AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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National Safety and Quality Primary and Community Healthcare Standards

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Contents

Introduction

Primary and community healthcare services have a critical role in delivering health care to people across their lifespan. Primary health care is generally the first point of contact with healthcare services for individuals, families and communities and provides health care as close as possible to where people live and work.[1] It constitutes a large and essential part of the health care system.[1] Primary health care includes early intervention, treatment of acute conditions, management of chronic conditions, end-of-life care, health promotion and prevention.[2]

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards through extensive consultation with consumers, healthcare providers and services, professional and peak bodies, Primary Health Networks and other representatives of the sector.

The NSQPCH Standards aim to protect the public from harm and improve the quality of care delivered by describing a nationally consistent framework that all primary and community healthcare services can apply when delivering care. Where implemented, patients can be confident that their healthcare service is committed to delivering and continuously improving the safety and quality of services.

Where do the National Safety and Quality Primary and Community Healthcare Standards apply?

The NSQPCH Standards can be applied to services that deliver health care in a primary and/or community setting. These services address the prevention, treatment and management of illness and injury, and the preservation of physical and mental wellbeing.[3] They vary in size and modes of delivery, and are carried out by a diverse range of healthcare providers and in some instances a support workforce. Where profession-specific standards already exist, these should align with the NSQPCH Standards to ensure a nationally consistent approach to safety and quality improvements across the primary and community healthcare sector.

The NSQPCH Standards are not intended to apply to:

- Prevention strategies that target an entire population through a focus on social and environment conditions: these are usually promoted through laws and national policy[4]
- Specialist medical services, diagnostic imaging or pathology services.

What do the National Safety and Quality Primary and Community Healthcare Standards cover?

The NSQPCH Standards have been developed from the point of view of patients and consumers, and describes the processes and structures that are needed to deliver safe and high-quality care in order to meet the expectations of a people who access the healthcare service.

There are three NSQPCH Standards that cover clinical governance, partnering with consumers and clinical safety.

- **Clinical Governance Standard**, which describes the systems required to maintain and improve the reliability, safety and quality of health care delivered, and improve health outcomes for patients and consumers

- **Partnering with Consumers Standard**, which describes the systems and strategies to create a person-centred healthcare service in which patients and consumers are:
    - Included in shared decision-making
    - Partners in their own care
    - Involved in the development and design of quality healthcare services

- **Clinical Safety Standard,** which considers specific high-risk areas of care commonly encountered that need to be addressed and mitigated.

The Clinical Governance Standard and the Partnering with Consumers Standard set the overarching requirements, or clinical governance framework, for the effective implementation of the third Clinical Safety Standard.

Each standard contains:

- A description of the standard
- A statement of intent
- A consumer outcome statement
- A list of criteria that describe the key areas covered by the standard
- Explanatory notes on the context of the standard
- Item headings for groups of actions in each criterion
- A consumer outcome statement for each item heading
- Actions that describe what is required to meet the standard.

How should the National Safety and Quality Primary and Community Healthcare Standards be applied?

The NSQPCH Standards are voluntary. They should only be applied where services are involved in the direct care of patients.

The way in which an individual primary and/or community healthcare service implements the NSQPCH Standards will be dependent on the size of the healthcare service, as well as the risks and complexity associated with the services it delivers. The Commission will develop guidance and resources for healthcare services and consumers to support the implementation of the NSQPCH Standards. These will include practical examples of implementation across different primary and community healthcare services.

The NSQPCH Standards address healthcare-related safety and quality matters. Some actions may also be relevant to a healthcare service's legal, jurisdictional and business obligations. At all times, a healthcare service must adhere to regulatory requirements as prescribed in relevant Commonwealth, state and territory legislation, such as Work Health Safety obligations.

Not all actions within the NSQPCH Standards will be applicable to every primary and community healthcare service. **Appendix 1** outlines the circumstances where it is not necessary to implement individual actions of the NSQPCH Standards. Healthcare services implementing the NSQPCH Standards should consider their individual circumstances in determining whether actions in the table below are not applicable. It is not intended that actions be implemented where they are not essential in the delivery of safe and high-quality care for patients.

Alignment with other standards

In developing the NSQPCH Standards, the Commission has aligned the structure, format, and some actions to the National Safety and Quality Health Service (NSQHS) Standards. Both the NSQHS Standards and the NSQPCH Standards highlight the importance of clinical governance and consumer partnerships in effective, safe and high-quality care wherever care is delivered.

The Commission recognises that some primary and community healthcare services may be implementing sector-specific quality improvement standards such as the National Disability Insurance Scheme Practice Standards and the Aged Care Quality Standards. Where possible, the Commission is working with relevant organisations to investigate ways to reduce the compliance burden associated with implementing multiple sets of standards.

More information

For more information and access to supporting resources on the NSQPCH Standards, visit the Commission's website: www.safetyandquality.gov.au

Terminology used in the National Safety and Quality Primary and Community Healthcare Standards

The following terminology has been adopted for clarity of purpose within the NSQPCH Standards. A glossary is also provided within this document to aid the reader in understanding the terms used.

'Patient', 'client', 'person' or 'consumer'

The NSQPCH Standards uses the term 'patient' to refer to a person or group receiving healthcare services and the term 'consumer' to refer to a person who has used or may use a healthcare service, or a consumer representative or advocate. The term 'patient' encompasses all other relevant terms that may be used in primary and community health care including 'client', 'person', and 'people with lived experience of specific areas of ill health'.

'Healthcare provider', 'health practitioner' or 'clinician'

The NSQPCH Standards uses the term 'healthcare provider' to describe trained individuals who are involved in the provision of health care in a primary and/or community healthcare setting. Healthcare providers may also be referred to as health practitioners, clinicians or by a profession-specific description, for example dentist or speech pathologist.

'Healthcare service'

The NSQPCH Standards uses the term 'healthcare service' to describe primary and community healthcare services, as well as other services involved in the delivery of health care to patients and consumers.

Healthcare services are delivered in a wide range of settings and vary in size and organisational structure. These range from owner-operated services, where a single healthcare provider is also responsible for administrative and management operations, to complex organisations comprising of many healthcare providers, a supporting workforce, management and an overarching governing body. Where 'healthcare service' is used in the actions, this refers to those responsible for leading and governing service.

The way actions in the NSQPCH Standards are implemented in a healthcare service will depend on its size and organisational structure, as well as the types of services delivered and the level of risk involved.

