

A clinical governance guide for remote and isolated health services in Australia

September 2013



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This is a hardback book with over 250 full colour images of the people, wildlife, and country, together with recollections from over 20 years spent working in the area as a Registered Nurse from 1990 to the present.

For contact and orders go to: <http://www.roperphotos.com> or email roper.palya@gmail.com.

Disclaimer

This Clinical Governance Guide has been prepared by CRANApus from information acquired from a broad range of professional expertise across Australia in the remote and isolated health services sector, and predominantly from grounded experience in the area of remote health service. Furthermore, this Guide is intended to assist those clinical managers and clinicians in remote and isolated areas, by providing a level of understanding of the systems and processes required for clinical governance effectiveness.

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Foreword

A message from the President of the CRANAp_{plus} Board of Directors

On behalf of CRANAp_{plus}, as the peak professional body for the health workforce in remote and isolated Australia, I am honoured to present to you — *A Clinical Governance Guide for Remote and Isolated Health Services in Australia*.



This Clinical Governance Guide is designed to capture ‘what it is’, ‘why we need it’, and ‘how we do’ clinical governance in remote Australia. It is crafted as a practical and meaningful resource for health centre managers and clinicians.

In the remote sector, the majority of direct care is predominantly delivered by nurses, midwives, Aboriginal and Torres Strait Islander healthcare practitioners and health workers, who are essential to shaping and providing quality care as part of a multidisciplinary team. Clinical governance provides an excellent opportunity to make sure healthcare workers at all levels are able to influence improvements in practice, which will lead to an improved experience for consumers, their families and the wider communities.

I would encourage you to use this Guide as a companion, to actively participate and influence quality improvements in practice, which will lead to a consistent and expected standard of care across the sector.

I would also like to acknowledge the contribution, enthusiasm and effort of a number of individuals, and to two staff members in particular, Marcia Hakendorf and Geri Malone, who gave their time generously for the development of this Clinical Governance Guide.

Dr Janie Smith

President

CRANAp_{plus} Board of Directors

Terms and definitions

ACHS	The Australian Council on Healthcare Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
Advance care directive	Instructions that consent to, or refuse the future use of specified medical treatments (also known as a healthcare directive, advance plan, or another similar term).
Adverse event	An incident in which harm resulted to a person receiving health care.
AHMAC	Australian Health Ministers Advisory Council
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
Aboriginal and Torres Strait Islander Health Practitioner	An Aboriginal and Torres Strait Islander Health Practitioner is an individual who is registered by the Aboriginal and Torres Strait Islander Health Practice Board of Australia to clinically practice. They are in possession of Certificate IV level of study in an approved program and their registration is part of their employment requirements.
Aboriginal and Torres Strait Islander Health Worker	Aboriginal and Torres Strait Islander Health Workers possess a qualification and hold varying roles within primary health care or clinical practice. They deal with patients, clients, and visitors to hospitals and health clinics.
Audit	A systematic review of clinical care against a pre-determined set of criteria.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
Clinical governance	A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards, and by allowing excellence in clinical care to flourish.
Clinical indicators	A measurable component of the standard, with explicit criteria for inclusion, exclusion, timeframe, and setting.



Clinical workforce	The nursing, Aboriginal and Torres Strait Islander health care, medical, and allied health workforce who provide patient care, as well as students who provide patient care under supervision. This may also include laboratory scientists.
Clinician	A healthcare provider, trained as a health professional. Clinicians include registered and non-registered practitioners, or a team of health professionals providing health care who spend the majority of their time providing direct clinical care.
Competency-based training	An approach to training that places emphasis on what a person can do in the workplace as a result of training completion.
Consumer (health)	Patients and potential patients, carers, and organisations representing consumers' interests.
Continuous improvement	A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.
CPD	Continuing professional development
Credentialing	Refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a practitioner for the purpose of forming a view about their competence, performance, and professional suitability to provide safe, high quality healthcare services within specific organisational environments.
Environment	The overall surroundings where health care is being delivered, including the building, fixtures, fittings, and services such as air and water supply. 'Environment' can also include other patients, visitors, and the workforce.
Evidence-based practice	Care where experience, judgement, and expertise are integrated with knowledge about effectiveness gained from a systematic overview of all relevant high quality research evidence.
Guidelines	Clinical practice guidelines are 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances'.
Health outcome	The health status of an individual, a group of people, or a population that is wholly or partially attributable to an action, agent or circumstance.





Mandatory training

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

NSQHS

National Safety and Quality Health Service (NSQHS) Standards

Open disclosure

An open discussion with a patient about an incident(s) that resulted in harm to that 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.

Policy

A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

Procedure

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

Terms and Definitions sourced from *NSQHS Standards Guide for Small Hospitals* publication.¹

¹ Australian Commission on Safety and Quality in Health Care. (May 2013). *NSQHS standards guide for small hospitals*. Sydney: Author.



About this Guide

This Guide looks at the components and processes for appropriate and effective clinical governance and quality improvement for remote and isolated health services. It is based on the National Safety and Quality Health Service (NSQHS) Standards, specifically 'Standard 1: Governance for Safety and Quality in Health Service Organisations', with reference to 'Standard 2: Partnering with Consumers'. It provides an explanation and some examples of the important issues that need to be addressed in developing a clinical governance and quality framework for remote and isolated health services.

What is the purpose of the Guide?

The purpose of this Guide is to provide a reference and a resource for health service managers and clinicians working in remote and isolated healthcare services, so they will be able to discern their responsibilities in applying the recently introduced NSQHS Standards to their workplace and in their practice.

It is important that a nationally consistent approach in applying clinical governance and quality improvement is implemented across all remote and isolated healthcare services. Furthermore, during the course of health service accreditation, all stakeholders must be aware of the requirements of the Standards to ensure that accreditation is achieved.

What this Guide is NOT

This resource is not intended to take the place of published Guides and Frameworks recently disseminated in response to the new NSQHS Standards. This is designed as a helpful additional resource, for 'Standard 1: Governance for Safety and Quality in Health Service Organisations,' with reference to 'Standard 2: Partnering with Consumers'.

Why use this Guide?

The NSQHS Standards have been written predominantly in the context of hospital services. While there has been specific accommodation for small hospitals in rural and remote settings, remote primary healthcare services may find it difficult to relate, as the language may imply the circumstances of an acute healthcare facility, and make application to the Standards unclear.



Who is it for?

This Clinical Governance Guide, which incorporates a Clinical Governance Framework for remote and isolated health services, is designed for managers and clinicians, including:

- Health centre managers
- Nurses
- Midwives
- Aboriginal and Torres Strait Islander healthcare practitioners
- Aboriginal and Torres Strait Islander health workers
- Doctors
- Allied health professionals.

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1. Introduction

This Clinical Governance Guide builds upon the work of the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the National Strategic Framework for Rural and Remote Health, and is underpinned by the NSQHS Standards.

