, monitor, manage and review risks associated with recognising and responding to acute deterioration that align with the requirements of the [Clinical Governance Standard](#).

Develop processes to manage clinical risks for different populations served by the organisation, clinical and workplace risks for the workforce, and organisational risks.

Use information from measurement and quality improvement systems, adverse events, clinical outcomes and patient experiences to inform and update risk assessments and the risk management system. Consider the training the workforce may need to effectively use the incident management and investigation system to inform risk management, and to plan and implement quality improvement processes to mitigate the risks.

Assess training and competency needs

Assess the competency and training needs of the workforce in line with the requirements of [Actions 1.19](#), [1.20](#) and [1.21](#). Perform a risk assessment to inform the training schedule and to set priorities for the members of the workforce who need training. Develop, or provide access to, training and education resources to meet the needs of the workforce regarding recognising and responding to acute deterioration.



Applying quality improvement systems

Action 8.2

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

- 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

Reflective questions

How are the health service organisation's recognition and response systems continuously evaluated and improved?

How are the outcomes of improvement activities communicated reported to the governing body, the workforce and consumers?

Strategies for improvement

The Clinical Governance Standard has specific actions relating to health service organisations' quality improvement systems.

- [Action 1.8](#) – quality improvement systems
- [Action 1.9](#) – reporting
- [Action 1.11](#) – incident management and investigation systems

Health service organisations should use these and other established safety and quality systems to support monitoring, reporting and implementation of quality improvement strategies for recognising and responding to acute deterioration.

Monitor effectiveness and performance

Use the organisation's quality improvement systems to identify and set priorities for the organisational and clinical strategies for recognition and response systems.

Review these systems to ensure that they include processes to monitor the effectiveness of recognition and response systems, such as:

- Intermittent audits of practices such as vital sign documentation
- Data from electronic systems such as missed or delayed escalation
- Ongoing data collection about processes such as rapid response activation, or outcomes such as cardiac arrest rates
- Periodic surveys of workforce attitudes and patient experiences of using the recognition and response systems.

Specifications for quality measures, and other tools for evaluating systems for recognising and responding to acute physiological deterioration are available for download from the [Commission's website](#).

When adverse events occur, investigate them to identify any issues with the performance or use of recognition and response systems. Sentinel events, such as inpatient suicides, should be reviewed to detect if deterioration in a person's mental state was identified, and what steps were taken in response. Other data sources for review include use of restrictive practices, unplanned transfers to mental health units and involuntary treatment rates. Use this information to make improvements.



Implement quality improvement strategies

*A Guide to Support Implementation of the National Consensus Statement: Essential elements for recognising and responding to clinical deterioration*¹²² provides detailed information about how to develop, implement, evaluate and improve systems for recognising and responding to acute physiological deterioration.

Report outcomes

Report evaluation findings to the highest level of governance in the organisation and to the workforce. Use the data to work with consumers, the workforce, clinical leaders and managers to identify and implement improvements to recognition and response systems.

Partnering with consumers

Action 8.3

Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to:

- a. Actively involve patients in their own care
- b. Meet the patient's information needs
- c. Share decision-making

Reflective questions

What processes from the Partnering with Consumers Standard do clinicians use to involve patients in planning and making decisions about recognising and responding to acute deterioration?

How does the health service organisation collect feedback from patients about information provided on recognising and responding to acute deterioration?

Strategies for improvement

The Partnering with Consumers Standard has specific actions (Actions 2.3–2.10) relating to health service organisations' processes for involving patients in their own care, shared decision making, informed consent and effective communication.

Seek consent for non-urgent treatment in line with policies that reflect relevant legislation, as outlined in the guidance for the Partnering with Consumers Standard.

Although clinicians are not legally required to seek consent from substitute decision-makers for urgent treatment, it is recommended that they consult them, if possible, to avoid starting treatment that is contrary to a person's expressed wishes.

If patients have the capacity to take part in the decision-making process when an episode of acute deterioration occurs, ensure that clinicians use the processes for involving patients in their own care, shared decision making, and meeting patients' information needs that are described in the Partnering with Consumers Standard.

If patients do not have the capacity to participate and do not have a documented advance care plan, but a substitute decision-maker is available, ensure that clinicians seek information from the substitute decision-maker about the patient's previously expressed preferences for care. Use this information to decide how to respond.



When patients lack the capacity to take part in decision-making and a substitute decision-maker is not available, clinicians should determine how to respond to acute clinical deterioration using documented information such as current advance care plans, goals of care, treatment-limiting orders, and information from carers and family.

If the treating team is responding to an acute deterioration in a person's mental state, and the person is refusing treatment or is otherwise unable to consent to treatment, decide if the person will be treated as an involuntary patient under mental health legislation. Provide access to legal advice for the workforce to ensure that they practise within this legislation. When a person is an involuntary patient under mental health legislation, members of the workforce should still seek to involve the person in decision-making about their care as much as possible, consistent with maintaining safety.

Provide information to patients about recognition and response systems in a format that is easily understood and meaningful, and ensure that patients are given the opportunity to ask questions. Ensure that the information for patients is current and that clinicians have ready access to it.



CRITERION: Detecting and recognising acute deterioration, and escalating care

Acute deterioration is detected and recognised, and action is taken to escalate care.

Monitoring and tracking changes in vital signs and other observations over time plays a significant role in detecting acute deterioration. Acute deterioration may occur at any time during a patient's admission. If monitoring is intermittent or infrequent, or does not include the right parameters, acute deterioration may not be detected, and recognition and appropriate treatment may be delayed. This can result in serious adverse outcomes for patients.^{259,263-265}

Frequency of monitoring often varies²⁶⁶, perhaps because of differences in individual clinicians' clinical judgement, poor communication among teams, varying views about the importance of monitoring, and a lack of guidelines to inform practice.²⁶⁷⁻²⁶⁹ It is therefore necessary to develop systems to ensure that vital signs and other parameters for detecting deterioration in a patient's physical, mental or cognitive condition are being measured. These systems need to ensure that the right parameters are monitored for each patient, and that monitoring occurs at the appropriate frequency (number of times per day) and for the appropriate duration (number of days or weeks). Consistent documentation of measured vital signs and other observed indicators is important for changes to be tracked over time.

Recognising acute deterioration relies on detecting, understanding and interpreting abnormal vital signs and other observations, and escalating care appropriately. This is a complex process that requires knowledge of:

- How to conduct the appropriate observations
 - What indicates acute deterioration for individual patients
 - Appropriate treatment for the cause of the acute deterioration
 - Which clinicians have the skills to provide this treatment
 - Who is available to provide this treatment, considering the time of day or day of the week
- How to contact the appropriate clinicians and communicate information about the abnormality
 - The appropriate time frame for clinicians to respond
 - Alternative or backup options for obtaining a response.

Recognition systems include identifying the requirements for escalating care. These may be documented on vital sign observation charts, in policies and guidelines, and in escalation protocols. Escalation protocols provide details of the criteria, parameters and thresholds that indicate acute deterioration, the action to be taken when deterioration is detected, the process of calling for help and the expected responses.