'Healthcare' vs. 'health care'

Throughout this document, the Commission has used the words 'health care' when referring to a noun (for example, 'the state of health care in Australia') and 'healthcare' when referring to an adjective (for example, the 'healthcare system' or 'healthcare services').

'Systems'

The NSQPCH Standards rely on healthcare services establishing safety and quality systems. A system includes the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. Safety and quality systems will vary depending on the size of the healthcare service and the risks associated with the services being delivered.

Clinical Governance Standard

Healthcare services have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring they are person centred, safe and effective.

Consumer outcome

I am confident the healthcare service is well run and that I will receive high-quality care.

Intention of this standard

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

Criteria

Governance, leadership and culture

The healthcare service sets up and uses clinical governance systems to improve the safety and quality of health care for patients.

Consumer outcome: The healthcare service is high quality and continuously makes improvements.

Patient safety and quality systems

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

Consumer outcome: I know the care I receive is well-organised and my feedback will be heard and acted upon.

Clinical performance and effectiveness

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

Consumer outcome: I get the care and healthcare services that I need from people who are qualified to provide my care.

Safe environment for the delivery of care

The environment in which healthcare services are delivered enables safe and high-quality health care for patients.

Consumer outcome: I feel safe and comfortable accessing care.

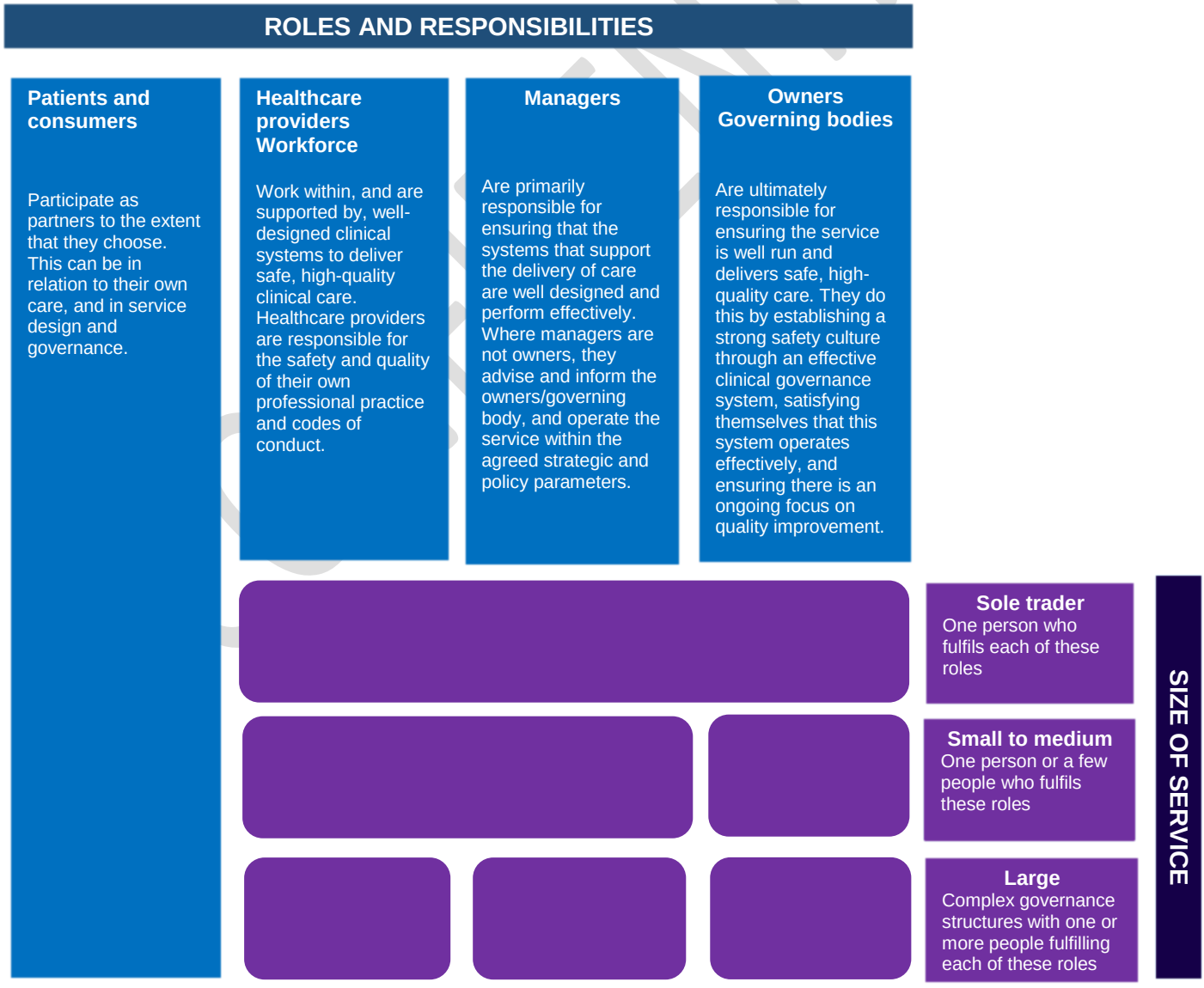
Explanatory notes

Clinical governance

Clinical governance is the set of relationships and responsibilities established by a healthcare service between regulators and funders, managers, owners and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes.[5] It ensures that:

- The community can be confident there are systems in place to deliver safe and high-quality health care
- There is a commitment to continuously improve services
- Everyone is accountable to patients and the community for ensuring the delivery of safe, effective and high-quality care. This includes healthcare providers, other members of the workforce and managers, owners and governing bodies (where they exist). Depending on the size of the healthcare service, multiple roles may be carried out by the same individual.[5]

Figure 1: Roles and responsibilities for clinical governance in different service sizes



Clinical governance framework

A healthcare service's clinical governance framework describes the safety and quality systems and processes that need to be in place to ensure the delivery of safe, high-quality care. The existence of a robust clinical governance framework provides assurances to patients and the community of safe care as well as driving improvements in services.

Healthcare services implementing the Clinical Governance Standard together with the Partnering with Consumers Standard will establish a clinical governance framework. This will provide a foundation to support the implementation of the third Clinical Safety Standard, which considers high-risk areas commonly encountered in primary and community healthcare services.

Governance, leadership and culture

The healthcare service sets up and uses clinical governance systems to improve the safety and quality of health care for patients.

Consumer outcome: The healthcare service is high quality and continuously makes improvements.