“The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of care provided by health service organisations. These Standards provide:

- a **quality assurance** mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met
- a **quality improvement** mechanism that allows health service organisations to realise developmental goals.”²

The NSQHS Standards came into force in January 2013. They are:

- Standard 1: Governance for Safety and Quality in Health Service Organisations
- Standard 2: Partnering with Consumers
- Standard 3: Preventing and Controlling Healthcare Associated Infections
- Standard 4: Medication Safety
- Standard 5: Patient Identification and Procedure Matching
- Standard 6: Clinical Handover
- Standard 7: Blood and Blood Products
- Standard 8: Preventing and Managing Pressure Injuries
- Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10: Preventing Falls and Harm from Falls.

All State and Territory Governments have developed tools and interpretations for compliance. Many professional bodies have provided an interpretation of the Standards to ensure compliance.

² Australian Commission on Safety and Quality in Health Care. (October 2012). *Safety and quality improvement guide standard 1: Governance for safety and quality in health service organisations* (p.2). Sydney: Author.



1.1 What about remote and isolated health services?

The NSQHS Standards have been written predominantly in the context of hospital services. While there has been specific accommodation for small hospitals in rural and remote settings, remote primary healthcare services may find it difficult to relate, as the language may imply the circumstances of an acute healthcare facility, and make application to the Standards unclear.

Remote health services vary considerably: not just in the demographics of communities, but the size and capacity of the health services. Some are part of a larger health organisation, such as Northern Territory Health, the Western Australian Country Health Service, or Queensland Health. Within such structures, there are many layers of bureaucracy that provide resources for the development of the overarching standards/guidelines/procedures to be implemented in their small health facilities.

Other health services, such as non-government organisations, Aboriginal medical services, and community-controlled health organisations, may be much smaller, with fewer resources and a limited capacity to be able to develop processes around what may seem like an overwhelming task to ensure all of the requirements of the Standards are met.

In attempting to address this shortfall, CRAN*Aplus* sought funding from the Australian Government Department of Health and Ageing (now Department of Health at time of publication) to develop this Guide to focus on the unique issues associated with remote and isolated area service delivery.

The scope of a quality framework for the remote context consists of five elements:

1. Organisational leadership and strong management
2. Quality improvement
3. Workforce development — preparation and support
4. Environment and cultural safety
5. Consumers and community.

This will be discussed further in ‘Section B: Clinical governance and quality framework for remote and isolated health services’, which addresses ‘Standard 1: Governance for Safety and Quality in Health Service Organisations,’ with reference to ‘Standard 2: Partnering with Consumers’.



1.2 Links with National Strategic Framework for Rural and Remote Health³

In January 2009, the Australian Health Ministers' Advisory Council (AHMAC) tasked the Rural Health Standing Committee (RHSC) to develop a National Strategic Framework for Rural and Remote Health. The objectives of this taskforce were to:

- Define an agreed vision and direction for rural health.
- Define an agreed set of national rural health priorities, reflecting common issues and challenges across jurisdictions.
- Align with the timetable and directions of the national health reform agenda and process.
- Align with state and territory initiatives in rural and remote health.

In recognising the need to ensure congruency with a range of strategies in the Health Reform Agenda,⁴ a key objective was to provide direction and guidance to:

- Enhance the leadership and governance skills and capacity for rural and remote health services.
- Improve the use and quality of data needed to support sound planning and decision-making.
- Improve accountability and performance of remote and isolated health services.

Issues that are typically of most concern to remote and isolated communities are access to health services, and equitable treatment and care to these populations.

It was determined that the appropriate standards of safety and quality of rural and remote hospital services include:

- Alignment of services provided with local needs, and availability and sustainability of an appropriately trained and skilled workforce.
- Existence of planned and effective systems to provide safe and predictable access to hospital services at local, regional, and metropolitan centres as required.
- Improvement of quality of care through higher performance standards, greater transparency, and stronger engagement with local clinicians.

³ Standing Council on Health. (2009). *National framework for rural and remote health*. Canberra: Australian Government.

⁴ Council of Australian Governments (COAG). (2011). *National Health Reform Agreement*. Canberra: Author.







Part A: Governance for safety and quality in health service organisations — the context

2. Expectation to provide safe and quality health care

2.1 National

The Minister for Health and the Assistant Minister for Health have responsibility to the constituency for the safety and quality of health services across the nation. They are also accountable for the successful implementation of the reform strategies that include the NSQHS Standards.

2.2 State

Through the relevant state and territory departments of health, a governance system is established that sets out strategic direction, a system of delegation, and the monitoring and reporting of health service delivery. The departments of health facilitate the development and the dissemination of resources, guidelines, training packages, and other tools to support health services. Importantly, it is at a state level that a Patients' Charter of Rights is developed and implemented.

2.3 Health service level

The Board of a health service has a crucial role in ensuring that good governance is applied to the highest levels within the health facility/facilities for which it is accountable. The Board must appoint the Chief Executive Officer (CEO), oversee the management and administration of the health service, develop the strategic direction, and assist and support the development of strategies to ensure the achievement of strategic objectives. The Board requires that the Safety and Quality Committee assists them in making informed decisions.

2.4 Clinical level – professional responsibility

Good clinical governance by individual health professionals requires an ability to identify issues and then contribute to an effective change, so that high quality care is achieved. Individuals must acknowledge their professional responsibility in contributing to the organisation's clinical governance objectives that contribute to safety and quality in health care.



3. Organisational governance

3.1 What is 'organisational governance'?

Organisational (or corporate) governance is the process by which an organisation:

- is provided with direction
- has its activities monitored and controlled
- has its personnel held to account.

Governance is literally the government of an organisation. The governance role of a Board of Directors/Board of Management/Board of Governance is to:

- **Lead:** provide leadership, forward planning, and guidance to the organisation, particularly in terms of developing a strategic culture and a strategic direction for the organisation.
- **Care:** custodianship or stewardship of the organisation, with the responsibility of 'shepherding' and safekeeping the organisation on behalf of its members or constituents, particularly in terms of ensuring that the organisation pursues its stated purpose and remains viable.
- **Control:** provide monitoring and oversight of the management, maintain authority and accountability, and ensure good management practices and appropriate 'checks and balances'.⁵

Boards often delegate responsibilities for actioning the Standards through the Chief Executive Officer and other executive members of staff. However, this does not abrogate the Board's responsibility and accountability for ensuring the prescribed Standards are in place.

It should be noted that there is a specific implementation guide for smaller hospitals, which recognises that small hospitals and health facilities are often part of a network of health services, receiving direction and oversight from district or regional health services. Thus, there is scope for some flexibility in determining accountabilities for meeting the Standards.

⁵ Bradfield Nyland Group & Spall Watters Group. (n.d.). Governance and the role of a Board or Management Committee. *Community door*. Retrieved 27 April 2012, from <http://www.communitydoor.org.au/node/29>.



3.2 Dimensions of organisational governance

Organisational governance is achieved through:

- **Performance:** how we use our governance arrangements to contribute to the overall performance and the delivery of healthcare services.
- **Conformance:** how we use our governance arrangements to ensure we meet the requirements of the law, regulations, published standards and funding body and community expectations of probity, accountability and openness.⁶



This means that, on a daily basis, governance is typically about the way we as an organisation make decisions and implement policies in a manner that is consistent with the responsibilities outlined above.

