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

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

The intention of this Standard is to:

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

Context

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

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

Governance and quality improvement systems

Clinical practice

Performance and skills management

Incident and complaints management

Patient rights and engagement
## Criterion: Governance and quality improvement systems

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

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| C   | 1.1 Implementing a governance system that sets out the policies, procedures and/or protocols for:  
- establishing and maintaining a clinical governance framework  
- identifying safety and quality risks  
- collecting and reviewing performance data  
- implementing prevention strategies based on data analysis  
- analysing reported incidents  
- implementing performance management procedures  
- ensuring compliance with legislative requirements and relevant industry standards  
- communicating with and informing the clinical and non-clinical | 1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols | How do we describe our decision making and management processes to an outsider?  
What documents do we use to meet laws, regulations, business and professional requirements? | • Policies, procedures and/or protocols that describe the management of patient safety and quality risks specified in Standard 1.1  
• Notes, memos, minutes or reports of meetings that review policies, procedure and/or protocols  
• Policies, procedures and/or protocols that are dated and note a timeframe for review  
• List or schedule of review of policies, procedures and/or protocols  
• Register or log of completed reviews including dates changes made and outcomes of changes | □ MM  
□ SM  
□ NM → add to action plan |
<p>| C   | 1.1.2 The impact on patient safety and quality of care is considered in business decision making | | | |</p>
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|   C | workforce undertaking regular clinical audits | 1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance | How does our leadership take responsibility for safe practice and the quality of care for patients? | Notes, memos, minutes or reports of meetings that discuss safety and quality measures and results. Review of reports or summaries containing safety and quality data. Review of trends in safety and quality matters. | □ MM  
□ SM  
□ NM → add to action plan |
|   C | 1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care | 1.2.2 Action is taken to improve the safety and quality of patient care | What actions have our leadership taken to improve safe practice and the quality of care for patients? | Review and revision of documentation, reports, updates of safety and quality plans and strategies. Plans or documents that improve safety and quality. Register containing responses to safety and quality issues and actions taken. Register or log of adverse events, incidents and near misses. | □ MM  
□ SM  
□ NM → add to action plan |
|   C | 1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for: patient safety and quality in their delivery of health care. the management of safety and quality specified in each of these Standards. | 1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities | How do we inform each team member of their roles and responsibilities for safety and quality of care? | Position descriptions, duty statement or employment contracts that include safety and quality responsibilities. Notes, memos, minutes or reports of meetings or other forms of communication to staff about their responsibilities. Policy that outlines roles and responsibilities for staff positions. Education resources for orientation and ongoing training for staff roles and responsibilities. Attendance records of education and training of staff in safety and quality matters. Feedback from staff on their roles and responsibilities. Feedback to staff on their work performance, their roles and responsibilities. | □ MM  
□ SM  
□ NM → add to action plan |
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| C   | 1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards | How do we support each team member to understand and perform their roles and responsibilities? | • Feedback to staff on their work performance  
• Feedback from staff on their understanding of their roles and responsibilities  
• Feedback from patients about staff performance  
• Review of incident reports and related comments | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities | How do we inform each locum or agency team member of their roles and responsibilities for safety and quality of care? | • Position descriptions, duty statements and employment contracts that include safety and quality responsibilities  
• Notes, memos, minutes or reports of meetings or other forms of communication to staff about their responsibilities  
• Policies, procedures and/or protocols that outline roles and responsibilities for locum or agency staff  
• Education resources for orientation and ongoing training for staff roles and responsibilities  
• Attendance records of education and training by locum or agency staff in roles and responsibilities  
• Feedback from locum or agency staff on their understanding of their roles and responsibilities | □ MM  
□ SM  
□ NM → add to action plan |
| D   | 1.4 Implementing training in the assigned safety and quality roles and responsibilities | 1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities  
What training must a new team member do to start work?  
How do we provide a team member with the skills and information necessary for their roles and responsibilities? | • Orientation checklist  
• Current relevant guidelines available to staff  
• Orientation program content  
• Policies, procedures and/or protocols that outlines roles and responsibilities for staff positions  