A graded response to acute deterioration is needed. Patients whose acute deterioration is detected and recognised during the early stages need clinical care and treatments to prevent further deterioration. Patients who deteriorate very suddenly or severely need a rapid response from providers with advanced skills.

It is vital to the effectiveness of recognition and response systems that escalation protocols are developed with local knowledge of the individual clinical area or health service organisation. Criteria for escalation that are appropriate for a large tertiary metropolitan hospital will not necessarily be appropriate for a small rural hospital. The availability of resources and clinical expertise also means that response actions vary considerably from one organisation to another. Different protocols may be needed in different locations within a health service organisation, such as in specialist mental health services, the emergency department or standalone outpatient areas. Different protocols may also be needed for escalation of acute physiological deterioration and escalation for deterioration in a person's mental state.



Recognising acute deterioration

Action 8.4

The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:

- 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

Reflective questions

What systems are in place for documenting vital sign monitoring plans?

What processes are used to ensure that there is enough equipment for patient monitoring?

How does the health service organisation ensure that clinicians have the skills to monitor patients according to their monitoring plan?

What processes are in place for documenting vital sign observations graphically and over time?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for detecting acute physiological deterioration.

Small hospitals that are not part of a local health network or private hospital group should:

- Implement a system for documenting vital sign monitoring plans
- Ensure that clinicians have the necessary skills and equipment to monitor patients as required by their individualised monitoring plans
- Implement an observation chart or other mechanism for graphically documenting vital sign observations and tracking changes over time.

Develop monitoring plans

Develop individualised vital sign monitoring plans to manage the clinical risks and needs of each patient. Work with clinicians to design systems for

developing and documenting these plans, and to ensure that the systems align with workflow and effectively meet patients' needs. Include capacity to document the frequency (times per day), duration (number of days or weeks) and types of vital signs or other physiological parameters.

Describe the minimum expectations for vital sign monitoring in policy. The *National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*²⁶² identifies a core set of six vital signs, and recommends that these should be monitored at least once per eight-hour shift:

- Respiratory rate
- Oxygen saturation
- Heart rate
- Blood pressure
- Level of consciousness
- Temperature.

The frequency of required monitoring may vary between individual patients, and as a patient's clinical situation, clinical risks and goals of care change. Some patients may not need all the core vital sign observations to be monitored at the same frequency (for example, young children may not need blood pressure monitored as often as respiratory rate and oxygen saturation).

Long-term aged care residents of MPSs who are mostly healthy and well may need to have their vital signs monitored less often than a patient with an acute health issue.

Include the core vital signs in monitoring plans for most patients. Specific groups of patients may have extra monitoring requirements (for example,



pain and sedation scores, fluid balance, respiratory distress, capillary refill, or pupil size and reactivity). Patients who are at the end of life may not need their core vital signs to be monitored, but will need monitoring of symptoms associated with the dying process, such as pain, agitation, breathlessness and nausea. Paediatric patients may not be able to be monitored for level of consciousness, but accessory muscle use may be a relevant vital sign. Local guidelines may need to be developed for vital sign monitoring in specialist areas such as emergency departments, post-anaesthetic care units, rehabilitation wards, maternity units and critical care units.

Ensure appropriate skills and equipment

Develop processes to ensure that clinicians are trained to use monitoring equipment correctly, and are competent in measuring and interpreting vital signs accurately. Educate clinicians about the clinical significance of normal and abnormal vital sign observations in the context of acute physiological deterioration. Strategies might include self-directed learning packages, competency-based skills assessment, face-to-face training sessions, simulation and peer review.

Use an audit of vital sign observation charts to evaluate whether vital sign monitoring practices align with policy, and provide feedback to clinicians about their practice. An observation chart audit tool is available on the [Commission's website](#).

Ensure that equipment for measuring and monitoring vital signs and other physiological parameters is readily available and in good working order. Conduct a risk assessment to determine how much equipment is needed. Set up systems for regular checking and maintenance of monitoring equipment. If possible, provide consistent monitoring equipment across the organisation – this reduces the burden of training required and can help to avoid errors introduced by small differences in correct use of equipment. For example, if multiple types of cardiac monitoring equipment are used across an organisation, it can be more difficult for clinicians to use the equipment and troubleshoot, especially in emergency situations.

Document and track vital signs

Regardless of the type of system used to document vital signs, it should include:

- The capacity to display documented vital signs graphically
- The capacity to track changes in vital signs over time
- Thresholds for each vital sign parameter or combination of parameters that indicate abnormality
- Information about the response or action needed when thresholds are reached or physiological deterioration is identified
- The potential to document the normal range for the patient.

Many state and territory health departments, Local Hospital Networks and larger hospitals have developed and implemented track-and-trigger observation charts. Use these as required by the state or territory health department or Local Hospital Network.



Action 8.5

The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:

- 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

Reflective questions

How does the health service organisation ensure that clinicians are trained to be alert for the signs of acute deterioration in a person's mental state?

How does this apply to people who have not been identified as being at high risk of deterioration in mental state?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group should adopt or adapt and use the established processes for detecting acute deterioration in mental health.

Small hospitals that are not part of a local health network or private hospital group should:

- Use comprehensive care plans to guide monitoring of people who are at risk of acute deterioration in mental state, incorporating knowledge from the person, and their carers and families about individual early warning signs
- Ensure that members of the workforce are alert to signs of deterioration in a person's mental state, including for people who have not been previously identified as being at high risk
- Ensure that members of the workforce are alert to the signs of delirium
- Ensure that members of the workforce can implement an initial response and keep the person safe until arrangements are made for specialist review.

Be alert for signs of deterioration in a person's mental state

Initial screening should identify people who are at risk of acute deterioration in their mental state, including patients at risk of developing delirium.

If screening identifies risk of deterioration in a person's mental state, conduct a complete mental state examination.

In the absence of on-site mental health expertise, arrange specialist care through transfer to other services or consultation. The workforce should know how to gain access to these services, and management should set up partnerships with these organisations to enable patient referral or transfer.

Clinicians need to be able to recognise signs of deterioration early, and communicate these signs effectively to receiving clinicians when care is transferred.

Comprehensive assessment should differentiate among potential causes for the person's deterioration in mental state.

Delirium can occur at any age and can be prevented. Patients aged 65 years or over, and patients with cognitive impairment (such as dementia), severe medical illness or a hip fracture are considered to be at greatest risk.¹⁶⁴

People who have not been identified as being at high risk can also experience deterioration in their mental state. Be alert for changes in mental state in all patients.



Use comprehensive care plans to manage patients at risk

If a person has been identified as being at high risk of acute deterioration in their mental state, conduct a comprehensive assessment as outlined in the [Comprehensive Care Standard](#). The comprehensive care plan can incorporate information from a person's advance care plan. When a person is experiencing deterioration in their mental state, they may be able to self-report this to members of the workforce. Similarly, carers or family members may recognise the specific signs that they know indicate the person's mental state is deteriorating. Integrate this information into the comprehensive care plan, and engage the person – and, with permission, their carers and family – in decision-making.

Ensure that all members of the workforce involved in a person's care are aware of the contents of the comprehensive care plan and are alert to changes that have been identified as individual markers indicating a deterioration in the person's mental state.