3.3 Is governance the same as management?

Governance is different from management. Governance encompasses the systems and processes the organisation has in place that shape, facilitate, and direct the management of an organisation. Management provides the actions for achieving coordination and the management of the day-to-day operations of the organisation.

Thus, from the perspective of safety and quality:

- **Good management** includes management of safety and quality.
- **Good governance** adds to good management by importing a layer of leadership, accountability, and risk management.⁷

⁶ Australian National Audit Office. (July 2003). *Public sector governance: Volume 1: Better practice guide, framework, processes and practices* (p.6). Canberra: Commonwealth of Australia.

⁷ Edwards, K. (14 February 2013). *Governance for quality and safety in health service organisations* [Presentation handout]. Sydney: The Australian Council on Healthcare Standards.



3.4 What is good governance and what does it require?

The notion of good governance, which is a relatively new term, encompasses the elements of conformance and performance, and is underpinned by an effective risk management framework.

Good governance assists the organisation in identifying and achieving its strategic direction. High level strategic plans not only inform, but are part of achieving strategic direction.

There are many ways to define good governance. However, there seems to be a general consensus that good governance includes soundness in:

- leadership
- technical and managerial competence
- organisational capacity, efficiency, and performance
- reliability, predictability, and the rule of law (compliance)
- accountability (internal and external)
- transparency and open information systems
- participation and inclusiveness of stakeholders.^{8,9}

⁸ Organisation for Economic Co-operation and Development (OECD). (2012). *Program on public management and governance (PUMA)*. Author.

⁹ Edwards, M. & Clough, R. (January 2005). *Corporate governance and performance: An exploration of the connection in a public sector context* (Issues series paper no. 1). Canberra: University of Canberra.



4. Clinical governance

A clinical governance system is represented within the context of a broader organisational (corporate) governance system. This means that “the resonance of the two terms is important, for if clinical governance is to be successful it must be underpinned by the same strengths as corporate governance: it must be rigorous in its application, organisation-wide in its emphasis, accountable in its delivery, developmental in its thrust, and positive in its connotations”.¹⁰

4.1 What is ‘clinical governance’?

To understand why clinical governance is so important in the delivery of safe, high quality, and effective health care, it is necessary to understand what the term means.

The literature presents a number of definitions of clinical governance. In short, it can be defined as:

“The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers”¹¹ “and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.”¹²

The essence of clinical governance is to ensure that more right things happen to patients by making it easy to do the right thing, and less wrong things happen to patients less often by making it difficult to do the wrong thing.¹³

¹⁰ Scally, G. & Donaldson, L.J. (1998). Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ*, 317:61–5.

¹¹ The Australian Council on Healthcare Standards. (2004). ACHS news in brief: Clinical governance defined. *ACHS News* (p.12), 12:4. Ultimo: Author.

¹² Australian Commission on Safety and Quality in Health Care. (May 2013). *NSQHS Standards guide for small hospitals*. Sydney: Author.

¹³ Australian Institute of Company Directors. (2011). *The Board’s role in clinical governance* (p.1). Sydney: Author.



This is about ensuring that the care you deliver is right, and that clinical safety means having the right control measures in place.

According to the Victorian Government's policy guide for implementing clinical governance,¹⁴ the essential elements of a robust clinical governance system include:

- Priorities and strategic directions are set and communicated clearly.
- Planning and resource allocation supports achievement of goals.
- Culture is positive and supports patient safety and quality improvement initiatives.
- Legislative requirements are complied with.
- Organisational and committee structures, systems and processes are in place.
- Performance is measured and the service's quality and safety systems are monitored.
- To support continuous improvement of quality and safety within the service, performance is reported, reviewed, and responded to.
- Roles and responsibilities are clearly defined and understood by all participants in the system.
- Continuity of care processes ensure that there is continuity across service boundaries.

¹⁴ Victorian Government, Department of Human Services, Rural and Regional Health and Aged Care Services, Statewide Quality Branch. (2009). *Victorian clinical governance policy framework: A guidebook* (p.5). Melbourne: Author.



4.2 What are the pillars of good clinical governance?¹⁵

For remote and isolated health services there are four pillars on which good clinical governance is built. They are:

1. Workforce effectiveness
2. Clinical performance and evaluation
3. Clinical risk management
4. Consumer participation.

Table 1: Four pillars of good clinical governance

Workforce effectiveness	Clinical performance and evaluation	Clinical risk management	Consumer participation
<ul style="list-style-type: none"> Recruiting best healthcare professionals Continuous professional development Competency Skills updating Ethics Code of Conduct Occupational health and safety 	<ul style="list-style-type: none"> Evidence-based practice Clinical care pathways Clinical outcomes Clinical models of care Cost effective care 	<ul style="list-style-type: none"> Incident management system Adverse events monitoring Clinical investigation and root cause analysis Audits Continuous quality improvement Accreditation 	<ul style="list-style-type: none"> Consumer satisfaction Consumer complaints Consumer rights and confidentiality Consent Open disclosure Consumer information

¹⁵ Adapted from: Netcare. (n.d.). *Clinical governance*. Retrieved 29 July 2013, from <http://www.netcare.co.za/content/5384/home/>.



4.2.1 Workforce effectiveness¹⁶

All staff must have the appropriate skills and knowledge required to fulfil their roles and responsibilities within the organisation. Health services are responsible for supporting staff and ensuring they have the skills, knowledge, and training required to perform their roles, and also understand the concept of clinical governance. Support is required to ensure staff members have access to ongoing training, computers, information technology, evidence-based guidelines, and a safe work environment for effective and efficient delivery of care.

Recruitment and selection policies, guidelines, and procedures must be robust enough to ensure that professional qualifications and experience meet minimum requirements. Performance management, monitoring scope of practice, and application of relevant professional standards, must also be in place. Health services should have strategies to manage the impact of contracted health professionals (e.g. visiting medical officers, allied health professionals, and agency nursing staff), as well as ensuring effective inter-professional and multidisciplinary teams.

4.2.2 Clinical performance and evaluation¹⁷

Clinical performance and evaluation seeks to ensure clinical effectiveness by achieving:



- **Right care** — care is provided to the patient.
- **Right patient** — care is provided to the right patient who is informed and involved in their care.
- **Right time** — care is provided at the right time.
- **Right clinician** — care is provided by the right clinician with the right skills.
- **Right way** — care is provided in the right way as defined by the patient.

¹⁶ Victorian Government, Department of Human Services, Rural and Regional Health and Aged Care Services, Statewide Quality Branch. (2009). *Victorian clinical governance policy framework: A guidebook* (pp.16–20). Melbourne: Author.

¹⁷ Ibid.



Clinical performance can only be enhanced by continuous improvement of the safety, effectiveness, and appropriateness of clinical care. This can occur through ongoing monitoring and evaluation of evidence-based practice, use of guidelines, clinical pathways, models of care, and cost-effective health service delivery.

Ongoing evaluation of organisational and clinical performance involves the use of performance measures, clinical indicators, and audits. The reporting of these measurements is pivotal to providing safe, quality clinical care.

4.2.3 Clinical risk management¹⁸

Health services need an organisation-wide risk management system for management integration of organisational, financial, workplace environment, plant, equipment, and clinical risks. Risks should be both proactively and reactively recognised. A systems response is required to reduce clinical risk and improve safety of care.