• Education resources for orientation and ongoing training for staff roles and responsibilities  
• Attendance records of education and training of staff in roles and responsibilities  
• Feedback to staff on work performance  
• Individual professional development plan(s) | □ MM  
□ SM  
□ NM → add to action plan |
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<td>1.4.2 Annual mandatory training programs meet the requirements of these Standards</td>
<td>What training must team members do each year?</td>
<td>• List of essential annual education and training &lt;br&gt; • Review of staff education and training needs matched against the NSQHS Standard’s requirements &lt;br&gt; • Policy that outlines mandatory training requirements for staff &lt;br&gt; • Education resources for orientation and ongoing training for mandatory training requirements &lt;br&gt; • Attendance records of education and training of staff in mandatory training requirements</td>
<td>□ MM &lt;br&gt; □ SM &lt;br&gt; □ NM → add to action plan</td>
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<td>1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace, to fulfil their safety and quality roles and responsibilities</td>
<td>How do we provide a locum or agency team member with the skills and information necessary in their role and responsibilities?</td>
<td>• Education resources for orientation and ongoing training for locum and agency staff roles and responsibilities &lt;br&gt; • Attendance records of education and training of locum or agency staff in roles and responsibilities &lt;br&gt; • Locum and agency staff orientation resources and attendance records &lt;br&gt; • Orientation handbooks or equivalent documents &lt;br&gt; • Contracts, and/or position descriptions with locum and agency staff &lt;br&gt; • Policies, procedures and/or protocols that are readily accessible to locum and agency workforce &lt;br&gt; • Skills appraisals of locum and agency workforce &lt;br&gt; • Records or register of locum and agency workforce credentials (qualifications) &lt;br&gt; • Policy, procedures and/or protocols for clinical supervision &lt;br&gt; • Internal communication system that is accessible to the locum and agency workforce which provides information about safety and quality (for example memos)</td>
<td>□ MM &lt;br&gt; □ SM &lt;br&gt; □ NM → add to action plan</td>
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<td>1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality</td>
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<td>How do we provide competency based training to clinical team members to improve our safety and quality care in the practice?</td>
<td>• Education resources for orientation and ongoing training in competency based training to enhance safety and quality&lt;br&gt;• Attendance records of education and training of staff in competency based training to enhance safety and quality&lt;br&gt;• Staff orientation resources and attendance records&lt;br&gt;• Orientation handbooks or equivalent documents&lt;br&gt;• Contracts and/or position descriptions&lt;br&gt;• Policies, procedures and/or protocols that are readily accessible to the workforce&lt;br&gt;• Skills appraisals of the workforce&lt;br&gt;• Record of register of the workforce credentials (qualifications)&lt;br&gt;• Policy, procedures and/or protocols for clinical supervision&lt;br&gt;• Internal communication system that is accessible to the workforce and provides information about safety and quality (for example memos)</td>
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<td>1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality</td>
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<td>How do we identify, record and manage risks to ensure safe dental practice?</td>
<td>• Notes, memos, minutes of meetings or other forms of communication to staff about risk matters&lt;br&gt;• Completed risk assessments&lt;br&gt;• Reports of trends in safety and quality risks&lt;br&gt;• Review of safety and quality measures or indicators&lt;br&gt;• Register or log of adverse events, incidents and near misses, including actions taken to address issues identified</td>
<td>□ MM&lt;br&gt;□ SM&lt;br&gt;□ NM → add to action plan</td>
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<td>1.5.2 Actions are taken to minimise risks to patient safety and quality of care</td>
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<td>What action has been taken to reduce the risks to safe practice and quality of care for our patients?</td>
<td>• Register, log or other record of risk assessments and actions taken to mitigate risks&lt;br&gt;• Record of review of comments, complaints and incidents and use of results for improvement purposes&lt;br&gt;• Reviews of safety and quality performance with recommendations for improvement, including action plans and outcomes&lt;br&gt;• Review of actions taken, such as an evaluation report</td>
<td>□ MM&lt;br&gt;□ SM&lt;br&gt;□ NM → add to action plan</td>
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| C   | 1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice | 1.6.1 An organisation-wide quality management system is in use and regularly monitored | How do we plan our work, measure our success against what we do and do it better? How do we use quality management methods in our practice? | • Policies, procedures and/or protocols that describe a quality approach in key areas such as:  
  o leadership  
  o planning activities and introduction of changes  
  o team members’ roles and responsibilities  
  o dissemination of information and documents  
  o work and administrative activities  
  o measuring and observation of performance  
  o review and improvement of activities  
 • Information on introduced changes in practice  
 • Evaluations and reports on the safety and quality of patient care  
 • Position descriptions or employment contracts that require participation in quality management systems  
 • Feedback on staff work performance in safety and quality matters  
 • Training resources on quality  
 • Documented quality management system | □ MM  
 □ SM  
 □ NM → add to action plan |