For all patients at risk of delirium, this plan should include tailored delirium prevention interventions, regular monitoring and reassessment for delirium with any changes.¹⁶⁴

Monitor patients at risk

Develop systems to routinely monitor patients at risk of deterioration in mental state, including¹⁶⁸:

- Prompts for assessment
- Identification of the clinician responsible for assessment, documentation and communication processes
- Actions to be taken, including level of nursing observation
- Regular review and feedback processes.

If delirium is identified as a cause of deterioration in the person's mental state, use indicators from the [Delirium Clinical Care Standard](#) for local review and feedback mechanisms.^{164,270}

Patients with dementia may experience deteriorating behaviour and mental state (such as agitation, aggression or psychosis) during a stay in a health service organisation. Although these may be viewed as behavioural and psychological symptoms of dementia, a comprehensive assessment is required to rule out possible delirium, pain and other physical problems.²⁷¹

Assess observed or reported changes

With possible delirium, diseases can have atypical presentations in older people, so do not dismiss a family member's non-specific concerns (for example, the person 'is not usually like this') and assess the person for delirium.²⁶⁵

Incorporate this information into shared decision making. A tool has been developed to capture and track a person's self-reported mental state daily in inpatient settings.²⁷² Good outcomes have been reported, and further research will determine the tool's broader applicability.

Engagement with carers and families can help maintain safety for the person experiencing deterioration in their mental state and others, while arrangements for specialist care are under way.

Use tools and resources

No tool currently sets out objective criteria for tracking deterioration in a person's mental state equivalent to observation charts for physiological deterioration. Nonetheless, there are parameters that can indicate deterioration in a person's mental state, and these can be used to develop individualised monitoring plans in collaboration with the person, and their carers and families.

These parameters are based on the mental state examination, which is integrated into clinical assessment protocols in most states and territories. Training about mental state examination is available throughout the [Mental Health Professional Online Development website](#).

In addition, a [mental health triage tool](#) was developed to augment the Australasian Triage Scale used in emergency departments. It provides a set of structured and defined terms that can be used to assess a person's mental state. The tool also provides the workforce with language to describe and communicate their observations.¹⁷⁸

The tool uses an ABC mnemonic to align with the airway, breathing, circulation parameters for identifying physiological health status. For mental health, these are described as:

- Appearance
- Behaviour
- Conversation.



Guidelines for using the mental health triage tool are available in the [Emergency Triage Education Kit](#).

The Vanderbilt ICU Delirium and Cognitive Impairment Study Group website²⁷³ includes

resources for monitoring and managing delirium in intensive care units as part of a bundle of measures for prevention and safety.

Escalating care

Action 8.6

The health service organisation has protocols that specify criteria for escalating care, including:

- Agreed vital sign parameters and other indicators of physiological deterioration
- Agreed indicators of deterioration in mental state
- Agreed parameters and other indicators for calling emergency assistance
- Patient pain or distress that is not able to be managed using available treatment
- Worry or concern in members of the workforce, patients, carers and families about acute deterioration

Reflective question

What protocols are used to specify the criteria for escalating care?

Strategies for improvement

MPSs and small hospitals will need to:

- Work with clinical groups to agree on parameters that indicate acute deterioration and require escalation of care – delays in treatment can occur in the absence of clear criteria for escalating care^{240,274,275}
- Develop and implement protocols for escalating care when acute deterioration in a patient's condition is detected – escalation protocols provide clear, objective criteria that prompt clinicians to call for help, and endorse calling for help when clinicians, patients, carers or family members are subjectively concerned about a patient acutely deteriorating.

Identify parameters for escalation

Use a graded response system within the escalation protocol. This means that the escalation protocol

includes at least two levels of response to acute deterioration:

- An emergency response (for example, from a rapid response team) to criteria that indicate severe acute deterioration
- At least one other level of response (for example, from the treating or on-call team) for criteria that indicate less severe deterioration.

The two levels are recommended because early treatment of acute deterioration is better – patients who trigger medical emergency calls have high mortality rates^{276,277}, and delayed calls to medical emergency teams are associated with poorer outcomes.^{255,278}

If appropriate, base the escalation protocol on one that was developed by the Local Hospital Network, state or territory health department or nearby larger hospital. However, it will need to be adapted to reflect the organisation's available services and resources.

Work with clinical groups to agree on the criteria that indicate acute deterioration in physiological and mental state. Identify the thresholds to trigger escalation of care before acute deterioration becomes severe, and thresholds to trigger a call for emergency assistance when acute deterioration is



severe. Consider the extra time necessary to transfer patients whose condition acutely deteriorates to a tertiary referral hospital when planning an escalation protocol. Use the escalation mapping tool available from the [Commission's website](#) to match the thresholds and parameters that indicate acute physical deterioration to the appropriate response.

Mapping tools can also be used for developing a local escalation protocol for deterioration in a person's mental state. Use the signs described in tools such as the [mental health triage tool](#) to set thresholds for escalation in response to observed or reported changes in a person's mental state. Consider local clinical capacity and access to mental health expertise to decide whether the response can be implemented by the treating team, or referral should be made to a clinical psychiatry liaison or other available service. Engage the patient, and their carer and family in shared decision making about escalation of care. Patient pain and distress that are unable to be managed using available treatments may indicate acute deterioration that needs urgent treatment. Include pain and distress as a criterion for escalation in the protocol.

Patients may show signs of clinical deterioration other than those identified in the escalation protocol, and there is evidence that clinician worry or concern may precede deterioration in vital signs.²⁷⁹ Include clinician worry or concern as a criterion for escalation in the protocol.

Develop policies and guidance

Develop policies and provide training to guide clinicians in preventing and responding to severe aggressive behaviour and violence. When developing policies and responses to severe behavioural disturbance, provide specific guidance on appropriate responses for older patients, highlighting that:

- Behavioural disturbances are commonly associated with delirium or dementia
- Behavioural disturbances may be related to fear, communication difficulties or an unfamiliar environment (in which case, de-escalation strategies and involvement of family members can be successful)

- Sedation should be avoided, and any use should be in line with age-specific evidence; over-sedation can have serious adverse effects, such as dehydration, falls, respiratory depression, pneumonia and death¹⁷⁴
- Clinicians should refer to specialist older people's mental health services, if possible.

Refer to the '[Minimising patient harm](#)' criterion in the [Comprehensive Care Standard](#) for further detail on preventing delirium and managing cognitive impairment; predicting, preventing and managing self-harm, suicide, aggression and violence; and minimising restrictive practices.

Localise escalation policies that consider the size, role, location and available resources of different services within the organisation. For example, escalation protocols in the emergency department may differ significantly from escalation protocols in the dialysis unit or the mental health unit. Different escalation protocols may be needed for different groups of patients – for example, children may need different escalation protocols from adults.

Escalation protocols can be complex, involving multiple steps and different communication pathways. Develop a flow diagram to summarise escalation processes and provide clinicians with a quick reference tool. Display posters of the escalation flow diagram near telephones in clinical areas, or provide clinicians with identification tag cards for quick reference.



Action 8.7

The health service organisation has processes for patients, carers or families to directly escalate care

Reflective question

What processes are in place for patients, carers or families to directly escalate care?