The healthcare environment requires practices and procedures that reduce the potential for errors to occur. Incident management, monitoring of adverse events, clinical investigations, analysis, and clinical audits, are essential activities in promoting clinical effectiveness. They underpin systematic review of the structures, processes, and outcomes of care, to ensure quality improvement of health service delivery.

This also requires a cultural approach that is just and fair — meaning there is a no-blame approach to ensure risks are identified, and actions to repair errors are made immediately.



- **What can go wrong or has gone wrong?**
- **What will be done to prevent or avoid it happening again?**
- **What will be done if it happens or recurs?**

¹⁸ Adapted from: Victorian Government, Department of Human Services, Rural and Regional Health and Aged Care Services, Statewide Quality Branch. (2009). *Victorian clinical governance policy framework: A guidebook* (pp.16–20). Melbourne: Author.



4.2.4 Consumer participation¹⁹

Consumer participation ensures health care is delivered in ways in which the community's and consumers' expectations are met. Health services should actively seek opportunities to increase their awareness and understanding of consumers' views, needs, and those concerns that matter most to them. This perspective needs to be tracked throughout consumers' journeys within the health system, and should be responsive to their expectations in ways that enhance their experiences and health outcomes.

Participation is also about increasing health literacy of the population, and providing well-structured information that engages consumers to be part of the decision-making process, facilitating active participation in their care. Health services should have a consumer satisfaction survey, a complaints mechanism, information about consumer rights, and confidentiality in place. Open disclosure processes should also be in place for when care does not go according to plan, to provide an open and honest explanation of the reasons.

Health services should seek consumer participation and engagement through activities such as community consultation, consumer partnership on governance and management committees, strategic service planning, policy making, research, input into training programs, as well as development of guidelines, information resources, and communication strategies.

¹⁹ Adapted from: Victorian Government, Department of Human Services, Rural and Regional Health and Aged Care Services, Statewide Quality Branch. (2009). *Victorian clinical governance policy framework: A guidebook* (pp.16–20). Melbourne: Author.



4.3 Principles of clinical governance

Clinical governance emphasises the importance of governing clinical safety and quality with the same rigour applied to corporate governance.

Clinical governance is built on four key principles:

1. A culture of trust and honesty is created through open disclosure in partnership with consumers.
2. Beyond compliance, organisational commitment to continuous improvement is fostered.
3. Rigorous systems to identify, monitor, and respond to incidents are implemented.
4. Key indicators of organisational and clinical performance are evaluated and responded to.

These key principles, and their application in the workplace, guide and support an environment and culture in which there is:

- Openness to failure — recognising that things do go wrong
- Emphasis on learning
- Obligation to act
- Accountability
- A just culture — where there is a no-blame culture, free of prejudice
- Appropriate prioritisation of action
- Teamwork.²⁰



Health service managers and clinical staff in remote and isolated services must:

- **Constantly reflect on their health service's capacity and preparedness to be outcome-based for consumers.**
- **Show sound clinical leadership and involvement in improving safety and quality.**
- **Have sustaining information and up-to-date data.**
- **Provide a system-wide approach to safety and quality, and promote a culture of continuous learning.**

²⁰ Edwards, K. (14 February 2013). *Governance for quality and safety in health service organisations* [Presentation handout]. Sydney: The Australian Council on Healthcare Standards.



When developing and maintaining these attributes, strong cooperation and collaboration will be needed with key partners and stakeholders, including consumers and the community.²¹

4.4 Clinical governance strategic domains

Clinical governance requires an agreed framework within an organisation. This framework must reflect essential key strategies to support its planning, implementation, monitoring, evaluation, and continuous improvement. Each of these strategic domains comprises a number of structures, processes, and activities to support the clinician or clinical teams to deliver safe, high quality care, as described in the following diagram.

Figure 1: Strategic domains of clinical governance



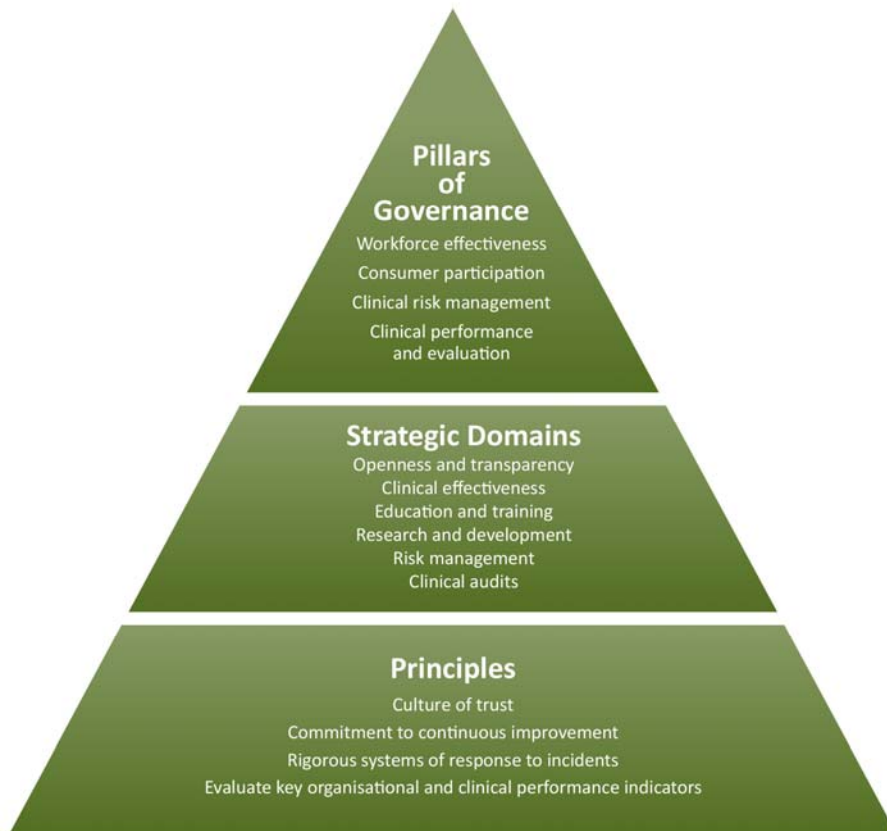
²¹ Adapted from: Government of Western Australia, Office of Safety and Quality in Health Care. (2005). *Western Australian clinical governance guidelines* (Information series no. 1.2, p.8). Eastern Perth: Government of Western Australia.



4.5 Components of good clinical governance

Figure 2 shows the interconnectedness between the principles, strategic domains, and pillars of governance. These three components are interlinked and integrated to drive clinical safety and quality of care provided to our consumers and their communities.

Figure 2: Components of good clinical governance





5. Roles and responsibilities for clinical governance

Table 2: Roles and responsibilities within an organisational structure

Roles	Responsibilities
<p>Governance body</p> <p>Local Board of Directors</p>	<ul style="list-style-type: none">• Promotes a strong message through the organisation and via the community that safety and quality are priority issues.• Ensures that the CEO and Senior Managers clearly understand and perform in their roles, and accept responsibility for quality and safety through appropriate structures, policies, processes, and resources.• Receives and interprets information, delegating responsibility for action, and ensuring outcomes are achieved.• Demonstrates to internal and external review bodies that the Board understands and carries out its governance role.• Encourages partnerships with their community regarding reporting, and discussing and addressing quality and safety issues that arise.• Maintains compliance with legislation, regulations, standards, and accreditation bodies.