Item	Action
Governance, leadership and culture	1.01 The healthcare service: a. Has a culture of safety and quality improvement b. Partners 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 d. Establishes and maintains a clinical governance framework e. Clearly defines the safety and quality roles, responsibilities and accountabilities of those governing the healthcare service, management, and the workforce f. Monitors and reviews the safety and quality performance of the healthcare service g. Considers the safety and quality of health care for patients in its business decision-making h. Establishes and maintains systems for integrating care with other service providers involved in a patient's care

Patient safety and quality systems

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

Consumer outcome: I know the care I receive is well-organised and my feedback will be heard and acted upon.

Item	Action
Policies and procedures	1.02 The healthcare service uses a risk management approach to: a. Establish and maintain policies, procedures and protocols b. Make policies, procedures and protocols easily available to the workforce c. Monitor and take action to improve adherence to policies, procedures and protocols d. Ensure compliance with relevant safety and quality legislation, regulation and jurisdictional requirements
Measurement and quality improvement	1.03 The healthcare service uses a range of data to: a. Identify priorities for safety and quality improvement b. Implement and monitor safety and quality improvement activities c. Measure changes in safety and quality outcomes d. Provide timely information on safety and quality performance to its workforce, patients, families and carers
Risk management	1.04 The healthcare service: a. Supports the workforce to identify, mitigate and manage safety and quality risks b. Documents and routinely monitors safety and quality risks c. Plans for, and manages, internal and external emergencies, pandemics and disasters
Incident management and open disclosure	1.05 The healthcare service has an incident management system that: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families who have communicated concerns or reported incidents c. Involves the workforce in the review of incidents d. Provides timely feedback on the analysis of incidents to the workforce and patients, carers and families who have communicated concerns or incidents e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems

Item	Action
	1.06 The healthcare service uses the Australian Open Disclosure Framework when a patient is harmed through the delivery of care
Feedback and complaints management	1.07 The healthcare service: a. Seeks 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 system c. Uses feedback to improve safety and quality
	1.08 The healthcare service: a. Provides opportunities for its patients to report complaints b. Has processes to address complaints in a timely way c. Uses information from the analysis of complaints to improve safety and quality
Patient populations and social determinants of health	1.09 The healthcare service identifies patient populations using its service at greater risk of avoidable differences in health outcomes, including: a. People of Aboriginal and/or Torres Strait Islander origin b. People with a disability c. People with diverse backgrounds
	1.10 The healthcare service uses information on its patient populations to inform planning and delivery of care for patients
Healthcare records	1.11 The healthcare service has a healthcare record system that: a. Makes the healthcare record available to healthcare providers at the point of care b. Supports healthcare providers to maintain accurate and complete healthcare records c. Complies with privacy and security regulations d. Supports audits of healthcare records e. Facilitates a patient's access to their healthcare record
	1.12 The healthcare service has processes to: a. Receive and review patient reports b. Recall patients and communicate about reports and care options c. Take action on reports in a timely manner d. Document reports in a patient's healthcare record

Item	Action
	1.13 The healthcare service using My Health Record has processes to: a. Use national healthcare identifiers for patients and healthcare providers b. Use standard national terminologies c. Support healthcare providers to use My Health Record to optimise the safety and quality of health care for patients
	1.14 The healthcare service providing clinical information the My Health Record system has processes to: a. Comply with legislative requirements b. Ensure the accuracy and completeness of information unloaded

Clinical performance and effectiveness

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

Consumer outcome: I get the care and healthcare services that I need from people who are qualified to provide my care.

Item	Action
Safety and quality training	1.15 The healthcare service: a. Provides its workforce with orientation and training to their safety and quality roles on commencement with the service, when safety and quality responsibilities change and when new healthcare services are introduced b. Identifies the training needs of its workforce to meet the requirements of these Standards c. Ensures its workforce completes training to meet its safety and quality training needs
	1.16 The healthcare service supports its workforce to provide culturally safe services to meet the needs of its Aboriginal and Torres Strait Islander patients
Safety and quality roles and responsibilities	1.17 The healthcare service has processes to support its workforce to understand and fulfil their assigned safety and quality roles and responsibilities
Evaluating performance	1.18 The healthcare service has valid and reliable review processes that: a. Are used by the workforce to regularly review their performance b. Identify needs for training and development of safety and quality
Scope of clinical practice	1.19 The healthcare service has processes to ensure that healthcare providers have the qualifications, knowledge and skills required to perform their role by: a. Describing the scope of clinical practice for healthcare providers practising in the healthcare service b. Monitoring healthcare providers' practices to ensure they are operating within their designated scope of clinical practice c. Reviewing healthcare providers' scope of clinical practice when a clinical service, procedure or technology is introduced or substantially altered
Evidence-based care	1.20 The healthcare service: a. Provides its healthcare providers with ready access to best practice guidelines and available evidence, Clinical Care

Item	Action
	Standards and decision support tools relevant to their clinical practice b. Supports its healthcare providers to use best practice guidelines and available evidence, Clinical Care Standards and decision support tools relevant to their clinical practice to deliver best practice care
Variation in care delivered and health outcomes	1.21 The healthcare service supports its healthcare providers to: a. Monitor and review care delivered against relevant best practice care b. Explores reasons for variation of care from best practice c. Uses information on unwarranted variation from best practice to deliver appropriate care

Safe environment for the delivery of care

The environment in which services are delivered enables safe and high-quality health care for patients.

Consumer outcome: I feel safe and comfortable accessing care.

Item	Action
Safe environment	1.22 The healthcare service maximises safety and quality of care: a. Through the design of the environment and management of the location where care is provided b. By providing access to an environment, devices and equipment that are fit for purpose and well maintained c. By ensuring patients' privacy when care is provided
	1.23 The healthcare service supports its patients to access care, including patients from diverse backgrounds and patients with a disability
	1.24 The healthcare service provides a culturally safe environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

Partnering with Consumers Standard

Healthcare services develop, implement and maintain systems to partner with consumers in their own care.

Consumer outcome

I am a partner in my own care and my opinion is valued in designing and delivering care.

Intention of this standard

The Partnering with Consumers Standards recognises the importance of working with consumers in the planning and delivery of their own care and providing clear communication to minimise risks of harm. This standard, together with the Clinical Governance Standard, form a comprehensive clinical governance framework.

Criteria

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.

Consumer outcome: I know how I can be a partner in my own care.

Partnering with patients in their own care

Partnering with patients underpins the delivery of care. Patients are partners in their own care to the extent that they choose.

Consumer outcome: I am supported to be a partner in my own care, as much as I choose.