Strategies for improvement

MPSs or small hospitals that are part of a local health network or private hospital group could base the patient and family escalation protocol on one that was developed by the Local Hospital Network, state or territory health department or nearby larger hospital. However, it will need to be adapted to reflect the organisation's available services and resources.

Small hospitals that are not part of a local health network or private hospital group should use the actions about health literacy from the [Partnering with Consumers Standard](#) to guide the development of a system for patients, carers and family members to seek help when they are concerned that a patient is acutely deteriorating.

Work with consumer advisors and clinicians to identify the criteria for escalating care, the mechanism for calling for help, and the response that will be provided. Examples of criteria for escalating care are:

- Concern about a patient in the service who is getting worse, not doing as well as expected or not improving
- Concern that 'something is not right'.²⁸⁰

Ensure that the system can be activated easily and independently. Methods for activating the system might include calling an emergency number from internal facility telephones or from a mobile telephone, using an emergency call button, or using a designated phone number that is only for patient, carer and family escalation.

Provide written and verbal information about the system for patient, carer and family escalation on admission, and display details about when and how to use the system in public areas.

Depending on the mechanisms used for patients, carers and families to escalate care, it may be necessary to train non-clinical members of the workforce (such as ward clerks and switchboard operators) to ensure that calls are directed to the appropriate responder(s). Developing scripted questions can help non-clinical members of the workforce triage calls correctly.

Responders may need extra training to manage patient and family escalation calls. For example, skills in communication and conflict resolution may be needed to manage situations in which communication between the patient, carer or family and the team that is providing care has become problematic.

Several Australian states have established patient, carer and family member escalation systems, such as the New South Wales [REACH program](#) and Queensland's [Ryan's Rule](#).



Action 8.8

The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance

Reflective question

What mechanisms are in place for the workforce to escalate care and call for emergency assistance?

Strategies for improvement

MPSs and small hospitals should provide the workforce with mechanisms to escalate care and call for emergency assistance, and ensure that these are consistent and effective. Multiple mechanisms may be necessary in escalation systems to allow different responses to varying levels or types of deterioration. These mechanisms may include:

- Paging systems
- Dedicated mobile, on-call and emergency telephone numbers
- Electronic alerting systems
- Bedside or centralised alarms.

Consider the following issues when deciding on the mechanisms to use:

- Avoid changes in the system at different times of the day and on different days of the week
- Develop processes for responders to hand over shared equipment, such as pagers or mobile phones, between shifts
- Provide backup systems in the event of equipment failure
- Develop processes for maintaining equipment
- Provide training about how to use the mechanisms for escalating care, including for new, casual, locum and agency members of the workforce.

In remote small hospitals, it may be helpful to develop processes for obtaining emergency advice from specialist providers – such as emergency or psychiatric services, or intensive care clinicians – online or using video link.

Action 8.9

The workforce uses the recognition and response systems to escalate care

Reflective question

How does the health service organisation ensure that the workforce knows how and when to use the recognition and response systems?

Strategies for improvement

MPSs and small hospitals should ensure that care is escalated when acute deterioration is recognised. If possible, use the resources developed by the Local Hospital Network, state or territory health department or nearby larger hospital to support the education of clinicians working in the small hospital or MPS.

Provide orientation, education and training for the workforce so that they understand their individual roles, responsibilities and accountabilities in the recognition and response systems. Use evaluation data to identify trends and potential training gaps, so that training and education can be effectively targeted.

Topics to cover in education for non-clinical members of the workforce (such as ward clerks, porters, cleaners and food service workers) include how to escalate care if they are concerned about a patient, and how to respond if a patient or family member asks for help.



Topics to cover in education for clinicians include:

- Recognising parameters and thresholds that indicate acute deterioration, including criteria for patient pain and distress, and clinician concern or worry
- Identifying escalation actions when thresholds indicating acute deterioration are reached
- Processes and mechanisms for escalating care
- The role and capacity of responders
- What to do if the expected response is delayed or does not adequately deal with the problem
- Communication skills such as graded assertiveness
- Professional behaviours in successfully operating recognition and response systems.

Effective escalation of care relies on effective communication. A large amount of information may be communicated to many clinicians when acute deterioration occurs. There are risks to patient safety if information is not comprehensive, relevant and clearly understood.¹⁴⁷ Develop standardised and structured communication prompts and tools for clinicians to use when escalating care, in accordance with the requirements of the [Communicating for Safety Standard](#).

Resources to support handover of critical information are available from the [Commission's website](#).

Provide education and training for responders about expected professional behaviours, and effective teamwork and communication skills, to foster positive experiences for members of the workforce who escalate care.

Provide processes for members of the workforce to routinely give feedback about their experiences of escalating care, and use this information to improve escalation protocols.



CRITERION: Responding to acute deterioration

Appropriate and timely care is provided to patients whose condition is acutely deteriorating.

In addition to ensuring that monitoring and escalation systems are in place and working well, response systems must be in place. Response systems ensure that all patients who acutely deteriorate receive a timely and appropriate response. Timeliness should be determined by a risk assessment process that weighs up the clinical risks for patients when acute deterioration occurs and the frequency with which episodes of acute deterioration occur in the organisation. Appropriateness should also be determined by a risk assessment process that weighs up the clinical risks for patients and the capacity of the organisation to respond when acute deterioration occurs. This means that response systems in acute tertiary hospitals will differ substantially from response systems in remote small hospitals or free-standing day surgeries.

Regardless of setting, most response systems will include at least two levels of response as part of the graded escalation process. When acute deterioration is recognised early, senior nurses or attending doctors (or both) may respond. For more serious deterioration, a rapid response from clinicians with advanced skills in the management of acute deterioration is required. This rapid response might be provided by a medical emergency team with critical care expertise, a single clinician with advanced clinical assessment and resuscitation skills, or an external service such as the ambulance service.

When acute deterioration in a person's mental state occurs, rapid referral to a consultation liaison psychiatry service is required. If consultation liaison is not locally available, the health service organisation needs to work with relevant specialist services to provide this response.

As a minimum, the outline of the roles and responsibilities of response providers should identify the person who:

- Is responsible for ensuring that equipment for providing emergency assistance will reach the patient
- Is responsible for directing and coordinating the multiple activities and treatments needed when providing emergency assistance
- Is responsible for communicating the outcome of the call to the healthcare team, the patient, and their carers and family
- Has authority to make transfer decisions and refer to other clinicians, as required
- Is responsible for documenting the care provided
- Is accountable for handing over critical information for ongoing care.

Also identify the roles and responsibilities of the clinicians who escalate care. These may include:

- Remaining with the patient and starting further assessments, emergency interventions and other therapies while awaiting the response provider(s)
- Providing structured handover of information on the patient's clinical condition and reasons for escalating care
- Ensuring that the attending medical officer or team are aware of the patient's acute deterioration and, if they are not already present, attend to assist, if possible.

Include information about roles and responsibilities for escalating care in education programs and orientation sessions about the recognition and response systems.



Responding to deterioration

Action 8.10

The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration

Reflective question

How does the health service organisation ensure that clinicians are competent in the skills required to respond to patients whose condition is acutely deteriorating?