Strategic management of health service

Chief Executive Officer

- Determines the best approach to planning, implementing, evaluating, and improving quality and safety across the health service.
- Ensures operational/business plans are linked to the strategic plan.
- Presents analysis and discussion of quality and safety data.
- Ensures adequate support, education, information, and opportunities are provided to staff in continually improving systems.
- Prioritises and focuses on the key quality and safety issues for the health service.
- Monitors progress of department operational plans at monthly accountability meetings.
- Ensures adequate resources are provided towards achieving excellence in quality and safety management across the organisation.

Managers of staff

Health Centre Managers,
Director of Nursing/
Midwifery, Senior Clinicians

- Forms annual operational plans highlighting planned improvement activities.
- Coordinates and reports on audit processes, performance indicators, and quality activities within their units. Encourages continual improvement.
- Encourages reporting of incidents/safety issues, using risk management systems.
- Provides a communication link between the executive and general staff regarding quality and safety issues.
- Ensures services are performed within organisational policy, legislation, regulations, and standards.



Clinical service providers

Doctors, Nurses, Midwives,
Enrolled Nurses, Aboriginal
and Torres Strait Islander
Healthcare Practitioners and
Health Workers, Allied
Health Professionals,
Hospital Services Workers

- Develops partnerships with patients and their families to ensure inclusion in planning and management of their care.
- Maintains appropriate skills and completes mandatory training and competencies to provide safe and high quality care and services.
- Participates in improvement activities in consultation with the health service's manager.
- Reports risks and hazards within the workplace.
- Identifies areas of required improvement.
- Drives quality improvement processes.

Recipients of health care and services

Consumers/Community
members

- Monitors and responds to quality and safety information as requested by the health service, to assist in improving services.
- Offers constructive feedback as consumers and community members, to guide improvement.
- Assists with provision of community views regarding service development, public reporting, education, and systems reviews.
- Helps to develop information for use by the community.



6. Quality framework

6.1 How do clinical governance and the quality framework fit together?

The aim of both organisational and clinical governance is to support behaviours that drive high quality care, with an emphasis on outcomes. The governance of safety and quality is “a framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.²²

The system should strive towards continuous improvement, beyond compliance. Minimum Standards have a legitimate role in building safety and quality care, with the highest priority being given to managing the highest level of risks to consumers.²³

6.2 What are the essential criteria for developing a framework for a successful quality program?²⁴

It is essential to:

- Recognise and build on existing effective quality activities.
- Enable health professionals and managers to work together to improve quality, to be clear about their different responsibilities, and to build mutual understanding, trust, and respect.
- Build on and extend professional skills, in a way that health professionals believe will help them in their everyday work and careers.

²² Scally, G. & Donaldson, L.J. (1998). Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ*, 317:61–5.

²³ Queensland Government, Queensland Health. (May 2012). *Clinical safety and quality governance framework: In hospital and health services*. Brisbane: Queensland Government.

²⁴ Adapted from John Ovreveit, Norwegian Medical Association, 1999. Cited in: Wright, J. & Hill, P. (2003). Clinical governance: Principles into practice. In *Clinical governance* (pp.19–35). Retrieved 29 July 2013, from <http://www.us.elsevierhealth.com/media/us/samplechapters/9780443071263/9780443071263.pdf>.



- Provide training in quality methods at the time when people need the skills in their quality activities and projects.
- Give training and learning materials that do not introduce unnecessarily complicated concepts and jargon. Use examples from a relevant professional service and a variety of learning methods to develop the new competencies required.
- Combine both profession-specific and multidisciplinary training and projects.
- Ensure projects are managed and work on organisationally important and authorised problems, following a structured approach.
- Make real changes that achieve measured improvements.
- Allow flexibility for different parts of the organisation to use effective methods that are appropriate to their activities.
- Provide an overarching coherence, which avoids different 'quality language', and which also coordinates different activities.
- Energise and realise people's untapped potential and provide a way to fulfil values and gain a greater satisfaction from work and serving others.

6.3 What is a quality framework for remote and isolated health services?

Health service standards provide the remote and isolated health service with a measure against which they can assess themselves and demonstrate improvement. They also:

- Help consumers and carers to understand the quality of service to which they are entitled.
- Help to ensure implementation of the duty the health service has with respect to human rights and equality of opportunity for the people living in remote and isolated areas.
- Enable formal assessment of the quality and safety of health and social care services.



6.3.1 Scope of quality framework

When applying the NSQHS Standards to remote and isolated health services, consideration must be given to the uniqueness of the settings. There is variation in size and capacity of health services, and this variation is reflected in different abilities for implementing what may seem an enormous task — to comply with the National Standards. Health services that are part of larger organisations will generally have processes for quality in place. These are normally at a higher organisational level, which will filter down to the service delivery end. Others may lack this resource, making the process of compliance arduous and resource-dependent.

The size of organisations should not be used to justify abrogating responsibility and accountability for safety and quality. Resources may need to be allocated appropriately to identify what needs to be done at the local level. Resources may also be sourced externally through larger organisations and external networks.



CRANApplus, as the peak professional body, recommends that the scope of quality framework at any level requires, at a minimum, that the following be acknowledged as priorities:

- **Organisational leadership and strong management**
- **Quality improvement**
- **Workforce development**
- **Consumers and community**
- **Environment and cultural safety.**



6.4 Continuous quality improvement

Continuous quality improvement (CQI) is an approach to quality management that builds on conventional quality assurance processes, by giving emphasis to the healthcare service and its systems. Its focus is on the process, rather than the individuals responsible for managing systems.

CQI activities are undertaken internally on a cyclical basis (as per Figure 3). This is a more reflective process that is able to delve deeper into identified issues.

The process allows the health service to be in charge of discovering, identifying, and changing systems that are not working as well as they should, or have fundamental flaws that need to be addressed. Many of these concerns may not be identified during accreditation, so relying on the accreditation process to address safety and quality issues is unsatisfactory. Identifying and addressing issues using a CQI process, and finding and fixing them ahead of accreditation, puts the healthcare service in a stronger position to gain accreditation.

6.4.1 The continuous quality improvement cycle²⁵

The key elements of CQI include:

- accountability
- linking evaluation to planning
- achieving improvement through incremental steps
- being driven by input from all levels of staff, management, and other stakeholders
- a commitment to team work
- continuous review of progress.

²⁵ Adapted from: Australian Government Department of Health and Ageing. (2011). *National Aboriginal and Torres Strait Islander flexible aged care program quality framework* (p.12). Canberra: Author.



Figure 3: Quality improvement cycle



Note: If the check stage found that the change was working or the goal was achieved, only then would you continue with implementing it into your systems. However, if you found that the change was not working or the goal not achieved, you would need to decide why it did not work and repeat the cycle, starting by planning what you need to do.