(i) A useful management tools is the Plan–Do–Check–Act (PDCA) cycle. The PDCA cycle is also known as the Plan–Do–Study–Act cycle, Deming’s cycle, Shewhart’s cycle and the Continuous Improvement cycle

| C   | 1.6.2 Actions are taken to maximise patient quality of care | What actions have we taken to ensure the highest quality of care for our patients? | • List of improvement initiatives or improvement plan  
 • Policy, plans or other documents that describe improvements to safety and quality  
 • Policies, procedures and/or protocols that identify and address deficiencies in care  
 • Register or log of adverse events, incidents and near misses, including actions to address issues identified  
 • Recorded outcomes of actions taken  
 • Patient satisfaction survey results  
 • Review of identified areas requiring action  
 • Review of implemented strategies | □ MM  
 □ SM  
 □ NM → add to action plan |
(i) Information box

‘Governance’ is the set of relationships established by a health service organisation between its executive, officers, stakeholders and consumers. Governance arrangements provide the structure through which the objectives of the health service organisation are set, the means by which the objectives are to be achieved and specify the mechanisms for monitoring performance.
### Criterion: Clinical practice

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

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| C   | 1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence | 1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce | Which clinical guidelines do we use, where do they come from and how do our team members access them? | • Review of the availability and currency of clinical guidelines to the clinical staff  
• Copies of printed or electronic guidelines  
• Policies, procedures and/or protocols for accessing clinical guidelines | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored | — | How do we find out if clinicians use agreed clinical guidelines? | • Affirmation of compliance by dental practitioners  
• Performance assessments of dental practitioners  
• Observation of clinical practice | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm | 1.8.1 Mechanisms are in place to identify patients at increased risk of harm | How do we identify those patients who are likely to have an increased risk of harm? | • Reviews of patient history and information  
• Risk profile of the dental practice that details the most likely risks and their potential impact  
• Completed risk assessments  
• Register or log of adverse events, incidents and near misses including actions to address issues identified  
• Reviews and analysis of adverse events, incidents and near misses  
• Review of patient complaints | □ MM  
□ SM  
□ NM → add to action plan |