Strategies for improvement

MPSs and small hospitals should develop systems relevant to their service context to ensure that clinicians are competent in the skills required to respond to patients whose condition is deteriorating. This should be based on a risk assessment approach to identify and prioritise training needs.

Clinicians who provide clinical care need skills in providing essential emergency interventions for common causes and symptoms of life-threatening physiological deterioration while awaiting help. These include skills in essential emergency management of conditions such as airway obstruction, hypoxia, respiratory distress or suppression, arrhythmia, hypotension, fluid overload, seizures and sepsis.

Clinicians who provide clinical care need skills in responding to aggressive behaviour when attempts to de-escalate the situation have failed and there is potential harm to the patient or to others.

Clinicians working in specific specialties or settings may need training in extra skills to provide an immediate response while awaiting help. For example, clinicians working in maternity settings need skills in managing obstetric emergencies.

Clinicians who have particular roles also need training in other skills. For example, medical emergency team responders need advanced clinical assessment skills and competence in specialist procedures such as intubation.

Clinicians who respond to acute deterioration also require non-technical skills such as graded assertiveness, negotiating patient goals of care, communicating bad news and team leadership.²⁸¹

If possible, use resources developed by the Local Hospital Network, state or territory health department or nearby larger hospital to support the education of clinicians working in an MPS or small hospital.

Action 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

Reflective question

What processes are in place to ensure that clinicians who are competent in providing advanced life support are available to respond to patients who acutely deteriorate?

Strategies for improvement

MPSs and small hospitals should provide a system to ensure rapid access to advanced life support for patients who acutely deteriorate. This includes provision for rapid access to at least one clinician with advanced life support skills at all times. Develop and maintain mechanisms to enable rapid access to this clinician(s) at all times.



Mechanisms may include:

- Providing extra training to some doctors and nurses to ensure the required level of care can be provided 24 hours a day and when clinicians are absent; external training programs can be used to provide training in advanced life support skills if this cannot be provided locally
- Establishing competency in paediatric advanced life support for responders in services that provide care to children
- Putting systems in place to provide evidence of clinicians' ongoing competence in advanced life support – clinicians need regular opportunities to practise and maintain their skills so that they retain competency^{282,283}
- Ensuring that clinicians who respond to acute deterioration also have non-technical skills such as graded assertiveness, negotiating patient goals of care, communicating bad news and team leadership²⁸¹
- Scheduling training for registered nurses in a first-line emergency care course in health services without 24-hour medical coverage
- Using external providers such as local general practitioners, visiting medical officers or ambulance services; in some situations, the use of retrieval services to provide an emergency response may also be required.

When clinicians with advanced life support skills are located off site, response times need to be rapid so that patient safety and care are not compromised. This may require the clinician to be contacted early during a patient's episode of deterioration, or if response times are prolonged, the capacity to have the clinician on site.

Action 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

Reflective questions

How does the health service organisation ensure that the workforce knows the local processes for escalating care to mental health specialists?

What partnerships are in place to help patients gain access to mental health services if they are not provided within the health service organisation?

How are patients, carers and families informed about rapid referral to mental health services?

Strategies for improvement

MPSs and small hospitals should:

- Develop a protocol for escalating care when a person's mental state is deteriorating, which includes designation of roles and responsibilities for members of the healthcare workforce and time frames for response

- Develop partnerships with other relevant organisations if responding to acute deterioration in a person's mental state is outside the scope of the health service organisation
- Ensure that members of the workforce are aware of, and use, the escalation protocol.

Tailor the escalation protocol to the specific health setting, taking into account:

- The size, location and role of the setting
- The available resources, including the clinical workforce skill mix
- The capacity to engage specialist help.

Develop and maintain partnerships with other organisations if the MPS or small hospital is required to provide a safe and effective response to deterioration in a person's mental state. This may involve linking with the local community mental health service, a general practitioner or on-call psychiatrists. Technological resources such as teleconferencing or videoconferencing facilities can



also enable prompt mental health review when a person's mental state deteriorates.

Provide access to essential psychiatric medicines at all times.

Provide members of the clinical workforce with access to legal advice relating to delivery of

treatment under mental health and other relevant legislation.

Support referral processes with systems to encourage appropriate documentation about the person's mental state at transitions of care, and to reduce the burden of documentation and data collection when possible.

Action 8.13

The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration

Reflective questions

What services may be required by patients who acutely deteriorate but cannot be safely provided?

What referral mechanisms are in place to ensure that patients whose acute deterioration cannot be definitively managed within the health service organisation are rapidly referred to other organisations?

Strategies for improvement

MPSs and small hospitals should:

- Map the causes of acute deterioration against the capacity of the health service organisation to provide for their definitive management
- If the organisation is not able to provide definitive care, develop systems for rapid referral of patients with acute deterioration to other services.

Definitive management means that the patient receives the best possible treatment for decisively resolving the cause of their acute deterioration. Acute deterioration may be the outcome of a disease process, medical intervention or condition that is not able to be effectively managed by the health service organisation where the patient is. This means that systems need to be developed to rapidly refer patients to other services.

Identify common causes of acute deterioration using data from the recognition and response systems. These may include common presentations

and causes of acute physiological deterioration, such as^{255,284-286}:

- Airway obstruction and respiratory depression associated with issues such as neurological events or opioid overdose
- Altered level of consciousness associated with issues such as neurological events, abnormal blood glucose or delirium
- Respiratory distress associated with issues such as fluid overload, sepsis or exacerbations of existing lung disease
- Arrhythmias
- Hypotension associated with conditions such as
 - sepsis
 - dehydration
 - post-surgical bleeding
 - postpartum maternal haemorrhage
 - cardiac failure
- Medication side effects, interactions, or related complications such as allergies or errors.

Map the common causes of acute deterioration against the capacity of the service to provide definitive management for each of them. For example, psychosis may be a relatively common cause of acute deterioration in mental state in the emergency department, but may be unable to be effectively managed in another service; a system for rapid referral to specialist mental health services would be required. Similarly, presentations of multi-organ failure associated with sepsis may be a relatively common cause of acute physiological deterioration and require a system for rapid referral to a tertiary intensive care service.



Develop processes for rapid referral between services within the health service organisation (for example, mental health services, palliative care, aged care, intensive care) and for rapid referral to external acute healthcare services. Include processes for the

safe transport of patients in the referral systems. Referral to external services for definitive treatment of acute deterioration may also require referral to emergency transport services.