Health literacy

Healthcare services communicate with consumers in a way that supports effective partnerships.

Consumer outcome: I am given the information I need, in a way I can understand to support me in making decisions about my care.

Partnering with consumers in service design

Consumers are partners in the planning, design, monitoring and evaluation of services.

Consumer outcome: My opinion matters in the development, delivery and review of healthcare services.

Explanatory notes

Partnering with consumers

Delivering care that is based on partnerships provides many benefits for patients, consumers, healthcare providers, healthcare services and the health system.

Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.[6] Effective partnerships, a positive experience for service users, and high-quality health care and improved safety are linked.[7-9]

At the **individual level**, partnerships relate to the interaction between healthcare providers and patients 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 to actively participate in their own care.[7]

At the **healthcare service level,** partnerships relate to the relationship with consumers that values and incorporates their views into the planning, design, monitoring and evaluation of services.[7]

The processes involved with these partnerships will vary according to the type and size of healthcare services delivered.

Clinical governance framework

A healthcare service's clinical governance framework describes the safety and quality systems and processes that need to be in place to ensure the delivery of safe, high-quality care. The existence of a robust clinical governance framework provides assurances to patients and the community of safe care as well as driving improvements in services.

Healthcare services implementing the Partnering with Consumers Standard together with the Clinical Governance Standard will establish a clinical governance framework. This will provide a foundation to support the implementation of the third Clinical Safety Standard, which considers high-risk areas commonly encountered in primary and community healthcare services.

Charter of Rights

A healthcare service's Charter of Rights describes the rights that consumers, or someone they care for, can expect when receiving health care, and should be consistent with the Australian Charter of Healthcare Rights (**Figure 2**). In using a Charter of Rights, the healthcare service ensures the seven healthcare rights described in the charter are upheld in the planning and delivery of care.

Figure 2: The Australian Charter of Healthcare Rights[10]

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access
- Healthcare services and treatment that meets my needs

Safety
- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that makes me feel safe

Respect
- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership
- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information
- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy
- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback
- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information, ask a member of staff or visit
safetyandquality.gov.au/your-rights

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.

Consumer outcome: I know how I can be a partner in my own care.

Item	Action
Integrating clinical governance	2.01 Healthcare providers 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. Monitoring processes for partnering with consumers

Partnering with patients in their own care

Partnering with patients underpins the delivery of care. Patients are partners in their own care to the extent that they choose.

Consumer outcome: I am supported to be a partner in my own care, as much as I choose.

Item	Action
Healthcare rights and informed consent	2.02 The healthcare service: a. Uses a Charter of Rights consistent with the Australian Charter of Healthcare Rights b. Has processes to support healthcare providers to uphold the Charter of Rights in the planning and delivery of care c. Makes the Charter of Rights easily accessible for patients, carers, families and consumers d. Ensures its informed consent processes comply with legislation and best practice
	2.03 The healthcare service 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
Shared decisions and planning care	2.04 The healthcare service has processes for healthcare providers to partner with patients and/or their substitute decision-maker to plan, communicate, set and review goals, make decisions and document their preferences about their current and future care
	2.05 The healthcare service supports the workforce to form partnerships with patients, carers and/or families so that patients can be actively involved in their own care

Health literacy

Healthcare services communicate with consumers in a way that supports effective partnerships.

Consumer outcome: I am given the information I need, in a way I can understand to support me in making decisions about my care.

Item	Action
Communication that supports effective partnerships	2.06 The workforce communicates with consumers, patients, their carers and/or family about health and health care in a way that: a. Is tailored to the patient's needs and preferences b. Is easily understood c. Addresses the need for ongoing care
Accessing healthcare service information	2.07 The healthcare service makes information available to consumers on: a. The services available b. The opening hours and how to access care c. Who can access the services d. Estimated service costs d. Alternative care when the service is closed, after-hours and in an emergency e. Service location(s) and access details f. Mechanism for providing feedback and contact details for the appropriate healthcare complaints authority

Partnering with consumers in service design

Consumers are partners in the planning, design, monitoring and evaluation of services.

Consumer outcome: My opinion matters in the development, delivery and review of healthcare services.

Item	Action	
Partnerships in the planning, design, monitoring and evaluation of services	2.08	The healthcare service works in partnership with consumers, patients, carers and families to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of services

Clinical Safety Standard

Healthcare services implement systems and processes to maximise safe, high-quality care and minimise clinical safety risks.

Consumer outcome

The clinical care I receive is safe and high-quality.

Intention of this standard

This standard aims to ensure common clinical safety risks in healthcare services are identified and mitigated. The clinical safety risks in this standard include:

- Preventing and controlling infections
- Medication safety
- Comprehensive care
- Communicating for safety
- Recognising and responding to acute deterioration and minimising harm

Criteria

Clinical governance and quality improvement to support clinical safety

The healthcare service uses its clinical governance systems to identify and mitigate clinical safety risks.

Consumer outcome: The risks I face with accessing health care are known and actively managed.

Preventing and controlling infection

Evidence-based processes are used to prevent and control 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 healthcare service is clean and hygienic.

Consumer outcome: My risk of an infection is assessed and minimised. I receive care in a service that is clean.

Medication safety

Systems are in place to support the safe, appropriate and effective use of medicines, reduce the risks associated with medication incidents and improve the safety and quality of medicine use.

Consumer outcome: My risks from medicine incidents are assessed and minimised. I am supported to understand and make decisions about my medicines.

Comprehensive care

Comprehensive care is the coordinated delivery of the total health care required with regard for a patient's preferences. It may be a discrete episode of care or part of an ongoing comprehensive care plan. This care is planned and delivered in collaboration with the patient. It considers the effect of the patient's health issues on their life and wellbeing, and is clinically appropriate.

Consumer outcome: My care is safe and high-quality and is tailored to meet my needs and preferences.

Communicating for safety

Communicating for safety aims to ensure timely, purpose-driven and effective communication and documentation that supports continuous, coordinated and safe care for patients.

Consumer outcome: My healthcare providers communicate with each other about my care, so I receive the care I need.

Recognising and responding to acute deterioration and minimising harm

Health services has systems in place to recognise and respond to acute deterioration in patients and escalate care appropriately.

Consumer outcome:

If my health deteriorates, I know I will receive the care I need in a timely way.

Explanatory notes

The Clinical Safety Standard provides a framework for healthcare services to address and mitigate risks to safety and quality commonly encountered in primary and community healthcare services.