7. Clinical governance framework for remote and isolated health services²⁶

For a clinical governance framework to be effective, it must be implemented at both the organisational level and at the clinical level of service and care provision. There are different process components and requirements at each of these levels.

At the organisational level, there are five key process components of the framework. These are:

1. A policy framework.
2. A streamlined and interlinked committee structure.
3. An effective performance (indicator) framework and monitoring process.
4. A reporting framework.
5. A positive and inclusive culture.

At the clinical level, there are five key process components of the framework. These are:

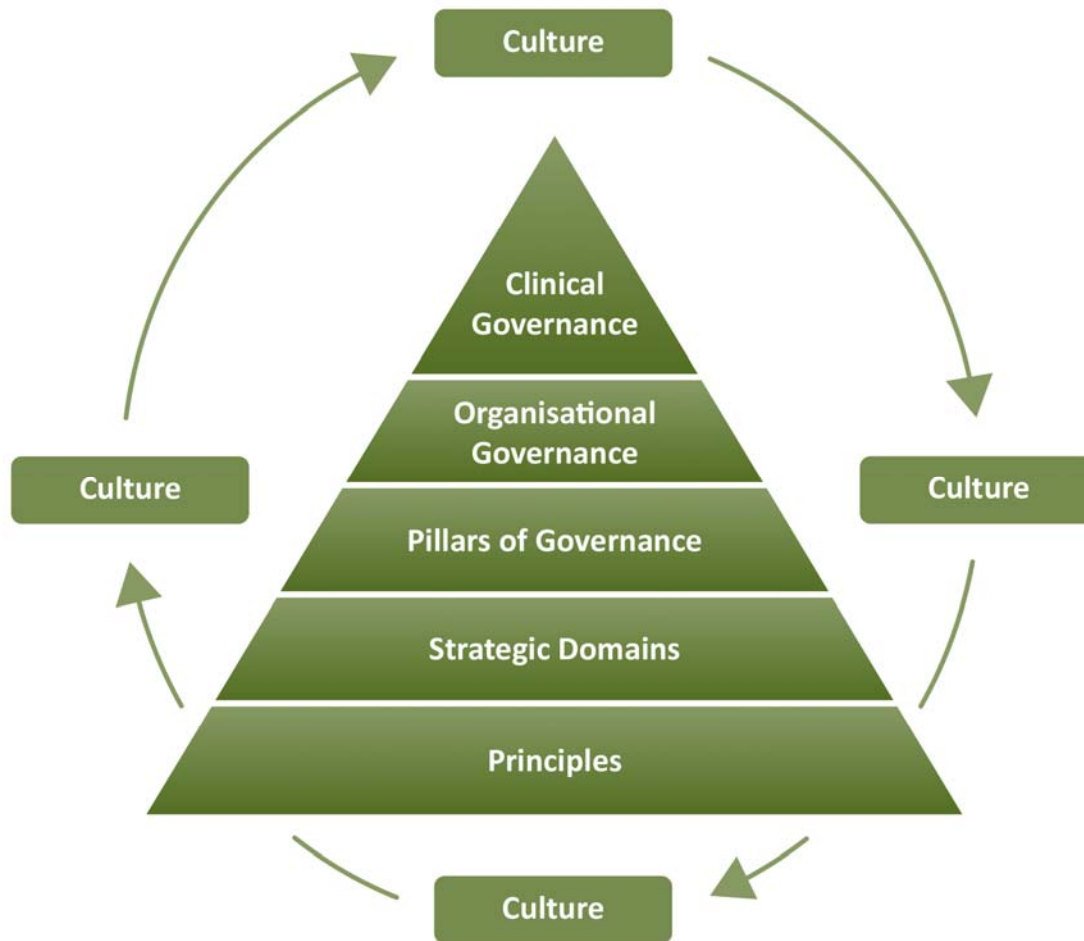
1. Organisational leadership and strong management — executives and managers have an **understanding of systems** and how **individuals and teams** function within the system.
2. Quality improvement — **participation in activities** that identify, measure, and analyse problems with care delivery.
3. Workforce development — executives, managers, and clinicians have a clear **understanding of roles and responsibilities** and have **appropriate expertise** to deliver care.
4. Environment and cultural safety — environmental and cultural safety are **integrated** to improve the system of care delivery.
5. Consumers and community — engaging consumers and community in **action** to improve the system of care delivery.

²⁶ Adapted from: National Health Call Centre Network. (2012). *Clinical governance framework: for provision of high quality, contemporary, safe and accountable national telehealth service*. Retrieved 16 July 2013, from http://www.healthdirect.org.au/sites/default/files/NHCCN_Clinical_Governance_Framework.pdf.



7.1 The key components and processes of the organisational quality environment

Figure 4: Clinical governance framework





Part B: Clinical governance and quality framework for remote and isolated health services

8. Overview of the application of clinical governance and quality framework

Part A of this Guide was about governance and its various components of organisational and clinical governance, as well as the importance of providing safe, quality care for consumers, their families and the wider community. In short, **Part A** was about 'what it is' and 'why we need it'; whereas **Part B** is about 'how we do it'.

Part B has been adapted from the *NSQHS Standards Guide for Small Hospitals*.²⁷ The quality framework scope has been applied to each section in addressing the following NSQHS Standards:

- Standard 1: Governance for Safety and Quality in Health Service Organisations
- Standard 2: Partnering with Consumers.

The standard criteria and actions will not follow in their usual sequence, but are placed in relation to their relevance to the quality framework. These are:

- 8.1 Organisational leadership and strong management
- 8.2 Quality improvement
- 8.3 Workforce development
- 8.4 Environment and cultural safety
- 8.5 Consumers and community.

²⁷ Australian Commission on Safety and Quality in Health Care. (May 2013). *NSQHS Standards guide for small hospitals*. Sydney: Author.



To ensure this Guide is meaningful and practical to clinical service managers and clinicians, under each of the components of the quality framework, the standards and actions are considered in relation to the following questions:

- What does this mean?
- What should be in place?
- What is my responsibility as a Service Manager?
- What is my responsibility as a Clinician?

Clinicians and clinical teams are responsible and accountable for the quality of care they provide. Clinical managers, service managers, and the Board are responsible and accountable for ensuring the systems, structures, and processes are in place to support clinicians in providing safe, high quality care, and for actively engaging clinicians to actively participate in improvement and risk management activities.²⁸ Standards are a mechanism by which a health service can benchmark the safety and quality of the care provided.

Note: When reading this Guide, always remember that some of the content may not seem to be immediately relevant to your remote health service. As previously stated, the NSQHS Standards' criteria were adapted from *NSQHS Standards Guide for Small Hospitals*, and we have endeavoured to adapt this to suit the primary healthcare setting. At times the language used may seem somewhat ambiguous in the context of your health setting. It is also important to note that when the Guide identifies a health service responsibility and role, this refers to the overarching development of policies, procedures, and guidelines to meet the Standards. As to 'who' undertakes these responsibilities in the health service, the roles will vary greatly, depending on the size, structure, and resources of your health service.

Where your service is part of a larger organisation, for example, the public sector or state health service, many of these overarching policies, procedures, systems, and processes would have been developed at an organisational level and distributed throughout the organisation's management structure. Smaller services may have to develop these at a local level, or seek resources from other health agencies.