(i) Patient history and information includes relevant medical, social history, English Not First Language and significant disabilities are gathered by practices and documented in the dental record.
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| C   | 1.8.2 Early action is taken to reduce the risks for at-risk patients | What action have we taken to decrease the risk of harm to our vulnerable patients? | • Affirmation of compliance with measures and procedures by dental practitioners  
• Feedback on work performance of dental practitioners  
• Observation of clinical practice | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.8.3 Systems exist to escalate the level of care when there is an unexpected deterioration in health status | How do we respond to a person who needs immediate medical assistance? | • Policy, procedures and/or protocols that describe how to respond to a medical emergency  
• Signs, posters or stickers clearly visible regarding how to call for assistance  
• Information on medical emergency drills  
• Orientation and ongoing education resources relating to escalation of care  
• Attendance records of education and training of staff in medical emergency response  
• Education resources for medical emergency response | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.9 Using an integrated patient clinical record that identifies all aspects of the patient’s care | 1.9.1 Accurate, integrated and readily-accessible patient clinical records are available to the clinical workforce at the point of care  
1.9.2 The design of the patient clinical record allows for systematic review of the contents against the requirements of these Standards | How do we make our records available to dental practitioners when care is provided?  
How do we find out if our dental records are accurate? | • Reviews of the accuracy, integration and currency of clinical records  
• Policy, procedures and/or protocols for obtaining patient clinical records from storage or archive and other areas of the dental practice  
• Reviews of the accessibility of clinical records including paper-based and electronic archived patient records  
• Documented dental record management system | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.9.2 The design of the patient clinical record allows for systematic review of the contents against the requirements of these Standards | How do we find out if we are meeting the key parts of the Standards? | • Reports generated from dental records using survey methods | □ MM  
□ SM  
□ NM → add to action plan |
## Criterion: Performance and skills management
Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.

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| C   | 1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce | 1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce | How do we know we have the right people doing the right job when providing clinical services? How do we come to a clear understanding of what services or professional practice each clinical team member may provide? | • Notes, memos, minutes meetings or other forms of communication relating to defining scope of clinical practice  
• Review of role descriptions, policies, procedures and/or protocols against jurisdictional requirements and recommendations of clinical practice and professional guidelines, such as evidence of training currency such as for Intravenous sedation administration  
• Procedures to undertake ‘credentialing’ and ‘defining scope of clinical practice’ for clinical team members  
• Review of policies, procedures and/or protocols against defined scopes of practice of clinical staff members  
• Feedback on work performance of clinical staff | □ MM  
□ SM  
□ NM → add to action plan |

(i) ‘Credentialing’ refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a practitioner for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments. ‘Defining the scope of clinical practice’ follows on from ‘credentialing’ and involves delineating the extent of an individual practitioner’s clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, and the needs and the capability of the organisation to support the practitioner’s scope of clinical practice. (The term ‘clinical privileging’ is also widely used.)

Dental practitioners include dental specialists, dentists, dental therapists, oral health therapists, and dental hygienists and dental prosthetists. Other clinical team members who may benefit from undergoing a defined scope of clinical practice process include dental assistants who expose radiographs or undertake other extended duties at the direction of a dental practitioner.
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| C   |                                  | 1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice | How do we know a clinical team member keeps within agreed boundaries when providing services or exercising their professional practice? | • Affirmation by dental practitioners of working within their defined scope of clinical practice  