As the NSQPCH Standards apply to a wide range of primary and community healthcare services, there may be actions that are not applicable in some service contexts. **Appendix 1** outlines the circumstances where it is not necessary to implement individual actions of the NSQPCH Standards. A healthcare service that delivers a broad range services may have different actions applicable across its services.

Clinical governance and quality improvement to support clinical safety

By implementing the Clinical Governance Standard and the Partnering with Consumers Standard, a healthcare service will establish an individualised clinical governance framework. The systems and processes that make up the clinical governance framework are used to implement the Clinical Safety Standard.

Preventing and controlling infections

Each year, many infections are associated with the provision of health care and affect a large number of patients and, in some cases, consumers and members of the workforce. These infections:

- Cause considerable harm and may increase risk of morbidity, and death
- Increase the use of healthcare services
- Place greater demands on the workforce

Infection prevention and control within healthcare settings aims to minimise the risk of transmission of infections and the development of resistant organisms.

The actions relating to this criterion have accommodated lessons learned from the response to the SARS-Cov-2 (COVID-19) pandemic to support healthcare services to prevent, control and respond to infections that cause outbreaks, epidemics or pandemics, including novel and emerging infections.

Medication safety

Medicines are the most common treatment used in health care. Although appropriate use of medicines contributes to significant improvements in health, medicines can also be associated with harm.[11] 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 adverse events are costly, and up to 50% are potentially avoidable.[12] Errors affect both health outcomes for consumers and healthcare costs. Standardising and systemising processes can improve medication safety by preventing medication incidents.

Comprehensive care

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 actions relating to comprehensive care aim to address the underlying issues related to many adverse events, which often include failures to:

- Provide continuous and collaborative care
- Work in partnerships with patients, carers and families to adequately identify, assess and manage patients' clinical risks, and find out their preferences for care

- Communicate and work as a team (that is, between members of a healthcare team involved in a patient's care).

Communicating for safety

Communication is a key safety and quality issue in health care. The actions relating to communicating for safety recognises the importance of effective communication and its role in supporting continuous, coordinated and safe patient care.

Communication is inherent to patient care, and informal communications will occur throughout care delivery. It is not intended that these actions will apply to all communications within a healthcare service. Rather, the intention is to ensure that systems and processes are in place at key times when effective communication is critical to patient safety.

Recognising and responding to acute deterioration

Serious adverse events such are often preceded by observable physiological and clinical abnormalities.[13] Other serious events such as suicide or aggression are also often preceded by observed or reported changes in a person's behaviour or mood that can indicate a deterioration in mental state. Early identification of deterioration may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates in hospital.[14]

Clinical governance and quality improvement to support clinical safety

The healthcare service uses its systems to support the workforce to address and mitigate clinical safety risks.

Consumer outcome: The risks I face with accessing health care are known and actively managed.

Item	Action
Integrating clinical governance	3.01 The workforce uses safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for clinical safety b. Managing risks associated with clinical safety c. Identifying training requirements to support clinical safety
Applying quality improvement systems	3.02 The healthcare service applies the quality improvement system from the Clinical Governance standard when: a. Monitoring clinical safety risks b. Implementing strategies to improve clinical safety outcomes and associated processes c. Reporting on clinical safety
Partnering with consumers	3.03 The workforce uses the healthcare service's processes from the Partnering with Consumers Standard when addressing clinical safety to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

Preventing and controlling infections

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 healthcare service is clean and hygienic.

Consumer outcome: My risk of an infection is assessed and minimised. I receive care in a service that is clean.

Item	Action
Standard and transmission-based precautions	3.04 The healthcare service 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,* and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws.
Hand hygiene	3.05 The healthcare service has a hand hygiene process that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the National Hand Hygiene Initiative, and jurisdictional requirements b. Supports the workforce and consumers to practise hand hygiene
Respiratory hygiene, cough etiquette and physical distancing	3.06 The healthcare service supports the workforce and consumers to practise respiratory hygiene, cough etiquette and physical distancing
Aseptic technique	3.07 A healthcare service that requires aseptic technique in the provision of care has processes to: a. Identify procedures where aseptic technique applies b. Monitor healthcare providers' practices to ensure compliance with the healthcare service's policies and procedures on aseptic technique
Invasive medical devices	3.08 The healthcare service 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*
Clean and safe environment	3.09 The healthcare service has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare,* and jurisdictional requirements – to: a. Respond to environment risks, including novel infections

Item	Action
	b. Requires cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections
	3.10 The healthcare service has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the healthcare service b. Clinical and non-clinical areas, and workplace amenity areas c. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings d. Handling, transporting and storage of linen e. Novel infections, and risks identified as part of a public health response or pandemic planning
Workforce screening and immunisation	3.11 The healthcare service has a risked-based workforce vaccine-preventable diseases screening and immunisation process that: a. Is consistent with the current edition of the *Australian Immunisation Handbook* b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Identifies and addresses specific risks to the workforce, consumers and patients
Infections in the workforce	3.12 The healthcare service has risked-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health safety regulation and the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and visitors, including for novel infections d. Promote non-attendance or remote-attendance at work and avoiding visiting or volunteering when infection is present or suspected e. Plan for, and manage, ongoing service provision during outbreaks and pandemic or events where there is increased risk of transmission of infection

Item	Action
Reprocessing of reusable medical devices	3.13 Where reusable equipment, instruments and devices are used, the healthcare service has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A tracking or traceability system in place that identifies patients who have a procedure using sterile reusable critical medical instruments, equipment and devices c. Processes to plan and manage reprocessing requirements and additional controls for novel and emerging infections
Antimicrobial stewardship	3.14 The healthcare service that prescribes, supplies and/or administers antimicrobials: a. Provides healthcare providers with access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing b. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard into service delivery c. Supports healthcare providers that prescribe antimicrobials to review compliance of antimicrobial prescribing against current local or Australian therapeutic guidelines d. Supports healthcare providers to identify the areas of improvement and takes action to increase the appropriateness of antimicrobial usage e. Has mechanisms to educate consumers about the risks, benefits and alternatives to antimicrobials for their condition

Medication safety

Systems are in place to support the safe, appropriate and effective use of medicines, reduce the risks associated with medication incidents and improve the safety and quality of medicine use.

Consumer outcome: My risks from medicine incidents are assessed and minimised. I am supported to understand and make decisions about my medicines.