²⁸ Victorian Government, Department of Human Services, Rural and Regional Health and Aged Care Services, Statewide Quality Branch. (2009). *Victorian clinical governance policy framework: A guidebook*. Melbourne: Author.



Clinical governance is built on quality systems, which are the sum of the organisation's undertakings, incentives, plans, policies, procedures, processes, resources, responsibilities, and infrastructure required to support the effort to achieve quality goals. It requires a focus on evidence and using the evidence to continually improve the quality of the services provided by the organisation.

To ensure that quality systems respond to the organisation's aspiration to demonstrate good governance, it is necessary for the organisation and individuals in the organisation to be constantly vigilant and asking:



- Have we got a system?
- Is it an effective and efficient system?
- How do we know?
- What evidence is there to support this?
- Where is the data to support this?
- Are there standards that apply?
- Do we comply?

Clinical governance and quality improvement requires a focus on **evidence and data, not just trust.**²⁹

²⁹ Edwards, K. (14 February 2013). *Governance for quality and safety in health service organisations* [Presentation handout]. Sydney: The Australian Council on Healthcare Standards.



8.1 Organisational leadership and strong management

Standard Criteria Governance and quality improvement systems

1.1 Implementing a governance system that sets out the policies, procedures and/or protocols

1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols

What does this mean?

Health services should have a system in place for the development, implementation and regular review of policies, procedures, and/or protocols that:

- Are based on evidence and good practice.
- Are reviewed periodically and kept up-to-date.
- Incorporate any legislative requirements the health service is required to meet.
- Include roles and responsibilities and accountabilities for each local manager.
- Identify who has delegations for implementing, amending, or endorsing policies.
- Incorporate a Document Management System for the compliance with relevant legislation, managed by the health service's Clinical Review Committee via updates from the health service's legal unit.
- Include policies, procedures, and/or protocols that are consistent with this system.

What should be in place?

- A governance framework that is accessible and understood by the Board and Senior Managers.
- A Quality Improvement Framework that is in place and is continuously appraised and adjusted. The Framework includes:
 - Organisational Structure, outlining roles, relationships, accountability, and delegation.
 - Clear lines of communication between staff, with reporting relationships explicitly documented.
 - Identified person (e.g. Health Service Manager/Nurse Manager) who has delegation for implementing, amending, or endorsing policies.
 - Document Management System — regular reports are reviewed at Clinical Review Committee regarding status of the Document Management System.
 - A Document Management Policy, including accessible policies, procedures, and/or protocols, with version control to maintain validity.



- The health service is required to develop a committee structure identifying the composition of its membership and relationships.
- The health service should appoint an accountable Safety and Quality Officer.
- Safety and Quality Committee, which has decision-making capacity and high-level reporting relationships.
- Safety and Quality Officer who reports directly to a Senior Manager (i.e. CEO, General Manager).

What is my responsibility as a Service Manager?

- Display the Organisational Chart and relevant delegations where staff can access the information.
- Ensure all job descriptions contain clear reporting relationships and adhere to them.
- Ensure compliance is met.
- Ensure all policies, guidelines, forms, and publication documents are accessible to staff electronically) or keep hard copies in work area.
- Monitor policies and procedures and/or protocols to ensure they remain appropriate and valid.
- Be aware of amended or new policies, procedures and/or protocols, and inform staff.
- Ensure staff are aware of and comply with the high-risk policies.
- Promote the Safety and Quality Committee, encourage staff’s involvement and attend meeting as Manager.
- Develop a working relationship with the Safety and Quality Officer.

What is my responsibility as a Clinician?

- Read the Organisational Chart and relevant delegations.
- Follow reporting chain in communicating with Managers. Understand and be aware of who to report to (clarify if unclear), as described in job description.
- Comply with policies and procedures and/or protocols and integrate safety and quality into work practices.
- Report any inconsistencies and contribute to policy review.
- Know and comply with high-risk policies, e.g. aggression in the workplace, infection control, and medication policies.
- Attend safety and quality meetings, e.g. infection control, workplace safety and quality, medications, and food committees. Read minutes and follow implementation recommendations.
- Know the appointed Safety and Quality Officer and actively participate in relevant activities.



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

What does this mean?

The way in which the health service builds a supportive culture where openness, mutual respect, and teamwork are encouraged and rewarded.

A Statement of Purpose developed in consultation with stakeholders that:

- Describes commitment to providing safe and quality care.
- Describes a value-based organisation and value-based leadership.
- Strategic health service planning is a collaborative approach whereby managers, Clinicians, and corporate services are given opportunities to have input into health service planning regarding resource allocation and suggestions for patients' safety and quality of care.
- Strategic planning of health services to meet the population health needs include consideration of safety and quality strategies, initiatives, and performance.
- Business Proposal Templates to Senior Managers should include consideration of the impact of the proposal on safety and quality. Managers, Clinicians, and corporate services are aware of consideration to be given to safety and quality elements when developing a business proposal.

What should be in place?

- Display the Statement of Purpose and commitment to providing safe and quality care in a public, visible place.
- Organisation's Strategic Plan document incorporates the allocation of resources for safety and quality. It also identifies safety risks and opportunities.
- Business Proposal Template incorporates safety and quality, and risks and risk mitigation as part of the proposal. Template is in place.



What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none">• Display Statement of Purpose and conduct your area of responsibility in accordance with the Statement.• Attend Strategic Planning Day(s) with other staff and consumers.• Include safety and quality elements in Business Proposal for your area.• Know the Business Plan and work towards implementation, ensuring the decisions reflect both the Statement of Purpose and the Health Service Strategic Plan.• Support the safety and quality activities within your budget (e.g. ensuring staff availability to conduct/lead relevant activities, such as health promotion, women’s health, antenatal care).	<ul style="list-style-type: none">• Ensure that work practices and workplace behaviour demonstrate the values in the Statement of Purpose.• Attend and actively participate in Organisational Strategic Planning Day(s).• Complete the Activity Plan prior to conducting/leading any program or activity.

Standard Criteria	1.5 Establishing an organisation-wide Risk Management System that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality
Governance and quality improvement systems	
1.5.1 An organisation-wide Risk Register is used and regularly monitored	

What does this mean?	What should be in place?
<ul style="list-style-type: none">• The health service has developed policies and procedures for the implementation of a Risk Management System, as well as identifying local Managers with the responsibility for managing each of the risks identified.	<ul style="list-style-type: none">• Risk Management System in place.• Identified staff members with roles, responsibilities, and accountability for managing risks.• Monitoring of Risk Register.





What is my responsibility as a Service Manager?

- Maintain **Risk Register**, which is reviewed regularly to keep Register up-to-date.
- Record all clinical and non-clinical risks and strategies for management of these risks.
- Ensure the Risk Management System is being effective.
- Regularly audit the Risk Management System and review results locally. Submit results to Senior Managers.

What is my responsibility as a Clinician?

- Understand the purpose of a risk register and know what constitutes a risk and the reporting procedures.
- Work with Manager to report risks.

1.5.2 Actions are taken to minimise risks to patient safety and quality of care

What does this mean?