• Register of staff and credentialed practice  
• Feedback on work performance of clinical staff  
• Observation and reviews of clinical workforce key performance measures  
• Peer review reports | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                  | 1.10.3 Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation | How do we match:  
• what we can do  
• what we plan to do and  
• the agreed services and professional practice for our clinical team members against the services and care we provide? | • Plans or other documents that aim to improve safety and quality and establish the dental practice's overall objectives and services provided  
• Register of workforce qualifications suitable for clinical service roles of the dental practice  
• Annual reports that detail the clinical service capability and clinical services provided  
• Evaluations of the dental practice in meeting its clinical services targets  
• Evaluations of the safety and quality of clinical services  
• Reports from clinical information systems  
• Clinical staff performance feedback  
• Clinical staff performance measures | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                  | 1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced | How do we assess a new clinical service, procedure or other technology before its introduction?  
How do we check if any new changes will affect the services or professional practice provided by clinical team members? | • Notes, memos, minutes, reports of meetings or other forms of communication relating to defining scope of clinical practice related to new services, procedures and technologies  
• Defined guidelines for clinical staff using new services, procedures and technology  
• Education resources for new services, procedures and technologies training  
• Attendance records of education and training of staff in new services, procedures and technologies  
• Procedure manuals, guidelines or similar documentation  
• Observation of practice on initial use and/or occupational health and safety checks  
• Policies, procedures and/or protocols that describe the process of defining scope of practice | □ MM  
□ SM  
□ NM → add to action plan |
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| C   | 1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role | How do we provide the supervision to support clinical team members to keep within agreed boundaries when providing services or exercising their professional practice? | • Roles and responsibilities of designated principal dental practitioner  
• Education resources for the supervision of other staff  
• Attendance records of education and training for supervision of other staff by staff  
• Observation and reviews of staff including those under probation  
• Mentoring plan for a junior staff member or an observational review of a staff member under probation | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice | 1.11.1 A valid and reliable performance review process is in place for the clinical workforce | How do we develop and manage the performance of each of clinical team members? | • Notes, memos or other communications relating to staff performance  
• Performance reports  
• Individual professional development plans  
• Mentoring or peer review reports  
• Documented performance review process | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.11.2 The clinical workforce participates in regular performance reviews that support individual development and improvement | How often is the performance of each clinical team member reviewed? | • Performance reports  
• Individual professional development plans  
• Mentoring or peer review reports  
• Clinical workforce performance appraisals  
• Competency records  
• Observation and reviews of clinical practice  
• Staff development plans and programs | □ MM  
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| C   | 1.12 Ensuring that systems are in place for ongoing safety and quality education and training | 1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development | What access do team members have to education and training in safe practice and quality care? | • Individual professional development plans  
• List of available education providers, courses and resources  
• Processes that describe access to ongoing training in safety and quality  
• Communication between practice principal and staff about education required  
• Education resources related to safety and quality training  
• Attendance records of education and training of staff in related to safety and quality training | ☐ MM  
☐ SM  
☐ NM → add to action plan |