Item	Action
Documentation, provision and access to medicines-related information	3.15 A healthcare service that prescribes, supplies and/or administers medicines has processes to ensure healthcare providers work within their scope of clinical practice to: a. Take a best possible medication history on presentation or as early as possible in the episode of care b. Ensure a patient's medicines-related information is included in a patient's healthcare record c. Partner with patients and their families and/or carers in the management of their medicines d. Support patients and their families and/or carers to maintain a current and accurate medicines list e. Encourage patients to share their medicines list with other healthcare providers involved in their care and/or does so on a patient's behalf with their consent f. Use information on a patient's medication history to minimise risks in the planning and delivery of care
	3.16 The healthcare service has processes to ensure healthcare providers work within their scope of clinical practice to: a. Provide information on medicines tailored to the patient's needs and preferences b. Take action when a healthcare provider or patient identifies a suspected medicines-related problem c. Report suspected adverse drug reactions to the Therapeutic Goods Administration
Safe and secure storage and supply of medicines	3.17 A healthcare service that stores, supplies and/or administers medicines complies with manufacturer's instructions, legislative and jurisdictional requirements for the: a. Safe and secure storage of medicines, including high-risk medicines b. Storage of temperature-sensitive medicines and vaccines and cold chain management c. Supply of medicines d. Disposal of unused, unwanted or expired medicines

Item	Action
High-risk medicines	3.18 A healthcare service that prescribes, stores, supplies and/or administers medicines has processes to: a. Identify high-risk medicines within the service b. Safely store, prescribe, supply, administer and dispose of high-risk medicines

Comprehensive care

Comprehensive care is the coordinated delivery of the total health care required with regard for a patient's preferences. It may be a discrete episode of care or part of an ongoing comprehensive care plan. This care is planned and delivered in collaboration with the patient. It considers the effect of the patient's health issues on their life and wellbeing, and is clinically appropriate.

Consumer outcome: My care is safe and high-quality and is tailored to meet my needs and preferences.

Item	Action
Multidisciplinary collaboration	3.19 The healthcare service: a. Maximises opportunities for healthcare providers to collaborate with others involved in a patient's care b. Supports collaboration with other care providers to develop a coordinated approach to the planning and delivery of care c. Facilitates reporting to a patient's other relevant care providers
Health promotion and prevention	3.20 The healthcare service has processes to support health education and promotion, illness prevention and early intervention for its patients, considering its patient population
Planning and delivering comprehensive care	3.21 The healthcare service has processes to ensure healthcare providers work within their scope of practice to plan and deliver comprehensive care by: a. Conducting a risk screening and assessment b. Conducting a clinical assessment and diagnosis c. Identifying the patient's goals of care d. Developing and agreeing a plan for care in partnership with the patient e. Delivering comprehensive care in accordance with the agreed plan for care f. Recalling patients for follow-up care when required g. Reviewing and improving the processes of comprehensive care delivery h. Receiving and documenting a current advance care plan, where one exists, in a patient's healthcare record
	3.22 The healthcare service has processes to: a. Routinely ask if a patient is of Aboriginal and/or Torres Strait Islander origin b. Record this information in the patient's healthcare record c. Use this information to optimise the planning and delivery of care

Item	Action
	3.23 The healthcare service supports its workforce to meet the individual needs of its patients: a. with a disability b. from diverse populations
Comprehensive care at the end of life	3.24 Healthcare provider uses process that are consistent with the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care* to: a. Identify patients who are at the end of life b. Uses this information to plan and deliver care

Communicating for safety

Communicating for safety aims to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

Consumer outcome: My healthcare providers communicate with each other about my care, so I receive the care I need.

Item	Action
Processes for effective communication	3.25 The healthcare service has processes that use at least three patient identifiers to ensure patients are correctly identified
	3.26 The healthcare service has processes to: a. Correctly match patients to their care b. Ensure essential information is documented in a patient's healthcare record
Communication to support multidisciplinary collaboration	3.27 The healthcare service supports its healthcare providers to collaborate with other care providers: a. Using best practice structured communication b. Considering the patient's risks, goals and preferences for care c. Communicating information that is current, comprehensive and accurate
Minimising patient 'loss to follow-up'	3.28 The healthcare service has effective communication processes to maximise patient attendance at planned appointments
Communication of critical information	3.29 The healthcare service uses its communication processes to communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Notify relevant healthcare providers involved in the patient's care b. Notify patients, substitute decision makers, carers and families, in accordance with the patient's preferences
	3.30 The healthcare service has communication processes for patients, carers and families to directly communicate critical information and risks about care to their healthcare providers

Recognising and responding to acute deterioration and minimising harm

Health services has systems in place to recognise and respond to acute deterioration in patients and escalate care appropriately.

Consumer outcome: If my health deteriorates, I know I will receive the care I need in a timely way.

Item	Action
Recognising acute deterioration or distress and escalating care	3.31 Healthcare providers use the healthcare service's processes to: a. Recognise deterioration in a patient's physical, mental or cognitive health b. Call for emergency assistance c. Notify other relevant healthcare providers and family or carers when a patient's care is escalated
Planning for safety	3.32 The healthcare service: a. Has processes to respond to patients who are distressed, have expressed thoughts of self-harm or suicide, or have self-harmed b. Has processes to respond to patients who present a risk of harm to others c. Provides information on accessing other services to patients with healthcare needs beyond the scope of the service d. Has a process that supports crisis intervention that is aligned to legislation

Appendix 1: Not applicable actions

Not all actions within the NSQPCH Standards will be applicable to every primary and community healthcare service. The table below outlines the circumstances where it may not be necessary to implement individual actions of the NSQPCH Standards. Actions that are not listed below must be implemented by all healthcare services.

Healthcare services implementing the NSQPCH Standards should consider their individual circumstances in determining whether actions in the table below are not applicable. It is not intended that actions be implemented where they are not essential in the delivery of safe and high-quality care for patients.

Large healthcare services, with multiple healthcare providers operating from different locations and delivering different levels of care, may find that an action is not applicable in an area of service while remaining relevant in other parts of its service. In these cases, the action should be implemented in areas of the service where it is relevant, but not to the particular area of service where the action does not apply.

	Action	**Circumstances where actions are not applicable**
Clinical Governance Standard		
Patient safety and quality systems		
Healthcare records	1.11	Not applicable when My Health Record system is not in use.
	1.12	Not applicable when My Health Record system is not in use.
Clinical Safety Standard		
Preventing and controlling infection		
Aseptic technique	3.06	Not applicable when aseptic technique is not required in the delivery of care.
Invasive medical devices	3.07	Not applicable when invasive medical devices are not used in the delivery of care.
Reprocessing of reusable medical devices	3.12	Not applicable when sterile reusable critical medical instruments, equipment and devices are not used in the delivery of care.
Antimicrobial stewardship	3.13	Not applicable when prescribing, supplying and/or administering antimicrobial medicines does not form part of a service's delivery of care.