Resources

Key Commission documents for implementing recognition and response systems

[*A Better Way to Care: Safe and high-quality care for patients with cognitive impairment \(dementia and delirium\) in hospital*](#)

[*Delirium Clinical Care Standard*](#)

[*National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration*](#)

[*A Guide to Support Implementation of the National Consensus Statement*](#)

[*National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*](#)

[*National Consensus Statement: Essential elements for safe and high-quality end-of-life care*](#)

[*National Consensus Statement: Essential elements for safe and high-quality paediatric end-of-life care*](#)

Observation charts

[*ACT Health – Compass*](#)

[*Australian Commission on Safety and Quality in Health Care – Observation and response charts*](#)

[*NSW Health – Standard observation charts*](#)

[*SA Health – Sample observation charts*](#)

[*Victorian Children's Tool for Observation and Response \(ViCTOR\)*](#)



Acronyms and abbreviations

Term	Definition
ADR	adverse drug reaction
AMS	antimicrobial stewardship
BPMH	best possible medication history
CMI	consumer medicine information
Commission	Australian Commission on Safety and Quality in Health Care
MMP	medication management plan
MPS	multi-purpose service
NBA	National Blood Authority
NIMC	national inpatient medication chart
NSQHS Standards	National Safety and Quality Health Service Standards
PBM	patient blood management
TGA	Therapeutic Goods Administration



Glossary

If appropriate, glossary definitions from external sources have been adapted to fit the context of the NSQHS Standards.

acute deterioration: physiological, psychological or cognitive changes that may indicate a worsening of the patient's health status; this may occur across hours or days.

advance care plan: a plan that states preferences about health and personal care, and preferred health outcomes. An advance care planning discussion will often result in an advance care plan. Plans should be made on the person's behalf and prepared from the person's perspective to guide decisions about care.²⁸⁷

advanced life support: the preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.²⁶²

adverse drug event: harm associated with any dose of a medicine.

adverse drug reaction: a response to a medicine that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.²⁸⁸ An allergy is a type of adverse drug reaction.

adverse event: an incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. *See also* near miss

alert: warning of a potential risk to a patient.

allergy: occurs when a person's immune system reacts to allergens in the environment that are harmless for most people. Typical allergens include some medicines, foods and latex.²⁸⁹ An allergen may be encountered through inhalation, ingestion, injection or skin contact. A medicine allergy is one type of adverse drug reaction.

antimicrobial: a chemical substance that inhibits or destroys bacteria, viruses or fungi, and can be safely administered to humans and animals.²⁹⁰

antimicrobial resistance: failure of an antimicrobial to inhibit a microorganism at the antimicrobial

concentrations usually achieved over time with standard dosing regimens.²⁹⁰

antimicrobial stewardship: an ongoing effort by a health service organisation to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It may incorporate several strategies, including monitoring and review of antimicrobial use.²⁹⁰

approved identifiers: items of information accepted for use in identification, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier. Health service organisations and clinicians are responsible for specifying the approved items for identification and procedure matching. Identifiers such as room or bed number should not be used.

aseptic technique: a technique that aims to prevent microorganisms on hands, surfaces and equipment from being introduced to susceptible sites. Unlike sterile techniques, aseptic techniques can be achieved in typical ward and home settings.²⁹¹

assessment: a clinician's evaluation of a disease or condition based on the patient's subjective report of the symptoms and course of the illness or condition, and the clinician's objective findings. These findings include data obtained through laboratory tests, physical examination and medical history; and information reported by carers, family members and other members of the healthcare team. The assessment is an essential element of a comprehensive care plan.¹⁷¹

audit (clinical): a systematic review of clinical care against a predetermined set of criteria.²⁹²

Australian Charter of Healthcare Rights: specifies the key rights of patients when seeking or receiving healthcare services. It was endorsed by health ministers in 2008.³⁹

Australian Open Disclosure Framework: endorsed by health ministers in 2013, it provides a framework for health service organisations and clinicians to communicate openly with patients when health care does not go to plan.⁸



best possible medication history: a list of all the medicines a patient is using at presentation. The list includes the name, dose, route and frequency of the medicine, and is documented on a specific form or in a specific place. All prescribed, over-the-counter and complementary medicines should be included. This history is obtained by a trained clinician interviewing the patient (and/or their carer) and is confirmed, where appropriate, by using other sources of medicines information.²⁹³

best practice: when the diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients.

best-practice guidelines: a set of recommended actions that are developed using the best available evidence. They provide clinicians with evidence-informed recommendations that support clinical practice, and guide clinician and patient decisions about appropriate health care in specific clinical practice settings and circumstances.²⁹⁴

blood management: a process that improves outcomes for patients by improving their medical and surgical management in ways that boost and conserve their own blood, and ensure that any blood and blood products patients receive are appropriate and safe.

blood products: the products derived from fresh blood – red blood cells and platelets, fresh frozen plasma, cryoprecipitate and cryodepleted plasma, plasma-derived blood products, and recombinant blood products.

business decision-making: decision-making regarding service planning and management for a health service organisation. It covers the purchase of building finishes, equipment and plant; program maintenance; workforce training for safe handling of equipment and plant; and all issues for which business decisions are taken that might affect the safety and wellbeing of patients, visitors and the workforce.

care pathway: a complex intervention that supports mutual decision-making and organisation of care processes for a well-defined group of patients during a well-defined period.²⁹⁵

carer: a person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental

illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program.²⁹⁶

clinical care standards: nationally relevant standards developed by the Australian Commission on Safety and Quality in Health Care, and agreed by health ministers, that identify and define the care people should expect to be offered or receive for specific conditions.

clinical communication: the exchange of information about a person's care that occurs between treating clinicians, patients, carers and families, and other members of a multidisciplinary team. Communication can be through several different channels, including face-to-face meetings, telephone, written notes or other documentation, and electronic means. *See also* effective clinical communication, clinical communication process

clinical communication process: the method of exchanging information about a person's care. It involves several components, and includes the sender (the person who is communicating the information), the receiver (the person receiving the information), the message (the information that is communicated) and the channel of communication. Various channels of communication can be used, including verbal (face to face, over the phone, through Skype), written and electronic.²⁹⁷ Sending and receipt of the information can occur at the same time, such as verbal communication between two clinicians, or at different times, such as non-verbal communication during which a clinician documents a patient's goals, assessments and comprehensive care plan in the healthcare record, which is later read by another clinician.

clinical governance: an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.



clinical handover: the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.²⁹⁸

clinical information system: a computerised healthcare record and management system that is used by clinicians in healthcare settings. Clinical information systems are typically organisation-wide, have high levels of security and access, and have roles and rights (for example, prescribing medicines, reviewing laboratory results, administering intravenous fluids) specified for each clinical and administrative user. Clinical information systems enable electronic data entry and data retrieval by clinicians.²⁹⁹

clinical leaders: clinicians with management or leadership roles in a health service organisation who can use their position or influence to change behaviour, practice or performance. Examples are directors of clinical services, heads of units and clinical supervisors.

clinician: a healthcare provider, trained as a health professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.

cognitive impairment: deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients.¹⁷¹ Cognitive impairment can also be a result of several other conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines.

cold chain management: the system of transporting and storing temperature-sensitive medicines and other therapies, such as blood and blood products, within their defined temperature range at all times, from point of origin (manufacture) to point of

administration, to ensure that the integrity of the product is maintained.

communicable: an infection that can be transferred from one person or host to another.

comprehensive care: health care that is based on identified goals for the episode of care. These goals are aligned with the patient's expressed preferences and healthcare needs, consider the impact of the patient's health issues on their life and wellbeing, and are clinically appropriate.

comprehensive care plan: a document describing agreed goals of care, and outlining planned medical, nursing and allied health activities for a patient. Comprehensive care plans reflect shared decisions made with patients, carers and families about the tests, interventions, treatments and other activities needed to achieve the goals of care. The content of comprehensive care plans will depend on the setting and the service that is being provided, and may be called different things in different health service organisations. For example, a care or clinical pathway for a specific intervention may be considered a comprehensive care plan.