(i) Evidence may include implementing a new quality process to increase the safety of the staff and/or the patients, and educating the staff on the new process

| D   | 1.13 Seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation | 1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems | How do we get feedback from team members on safety and quality matters to review their understanding and use of our processes? | • Notes, memos, minutes or reports of meetings or other communications relating to safety and quality matters  
• Staff communication books  
• Records of staff comments and suggestions | ☐ MM  
☐ SM  
☐ NM → add to action plan |

| D   | 1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems | What action has been taken to increase the use and understanding of our safety and quality processes by team members? | | • Education resources in safety and quality  
• Attendance records of education and training of staff in safe practice and quality care by staff  
• Documented plans or approaches to increase knowledge | ☐ MM  
☐ SM  
☐ NM → add to action plan |

(i) Information box

1.10 Evidence could include staff training in specific procedures relevant to the practice, which is monitored, and reviewed as frequently as required to ensure safe practice. Performance reviews may be verbal, which may be reflected in practice improvement plan or staff personnel record. An example of performance management might include a performance plan for a new staff member under probation or existing staff member requiring additional supervision.

Australian Commission on Safety and Quality in Health Care
## Criterion: Incident and complaints management

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

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| C   | 1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents (including near misses), which all result in corrective actions | 1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses | How do we identify, record and respond to incidents and near misses? | • Risk assessment forms  
• Adverse event, incident and near miss reporting forms  
• Guidelines for recognising and reporting adverse events, incidents and near misses  
• Register or log of adverse events, incidents and near misses including actions to address issues identified  
• Education resources for adverse events, incidents and near misses  
• Attendance records of education and training of staff in relation to adverse events, incidents and near misses  
• Material that demonstrates and supports promotion of incident reporting systems  
• Documented incident management system | □ MM  
□ SM  
□ NM → add to action plan |
|     |                                   | 1.14.2 Systems are in place to analyse incidents and report on incidents | What could we learn from incidents and near misses? | • Critical incidents register or log, including actions taken to address issues identified  
• Notes, memos, minutes or reports of meetings that relate to adverse events, incidents and near misses  
• Review of incident reports  
• Review of trends in adverse events, incidents, and near misses | □ MM  
□ SM  
□ NM → add to action plan |
|     |                                   | 1.14.3 Feedback on the analysis of reported incidents is provided to the workforce | How do we provide team members with feedback on our incidents and near misses? | • Notes, memos, minutes or reports of meetings  
• Record or report of initiated evidence-based interventions for identified risks  
• Completed risk assessments and action plans | □ MM  
□ SM  
□ NM → add to action plan |
|     |                                   | 1.14.4 Action is taken to reduce risks to patients identified through | How do we decrease the risk of an incident recurring? | • Material distributed to staff on incidents and trends  
• Incident reports accessible to staff  
• Staff meeting reports that contain a review of adverse events, incidents and near misses | □ MM  
□ SM |
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<td>24</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
<td>C/D 1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation</td>
<td>How does our leadership review any incidents and near misses?</td>
<td>• Review of adverse events, incidents and near misses including actions taken to address issues identified</td>
<td>□ NM → add to action plan</td>
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| 24  | | C 1.15 Implementing a complaints management system that includes partnership with patients and carers | 1.15.1 Processes are in place to support the workforce to recognise and report complaints | How do we identify, report and deal with our patient complaints? | • Patient feedback forms  
• Guidelines for recognising and reporting patient complaints  
• Register or list of complaints, including actions taken to address issues identified  
• Education resources in complaint management  
• Attendance records of education and training of staff in relation to complaint management  
• Documented complaint management processes  
• Secure patient comments and complaints ‘box’, or similar device, in publicly accessible places  
• Patient brochure or information sheets, or equivalent, that outline internal and external complaints mechanisms | □ MM  
□ SM  
□ NM → add to action plan |

(i) Examples of a feedback process may include mailing out a feedback brochure which the patients can return by mail, or patient feedback forms distributed on presentation associated with a feedback box and encouragement to provide comment before leaving the dental practice.
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| C   | 1.15.2 Systems are in place to analyse and implement improvements in response to complaints | What could we learn from complaints and patient feedback that will lead to better outcomes? | • Review of complaints and patient feedback  
• Review of trends in complaints and patient feedback  
• Reports or briefings on analysis of complaints  
• Complaints register or log with responses recorded and actions taken  
• Notes, memos, minutes and other papers from key people with responsibility for complaints and patient feedback management and outcomes  
• Data that report feedback and trends in complaints and patient feedback  
• Reports to owners, regulators, insurers and departments referring to complaints and patient feedback | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.15.3 Feedback is provided to the workforce on the analysis of reported complaints | How do we keep team members informed of trends in reported complaints and patient feedback? | • Notes, memos, minutes or reports of meetings including documents to be provided to team members on complaints and trends in complaints  
• Record or report of initiated evidence-based interventions for identified risks  
• Completed risk assessments and action plans  
• Risk management processes that describe strategies for managing complaints  
• Review of trends in complaints and identified risks  
• Record of prompt and constructive responses to suggestions and complaints  
• Evaluations of the effectiveness of responses and improvements in services | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation | How does our leadership review complaints and patient feedback? | • Notes, memos, minutes or reports of meetings referring to complaint matters  
• Plans or other documents that intend to improve safety and quality using information based on patient feedback including complaint management processes  
• Review of complaint data such as staff meeting minutes or regular reports  
• Description of complaints and trend review in forums and formats such as presentations to staff or posters | □ MM  
□ SM  
□ NM → add to action plan |
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| D   | 1.16 Implementing an open disclosure process based on the national open disclosure standard | 1.16.1 An open disclosure program is in place that it is consistent with the national open disclosure standard | How could our open disclosure processes align with the national open disclosure standard? | • Policies, procedures and/or protocols that are consistent with the principles and processes outlined in the national open disclosure standard  
• Review of open disclosure processes used in the dental practice | □ MM  
□ SM  
□ NM → add to action plan |
|     | 1.16.2 The clinical workforce are trained in open disclosure processes | How could we train team members in our open disclosure processes? | | • Notes, memos, minutes or reports of meetings or other communication to staff providing education and information on open disclosure processes  
• Attendance records of education and training of staff in open disclosure processes | □ MM  
□ SM  
□ NM → add to action plan |
**Criterion: Patient rights and engagement**