	Action	Circumstances where actions are not applicable
Medication safety		
Documentation, provision and access to medicines-related information	3.14	Not applicable when prescribing, supplying and/or administering medicines does not form part of a service's delivery of care.
Safe and secure storage and supply of medicines	3.16	Not applicable when prescribing, supplying and/or administering medicines does not form part of a service's delivery of care.
High-risk medicines	3.17	Not applicable when prescribing, supplying and/or administering medicines does not form part of a service's delivery of care.
Comprehensive care at the end of life	3.24	Not applicable when end-of-life care does not form part of a service's delivery of care.

Glossary

Where appropriate, glossary definitions from external sources have been adapted to fit the context of the National Safety and Quality Primary and Community Healthcare 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 directive: A type of written advance care plan recognised by common law or specific legislation that is completed and signed by a competent adult. It can record the person's preferences for future care, and appoint a substitute decision-maker to make decisions about health care and personal life management. In some states, these are known as advance health directives.[15] *see also* **advance care plan**

advance care plan: Stated preferences about health and personal care, and preferred health outcomes. An advance care plan is usually the result of a process of planning for future health and personal care, whereby the person's values and preferences are made known so that they can guide decision-making at a future time when the person cannot make or communicate their decisions.[15] *see also* **advance care directive**

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.[16] 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.[17] Typical allergens include some medicines, foods and latex.[17, 18] An allergen may be encountered through inhalation, ingestion, injection or skin contact.[17] A medicine allergy is one type of **adverse drug reaction**.

allied health (professionals): trained professionals who are not doctors, dentists or nurses.[19] Allied health professionals use evidence-based practices to prevent, diagnose and treat various conditions and illnesses; they often work in multidisciplinary health teams to provide specialised support to suit an individual's needs.[20]

antimicrobial: a chemical substance that inhibits or destroys bacteria, viruses or fungi, and can be safely administered to humans and animals.[21]

antimicrobial resistance: failure of an antimicrobial to inhibit a microorganism at the antimicrobial concentrations usually achieved over time with standard dosing regimens.[21]

antimicrobial stewardship: an ongoing effort by a healthcare services 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.[21]

appropriate care: patients are receiving the right care, and the right amount of care according to their needs and preferences, at the right time. The care offered should also be based on the best available evidence.[22]

aseptic technique: a set of practices aimed at minimising contamination and is particularly used to protect the patient from infection during procedures.[23]

assessment: a healthcare provider'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 their 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.[24]

audit (clinical): a systematic review of clinical care against a predetermined set of criteria.[25]

Australian Charter of Healthcare Rights: specifies the key rights of patients when seeking or receiving healthcare services. The second edition was launched in August 2019.[10]

Australian Open Disclosure Framework: endorsed by health ministers in 2013, it provides a framework for healthcare services and healthcare providers to communicate openly with patients when health care does not go to plan.[3]

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 healthcare provider working within their scope of clinical practice who interviews the patient (and/or their carer) and is confirmed, where appropriate, by using other sources of medicines information.[26]

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 healthcare providers with evidence-informed recommendations that support clinical practice, and guide healthcare provider and patient decisions about appropriate health care in specific clinical practice settings and circumstances.[27]

business decision-making: decision-making regarding service planning and management for a healthcare service. It covers the purchase of equipment, fixtures and fittings; program maintenance; workforce training for safe handling of equipment; and all issues for which business decisions are taken that might affect the safety and wellbeing of patients, visitors and the workforce.

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.[28]

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 governance: the set of relationships and responsibilities established by a healthcare service between regulators and funders, owners and managers and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes.[5] It ensures that:

- The community can be confident there are systems in place to deliver safe and high-quality health care
- There is a commitment to continuously improve services
- Everyone is accountable to patients and the community for ensuring the delivery of safe, effective and high-quality care. This includes healthcare providers, other members of the workforce and managers, owners and governing bodies (where they exist).

Depending on the size of the healthcare service, multiple roles may be carried out by the same individual.

clinical governance framework: describes the processes and structures that are needed to deliver safe and high-quality care.[5] These include:

- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers.

clinical practice: the assessment, diagnosis, treatment and health care delivered to a patient.

clinician: *see* healthcare provider

cold chain management: the system of transporting and storing temperature-sensitive medicines and vaccines, 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.

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 healthcare services. 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.

consumer advocate: *see* **consumer representative**

consumer representative: a consumer who has taken up a specific role to provide advice on behalf of consumers, with the overall aim of improving healthcare.[29]

cough etiquette: *see* **respiratory hygiene and cough etiquette**

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.[23]

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 healthcare provider to reassess or change a patient's comprehensive care plan.

cultural safety: The former Australian Health Ministers' Advisory Council identifies that consumers are safest when healthcare providers have considered power relations, cultural differences and patients' rights.[30] Essential features of cultural safety are:

- An understanding of one's culture
- An acknowledgement of difference, and requirement that healthcare providers are actively mindful and respectful of difference(s)
- Informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on Aboriginal and Torres Strait Islander people's living and wellbeing, both in the present and past
- That its presence or absence is determined by the experience of the recipient of care and not defined by the healthcare provider.

The intent and the content of issues covered is consistent the Australian Health Practitioners' Regulation Agency's definition of cultural safety.

decision support tools: tools that can help healthcare providers 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).[31] *See also* **shared decision making**

disability: The *Disability Discrimination Act 1992* (Cth) defines disability, in relation to a person, to mean:

- Total or partial loss of the person's bodily or mental functions; or
- Total or partial loss of a part of the body; or
- The presence in the body of organisms causing disease or illness; or
- The malfunction, malformation or disfigurement of a part of the person's body; or
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgement that results in disturbed behaviour.[32]

diverse backgrounds: The varying social, economic and geographic circumstances of consumers who use, or may use, the services of a healthcare service, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.