consumer: a person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.³⁰⁰

contemporaneously (documenting information): recording information in the healthcare record as soon as possible after the event that is being documented.³⁰¹

credentialing: the formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments.³⁰²

critical equipment: items that confer a high risk for infection if they are contaminated with any microorganism, and must be sterile at the time of use. They include any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.⁶⁸



critical information: information that has a considerable impact on a patient's health, wellbeing or ongoing care (physical or psychological). The availability of critical information may require a clinician to reassess or change a patient's comprehensive care plan.

current medicines list: See medicines list

decision support tools: tools that can help clinicians and consumers to draw on available evidence when making clinical decisions. The tools have a number of formats. Some are explicitly designed to enable shared decision making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators, evidence summaries), or provide ways of initiating and structuring conversations about health decisions (for example, communication frameworks, question prompt lists).¹⁴⁰ See also shared decision making

de-escalation strategies: psychosocial techniques that aim to reduce violent or disruptive behaviour. They are intended to reduce or eliminate the risk of violence during the escalation phase, using verbal and non-verbal communication skills. De-escalation is about establishing rapport to gain the patient's trust, minimising restriction to protect their self-esteem, appearing externally calm and self-aware in the face of aggressive behaviour, and intuitively identifying creative and flexible interventions that will reduce the need for aggression.¹⁸⁸

definitive management: the treatment plan for a disease or disorder that has been chosen as the best one for the patient after all other choices have been considered.³⁰³

delirium: an acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day.³⁰⁴ It is a serious condition that can be prevented in 30–40% of cases, and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has heightened arousal; or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).³⁰⁵

deterioration in mental state: a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Changes can be gradual or acute;

they can be observed by members of the workforce, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state can be related to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, withdrawal from substances, and responses to social context and environment.

diversity: the varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, religions, beliefs, practices, languages spoken and sexualities (diversity in sexualities is currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

effective clinical communication: two-way, coordinated and continuous communication that results in the timely, accurate and appropriate transfer of information. Effective communication is critical to, and supports, the delivery of safe patient care.

emergency assistance: clinical advice or assistance provided when a patient's condition has deteriorated severely. This assistance is provided as part of the rapid response system, and is additional to the care provided by the attending clinician or team.²⁶²

end of life: the period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of patients with chronic or malignant disease, or very brief in the case of patients who suffer acute and unexpected illnesses or events, such as sepsis, stroke or trauma.³⁰⁶

environment: the physical surroundings in which health care is delivered, including the building, fixtures, fittings, and services such as air and water supply. Environment can also include other patients, consumers, visitors and the workforce.

episode of care: a phase of treatment. There may be more than one episode of care within the one hospital stay. An episode of care ends when the principal clinical intent changes or when the patient is formally separated from the facility.³⁰⁷



escalation protocol: the protocol that sets out the organisational response required for different levels of abnormal physiological measurements or other observed deterioration. The protocol applies to the care of all patients at all times.²⁶²

fall: an event that results in a person coming to rest inadvertently on the ground or floor, or another lower level.³⁰⁸

goals of care: clinical and other goals for a patient's episode of care that are determined in the context of a shared decision-making process.

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

governing body: a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality in a health service organisation.

guidelines: clinical practice guidelines are systematically developed statements to assist clinician and consumer decisions about appropriate health care for specific circumstances.³⁰⁹

haemovigilance: a set of surveillance procedures covering the entire blood transfusion chain, from the donation and processing of blood and its components, to their provision and transfusion to patients, to their follow-up. It includes monitoring, reporting, investigating and analysing adverse events related to the donation, processing and transfusion of blood, as well as development and

implementation of recommendations to prevent the occurrence or recurrence of adverse events.³¹⁰

hand hygiene: a general term referring to any action of hand cleansing.

health care: the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals.⁸

healthcare-associated infections: infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare-associated infections may manifest after people leave the healthcare facility.⁶⁸

healthcare record: includes a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

health literacy: the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment.

Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action.

The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services.⁵⁹

health service organisation: a separately constituted health service that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care at the direction of the governing body. A service unit involves a group of clinicians and others working in a systematic way to deliver health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.



higher risk (patients at higher risk of harm): a patient with multiple factors or a few specific factors that result in their being more vulnerable to harm from health care or the healthcare system. Risk factors may include having chronic clinical conditions; having language barriers; being of Aboriginal or Torres Strait Islander background; having low health literacy; being homeless; or being of diverse gender identities and experiences, bodies, relationships and sexualities (currently referred to as lesbian, gay, bisexual, transgender and intersex, or LGBTI).

high-risk medicines: medicines that have an increased risk of causing significant patient harm or death if they are misused or used in error. High-risk medicines may vary between hospitals and other healthcare settings, depending on the types of medicines used and patients treated. Errors with these medicines are not necessarily more common than with other medicines. Because they have a low margin of safety, the consequences of errors with high-risk medicines can be more devastating.^{101,311} At a minimum, the following classes of high-risk medicines should be considered:

- Medicines with a narrow therapeutic index
- Medicines that present a high risk when other system errors occur, such as administration via the wrong route.

hygienic environment: an environment in which practical prevention and control measures are used to reduce the risk of infection from contamination by microbes.

incident (clinical): an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss. *See also* near miss

infection: the invasion and reproduction of pathogenic (disease-causing) organisms inside the body. This may cause tissue injury and disease.⁷⁴

informed consent: a process of communication between a patient and a clinician about options for treatment, care processes or potential outcomes. This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care.³¹² The communication should ensure that the patient has an understanding of the care they will receive, all the available options and the expected outcomes,

including success rates and side effects for each option.³¹³

injury: damage to tissues caused by an agent or circumstance.³¹⁴

invasive medical devices: devices inserted through skin, mucosal barrier or internal cavity, including central lines, peripheral lines, urinary catheters, chest drains, peripherally inserted central catheters and endotracheal tubes.

involuntary treatment: when people are detained in hospital or compulsorily treated in the community under mental health legislation, for assessment or provision of appropriate treatment or care.¹¹⁷

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.³⁰⁹ Jurisdictional requirements encompass a number of types of documents from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people, and can negotiate for resources and other support to achieve goals.³¹⁵

local community: the people living in a defined geographic region or from a specific group who receive services from a health service organisation.

mandatory: required by law or mandate in regulation, policy or other directive; compulsory.

medication management: practices used to manage the provision of medicines. Medication management has also been described as a cycle, pathway or system, which is complex and involves a number of different clinicians. The patient is the central focus. The system includes manufacturing, compounding, procuring, dispensing, prescribing, storing, administering, supplying and monitoring the effects of medicines. It also includes decision-making, and rules, guidelines, support tools, policies and procedures that are in place to direct the use of medicines.⁸²



medication reconciliation: a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines, and matching the medicines the patient should be prescribed to those they are actually prescribed. Any discrepancies are discussed with the prescriber, and reasons for changes to therapy are documented and communicated when care is transferred. Medication review may form part of the medication reconciliation process.

medication review: a systematic assessment of medication management for an individual patient that aims to optimise the patient's medicines and outcomes of therapy by providing a recommendation or making a change.³¹⁶ Medication review may be part of medication reconciliation.

medicine: a chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental wellbeing of people. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered.³¹⁷

medicine-related problem: any event involving treatment with a medicine that has a negative effect on a patient's health or prevents a positive outcome. Consideration should be given to disease-specific, laboratory test-specific and patient-specific information. Medicine-related problems include issues with medicines such as:

- Underuse
- Overuse
- Use of inappropriate medicines (including therapeutic duplication)
- Adverse drug reactions, including interactions (medicine–medicine, medicine–disease, medicine–nutrient, medicine–laboratory test)
- Noncompliance.^{318,319}

medicines list: prepared by a clinician, a medicines list contains, at a minimum:

- All medicines a patient is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included⁸²

- Any medicines that should not be taken by the patient, including those causing allergies and adverse drug reactions; for each allergy or adverse drug reaction, the medicine name, the reaction type and the date on which the reaction was experienced should be included.