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

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| C   | 1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights | 1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights | How consistent is our approach to healthcare rights with the Australian Charter of Healthcare Rights? | • Documented charter of healthcare rights used by the practice  
• Review of the practice’s charter of healthcare rights against the Australian Charter of Healthcare Rights | MM  
SM  
NM → add to action plan |
|     | 1.17.2 Information on patient rights is provided and explained to patients and carers | How do we provide and explain information on healthcare rights? |  
(i) A charter of rights consistent with the Australian Charter of Healthcare Rights which may be seen as a brochure incorporating the rights and responsibilities of both patients and the dental practice staff, that is treating patients and staff with respect |  
• Documented charter of healthcare rights used by the practice  
• Charter of healthcare rights displayed in reception and waiting areas  
• Brochures, information sheets or other documents given to patients that explain the charter of healthcare rights  
• Charter of healthcare rights in other appropriate languages  
• Patient registration checklist that includes provision and explanation of patient’s charter of rights | MM  
SM  
NM → add to action plan |
| C   | 1.17.3 Systems are in place to support people at risk of not understanding their healthcare rights | How do we identify people who through disability, circumstance, age or culture may not understand their healthcare rights?  
How do we support people who may not understand their healthcare rights? |  
• Identification and recording relevant patient medical and social history  
• Brochures and information sheets in languages other than English  
• Access to an interpreter services |  
MM  
SM  
NM → add to action plan |
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| C   | 1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment | 1.18.1 Patients and carers are partners in the planning for their treatment | How do we involve our patient and carers in their care and seek and confirm their consent to treatment? | - Examples of written consent provided by patients  
- Observational reviews of obtaining patient consent  
- Feedback from patients and/or carers on treatment planning  
- Results of patient and carer satisfaction surveys | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent | 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent | How do we know our patient consent documentation and processes are being applied correctly?  
How do we improve our patient consent documentation and processes? | - Notes, memos, minutes or reports from meetings or other forms of communication outlining the requirements for informed consent  
- Review of informed consent forms  
- Observational review of consent processes  
- Education resources on consent matters  
- Attendance records of education and training of staff in consent matters | □ MM  
□ SM  
□ NM → add to action plan |
<p>| N/A | 1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand | 1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand | | | |
| N/A | 1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders | 1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders | | | |</p>
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| C   |                                    |                  |                     | C 1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information | □ MM  
□ SM  
□ NM → add to action plan |
|     |                                    |                  | How do we know a patient’s dental record is available when care is provided? | • Policies, procedures and/or protocols that describe the retrieval of archived patient records  
• Observational reviews of dental record availability  
• Access to computer or paper-based patient records  
• Policies, procedures and/or protocols for retrieving archived patient records  
• Documented dental record management system |                  |
|     | 1.19.1 Patient clinical records are available at the point of care | 1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information | How do we keep the privacy and confidentiality of our patients from unauthorised access or distribution of their information? | • Completed confidentiality undertakings for staff  
• Code of conduct that includes privacy and confidentiality of patient information  
• Secure storage of patient information  
• Secure archival storage system of patient information  
• Policies, procedures and/or protocols to guide sharing of patient information by telephone, electronically, and other methods, consistent with federal and state or territory privacy legislation and department and insurers’ requirements, for example patient consent gained prior to transfer of information to national registers or ethics approval for research activities | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                    | 1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance | 1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation | How do we get patient feedback on care and services we provide?  
How do we use patient feedback to improve our performance in delivering care and services? | □ MM  
□ SM  
□ NM → add to action plan |
|     |                                    |                  |                     | • Plans and other documents that aim to improve the safety and quality of care based on the results of patient feedback  
• Review of results of patient surveys and feedback including comments and complaints  
• Documented patient feedback system  
• Register of patient comments and complaints and improvement or action plans |                  |
### Additional information and resources

- **National Safety and Quality Framework.** Australian Commission on Safety and Quality in Health Care: www.safetyandquality.gov.au