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.[33]

environment: the context or surroundings in which health care is delivered. Environment can also include other patients, consumers, visitors and the workforce.

episode of care: a health problem from its first encounter with a healthcare provider through to the completion of the last encounter.[34]

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 healthcare service between its management, workforce and stakeholders (including patients and consumers). 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. Governance structures will be tailored to the size and complexity of an organisation.

guidelines: clinical practice guidelines are systematically developed statements to assist healthcare providers and consumer decisions about appropriate health care for specific circumstances.[35]

hand hygiene: a general term referring to any action of hand cleansing.

healthcare identifiers: are unique numbers assigned and used in health related information to clearly identify the patient, the treating professional and the organisation where healthcare is provided to reduce the potential for errors with healthcare related information and communication.[36, 37] In Australia, the Healthcare Identifiers (HI) Service is a

national system for uniquely identifying, healthcare providers, healthcare organisations and individuals receiving healthcare.[36] These include:

- Individual Healthcare Identifier (IHI) – identifies a patient (individual) receiving healthcare. An IHI uniquely identifies individuals who receive healthcare, including Australian citizens, permanent residents and visitors to Australia
- Healthcare Provider Identifier – Individual (HPI-I) – identifies an individual healthcare provider who provides healthcare, such as general practitioners, allied health professionals, specialists, nurses, dentists and pharmacists, among others
- Healthcare Provider Identifier – Organisation (HPI-O) – identifies the healthcare provider organisation where healthcare is provided, such as hospitals, medical practices, pathology or radiology laboratories and pharmacies.[36]

Healthcare providers (*see* definition) must be registered with the HI Service and assigned healthcare identifiers to access a patient's My Health Record (*see* definition).[38]

health care: the prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by healthcare providers.[3]

healthcare service: a separately constituted organisation that is responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care to patients. It can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community and primary healthcare settings, practices and clinicians' rooms.

health service organisation: *see* **healthcare service**

health practitioner: *see* **healthcare provider**

healthcare provider: an individual who practises a profession relating to the provision of health care. Healthcare providers may be required maintain profession-specific registration with a national board under National Registration and Accreditation Scheme or be self-regulated.[39] A healthcare provider may also referred to as a health practitioner or clinician.

healthcare record: a record of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care.

healthcare record system: a healthcare record and management system (that may be paper-based or electronic) that is used by healthcare providers in healthcare settings. Healthcare record information must be properly managed and safeguarded from start (record generation) to finish (record destruction) and the entire time in between.[40]

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.[41]

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 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.[42, 43] 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: 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.[44]

information communications technology: Diverse set of technological tools and resources used to transmit, store, create, share or exchange information. These technological tools and resources include computers, the Internet, live broadcasting technologies, recorded broadcasting technologies and telephony.[45]

informed consent: a process of communication between a patient and healthcare provider about options for treatment, care processes or potential

outcomes.[46] This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care.[46] 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.[47]

injury: damage to tissues caused by an agent or circumstance.[48]

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.

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[35] 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.[49]

local community: the people living in a defined geographic region or from a specific group who receive services from a healthcare service.

mandatory: required by law or mandate in regulation, policy or other directive; compulsory.[50]

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.[51]

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.[52, 53]

medicines list: a way to keep all the information about medicines a person takes together.[54]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 included[55]
- Any medicines that should not be taken by the patient, including those causing allergies and adverse drug reactions

Ideally, a medicines list also includes the intended use (indication) for each medicine.[56]

multidisciplinary collaboration: a process where healthcare providers from different disciplines and/or healthcare services share clinical information to optimise the delivery of comprehensive care for a patient.[57]

My 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). Healthcare providers 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.[58]

near miss: an incident or potential incident that was averted and did not cause harm, but had the potential to do so.[59]

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.[60]

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.[48]

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 healthcare service, 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 healthcare service 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 healthcare service.

patient: a person who is receiving care in a healthcare service.

patient identifiers: items of information for use in identification of a patient, including family and given names, date of birth, sex, address, healthcare record number and Individual Healthcare Identifier.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare providers and patients.[61] 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.[7] 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 healthcare provider for the purpose of delivering care.

policy: a set of principles that reflect the organisation's mission and direction.

primary health care: Primary health care is generally the first point of contact for individuals, families and communities with health services and brings health care as close as possible to where people live and work.[1] It constitute a large and essential part of the health care system.[1] Primary health care includes health promotion, prevention, early intervention, treatment of acute conditions, management of chronic conditions and end of life care.[2]

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.[62]

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.

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.[63] 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 NSQPCH Standards, the interval should be consistent with best practice, risk based, and determined by the subject and nature of the activity.

respiratory hygiene and cough etiquette: A combination of measures designed to minimise the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings.[64]

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 healthcare service.[65]

reusable device: a medical device that is designated by its manufacturer as suitable for reprocessing and reuse.[66]

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.[67]

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 product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of an organisation's health and safety management. Positive patient safety cultures have strong leadership that drives and prioritises safety as well as:

- Shared perceptions of the importance of safety
- Constructive communication
- Mutual trust
- A workforce that is engaged and always aware that things can go wrong
- Acknowledgement at all levels that mistakes occur
- Ability to recognise, respond to, give feedback about, and learn from, adverse advents.

scope of clinical practice: the extent of an individual healthcare provider's approved clinical practice, based on the individual's skills, knowledge, professional registration (where applicable),

performance and professional suitability, and the needs and service capability of the organisation.[68]

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.[69]

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.[70]

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.[71]

shared decision making: a consultation process in which a healthcare provider 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.[31]

standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.[48]

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.[72] 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.[66] Standard precautions include: hand hygiene, use of personal protective equipment (masks, gloves, gowns, protective eyewear) to prevent blood or bodily fluid exposure, routine environmental cleaning aligned to risk, safe use and disposal of sharps, reprocessing of reusable equipment and devices, respiratory hygiene and cough etiquette (including physical distancing), aseptic technique, linen and waste management.[23]

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.[24]

supported decision making: enables a person with cognitive impairment to remain involved in decisions about their health care rather than having their decision-making capacity removed.[73]

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.[44]

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.

telehealth: the use information and communications technologies (ICTs) to deliver health services and transmit health information over both long and short distances. [74]

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.[66]

tracking: *see* **traceability**

training: the development of knowledge and skills.

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.[75]

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 and include droplet, contact and airborne precautions or a combination of these precautions based on the route of transmission of infection.[23]

unwarranted variation: where variation is not due to difference in patients' clinical needs or preferences. Unwarranted variation represents an opportunity for improvement.

variation: a difference in healthcare processes or outcomes, compared to peers or to a standard such as an evidence based guideline recommendation.[22]

workforce: all people working in a healthcare service, including healthcare providers and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the healthcare service 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 healthcare service. *See also* **healthcare provider**

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