Ideally, a medicines list also includes the intended use (indication) for each medicine.

It is expected that the medicines list is updated and correct at the time of transfer (including clinical handover) or when services cease, and that it is tailored to the audience for whom it is intended (that is, patient or clinician).⁷⁸

mental state: See deterioration in mental state

minimum information content: the content of information that must be contained and transferred in a particular type of clinical handover. What is included as part of the minimum information content will depend on the context and reason for the handover or communication.²⁰⁷

multidisciplinary team: a team including clinicians from multiple disciplines who work together to deliver comprehensive care that deals with as many of the patient's health and other needs as possible. The team may operate under one organisational umbrella or may be from several organisations brought together as a unique team. As a patient's condition changes, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient.³²⁰ Multidisciplinary care includes interdisciplinary care. (A discipline is a branch of knowledge within the healthcare system.³²¹)

My Health Record (formerly known as a personally controlled electronic health record): the secure online summary of a consumer's health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency). Clinicians are able to share health clinical documents to a consumer's My Health Record, according to the consumer's access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies.³²²

national patient identifier: a unique 16-digit number that is used to identify individuals who receive or may receive health care in the Australian healthcare system. Also known as an Individual Healthcare Identifier (IHI).³²²



national provider identifier: a unique 16-digit number that is used to identify individual clinicians or organisations that deliver health care in the Australian healthcare setting. For individuals, it is also known as a Healthcare Provider Identifier – Individual (HPI-I); for organisations, it is also known as a Healthcare Provider Identifier – Organisation (HPI-O).³²²

near miss: an incident or potential incident that was averted and did not cause harm, but had the potential to do so.³²³

open disclosure: an open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.³²⁴

organisation-wide: intended for use throughout the health service organisation.

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

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.³¹⁴

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

patient: a person who is receiving care in a health service organisation.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among clinicians and patients.³²⁵ Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.³² Also known as patient-centred care or consumer-centred care.

point of care: the time and location of an interaction between a patient and a clinician for the purpose of delivering care.

policy: a set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

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

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

procedure matching: the processes of correctly matching patients to their intended care.

process: a series of actions or steps taken to achieve a particular goal.³²⁶

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete tasks or a set of tasks.

purpose-driven communication: communication in which all the parties involved in the communication process have a shared understanding of why the communication is taking place (for example, to gather, share, receive or check information), what action needs to be taken and who is responsible for taking that action.



quality improvement: the combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.³²⁷ Quality improvement activities may be undertaken in sequence, intermittently or continually.

regularly: occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the NSQHS Standards (2nd ed.), the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

responsibility and accountability for care: accountability includes the obligation to report and be answerable for consequences. Responsibility is the acknowledgement that a person has to take action that is appropriate to a patient's care needs and the health service organisation.²³³

restraint: the restriction of an individual's freedom of movement by physical or mechanical means.¹⁹⁰

reusable device: a medical device that is designated by its manufacturer as suitable for reprocessing and reuse.³²⁸

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences.²⁶⁹

risk management: the design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.

safety culture: a commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to

vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.³²⁹

scope of clinical practice: the extent of an individual clinician's approved clinical practice within a particular organisation, based on the clinician's skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation.³⁰²

screening: a process of identifying patients who are at risk, or already have a disease or injury. Screening requires enough knowledge to make a clinical judgement.³³⁰

seclusion: the confinement of a patient, at any time of the day or night, alone in a room or area from which free exit is prevented.¹⁹⁰

self-harm: includes self-poisoning, overdoses and minor injury, as well as potentially dangerous and life-threatening forms of injury. Self-harm is a behaviour and not an illness. People self-harm to cope with distress or to communicate that they are distressed.³³¹

semi-critical equipment: items that come into contact with mucous membranes or non-intact skin, and should be single use or sterilised after each use. If this is not possible, high-level disinfection is the minimum level of reprocessing that is acceptable.⁶⁸

service context: the particular context in which care is delivered. Health service delivery occurs in many different ways, and the service context will depend on the organisation's function, size and organisation of care regarding service delivery mode, location and workforce.¹⁴⁷

shared decision making: a consultation process in which a clinician and a patient jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the patient's values, preferences and circumstances.¹⁴⁰

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.³¹⁴

standard national terminologies: a structured vocabulary used in clinical practice to accurately describe the care and treatment of patients. Healthcare providers around the world use specialised vocabulary to describe diseases, operations, clinical procedures, findings, treatments and medicines. In Australia, terminologies include



SNOMED CT-AU and Australian Medicines Terminology.¹¹ Standard national terminologies are also referred to as clinical terminologies.

standard precautions: work practices that provide a first-line approach to infection prevention and control, and are used for the care and treatment of all patients.³²⁸

structured clinical handover: a structured format used to deliver information (the minimum information content), enabling all participants to know the purpose of the handover, and the information that they are required to know and communicate.²⁹²

substitute decision-maker: a person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a patient whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the patient, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory.¹⁷¹

surveillance: an epidemiological practice that involves monitoring the spread of disease to establish progression patterns. The main roles of surveillance are to predict and observe spread; to provide a measure for strategies that may minimise the harm caused by outbreak, epidemic and pandemic situations; and to increase knowledge of the factors that might contribute to such circumstances.⁷⁴

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal.

A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.

timely (communication): communication of information within a reasonable time frame. This will depend on how important or time critical the information is to a patient's ongoing care or wellbeing, the context in which the service is provided and the clinical acuity of the patient.

traceability: the ability to trace the history, application or location of reusable medical devices. Some professional groups may refer to traceability as tracking.³²⁸

training: the development of knowledge and skills.

transfusion history: a list of transfusions a patient has had before presentation, including details of any adverse reactions to the transfusion and any special transfusion requirements. The completeness of the history will depend on the availability of information. It is expected that information will be obtained by reviewing any available referral information and interviewing the patient or their carer.

transitions of care: situations when all or part of a patient's care is transferred between healthcare locations, providers, or levels of care within the same location, as the patient's conditions and care needs change.³³²

transmission-based precautions: extra work practices used in situations when standard precautions alone may not be enough to prevent transmission of infection. Transmission-based precautions are used in conjunction with standard precautions.⁶⁸

workforce: all people working in a health service organisation, including clinicians and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with patients in the health service organisation. *See also* clinician



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