- The health service measures performance against key safety and quality risks.
- Develop strategies to respond to risks identified by external organisations, such as coroners, health complaints commission, and safety and quality commissions.

What should be in place?

- Risk Management System in place.

What is my responsibility as a Service Manager?

- Engage staff (in meetings, forums, or committees) in identifying, assessing, and managing risks.

What is my responsibility as a Clinician?

- Actively participate and take the lead in the process of identifying, assessing, and managing risks.



8.2 Quality improvement

Standard Criteria	1.2 The Board, Chief Executive and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality
Governance and quality improvement systems	

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

What does this mean?	What should be in place?
<ul style="list-style-type: none">• Health services should identify who safety and quality performance information is reported to. The highest level of governance locally may include individuals (Chief Executive Officer, District Director) and governance bodies.• Annual Operational Plans are directly linked to the strategic direction, which helps to guide improvement activity in a coordinated manner across the health service. Known risk areas will form part of the Operational Plan for action.• Terms of Reference of governance bodies to include quality and safety, as well as performance data.• KPIs and other safety and quality data are mapped out and reported to the Senior Executive to ensure they cover all services provided and all major risks and outline a comprehensive picture of the health service’s safety and quality performance.• All staff, patient, and visitor incidents and hazards are reported via a defined reporting mechanism to the governing body.	<ul style="list-style-type: none">• Organisational Chart reflects reporting and communication channels for quality and safety.• The Strategic Plan is accompanied by an Operational Plan (quality plans for the health service), identifying verifiable indicators of successful achievement.• Agenda and minutes of governance bodies reflect the reporting of incidents/complaints and other performance data.• Specific KPIs to remote and isolated health services — for example: screening rates, tracing of STIs rate, immunisation coverage, and number of consumer complaints.• A Clinical Audit Program, outlining audit requirements for all clinical areas.• Incident and complaint reporting mechanism.• Incidents reviewed and investigated, then reported to Senior Managers.• No-blame culture exists for collecting incidents and hazard identification and reporting.



- The health service should develop **Reporting Templates**, which consider format, scope, and data quality of information, including set deadlines for reporting.

- **Reporting Templates** include set deadlines for reporting.

What is my responsibility as a Service Manager?

- Undertake regular evaluation of the Operational Plans to determine progress towards achievement of plan.
- Collect clinical indicator data as required — e.g. infection rates, medication errors, needle stick injuries, workplace health and safety reports — reporting to the Senior Managers.
- Implement Clinical Audit Program.
- Allocate local auditing to staff and ensure completion, collection, and reporting of data to a set deadline.
- Ensure no-blame culture in the collection of incident and hazard identification, and report accordingly.

What is my responsibility as a Clinician?

- Assist as part of daily practice the recording of clinical indicators relating to incidents, risks, and hazards to the Clinical Manager.
- Lead and actively participate in clinical audits, e.g. adherence to policies, documentation, and medication safety.
- Ensure no-blame culture in the collection of incident and hazard identification and report accordingly.

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

What does this mean?

- Health services should identify local Manager with responsibility for oversight of clinical safety and quality risk management.
- Regularly review Clinical Audit Program, so that the information is measurable for making changes to safety and quality.
- Time is allocated for clinical audits.

What should be in place?

- Management and Investigation System with a Manager identified as having responsibility for system's maintenance.
- Established audit team.
- Clinical Audit Program.
- Audit time allocated.



- Results from audits flagged at team meetings and forum(s).
- Implementation of Action Plan for ongoing quality improvement.
- Benchmark audit results against similar health services.

- Established forum(s) for staff to collectively review clinical practices — Terms of Reference and the agenda refers to quality and relevant audit results are flagged.
- Quality Improvement Action Plan.

What is my responsibility as a Service Manager?

- Work with Manager regarding oversight of clinical safety and quality risk management.
- Appropriately train staff and allocate time for staff to do clinical audits.
- Ensure audits are conducted and data reviewed on regular basis.
- Share results of data regularly with staff at team meetings and forum(s) to seek areas of improvement.
- Oversee local Quality Improvement Action Plan.
- Report results of benchmarking against other similar health services.

What is my responsibility as a Clinician?

- Actively participate in training opportunities for clinical auditing and conduct audits as required.
- Suggest areas of improvement and use data in conjunction with Manager to drive improvement.
- Assist with activities of the Quality Improvement Action Plan.

Standard Criteria

Governance and quality improvement systems

1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice

Health services developing and implementing an organisation-wide quality management system locally should include senior managers, managers, clinicians, consumers, and other key community members to establish organisational quality and clinical services objectives and how these will be met.





What does this mean?	What should be in place?
<p>1.6.1 An organisation-wide quality management system is used and regularly monitored</p> <p>1.6.2 Actions are taken to maximise patient quality care</p> <ul style="list-style-type: none"> Strategies are implemented to improve performance. Reports are determined by the health service to understand its performance, as well as reports required by Senior Managers to understand clinical services performance. 	<ul style="list-style-type: none"> The Strategic Plan is accompanied by an Operational Plan (quality plans for the health service) identifying verifiable indicators of successful achievement. Visible quality policy and statement. Annual Operational Plans to guide improvement activity in a coordinated manner across the health service. A Clinical Audit Program, to identify risks, ensures compliance and engagement with team members, plus non-conformance reporting, corrective action, and preventative action. A Quality Improvement Plan and objectives in place. Customer focus is clear and all customers identified. Consumer feedback is systematically collected (e.g. questionnaire, suggestion box, focus groups or patient interviews). It demonstrates that information collected has been used to improve practice, and there is a feedback cycle of informing consumers about the improvements.
What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none"> Involve staff in the development and monitoring and improvement of these systems. Share results of data regularly with staff at team meetings and forum(s), and seek areas of improvement. 	<ul style="list-style-type: none"> Suggest areas of improvement and use data in conjunction with Manager to drive improvement. Report non-conforming items. Assist with activities of the Quality Improvement Action Plan.



Standard Criteria
Incident management
and investigation system

1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing (including near misses), which all result in corrective action

The health services will have defined the key elements of the Incident Reporting and Management System in policy and procedures. It is important that this responsibility is clearly articulated and should include:

- Confidentiality of information.
- Identifying local manager(s) and/or committees with responsibility for managing and maintaining the system.
- Training the workforce in the use of the system, and supporting and encouraging the reporting of incidents and near misses.
- Allocating responsibility for communicating with the organisation’s professional indemnity insurers, if the process is undertaken locally.
- Identifying responsibility for maintaining the system and its processes.

What does this mean?

- The health service will need to ensure that systems are in place to support incident reporting and management systems, and that there is an identified staff member with responsibility.
- Data collected will be used to drive quality improvement.

What should be in place?

- A comprehensive incident management and investigation system, which should include:
 - Policy and procedures/guidelines including confidentiality of information, and also defines the key elements of the incident reporting and management system.
 - An incident reporting, management, and investigation system training program for staff.

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

1.14.2 Systems are in place to analyse and report on incidents

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



- Analysis should be undertaken by the responsible officer, including the number, scope, trends, severity, and root cause of the incident, and information conveyed to staff at least monthly.
- A reporting mechanism for incidents must be in place. Such reports should be conveyed to the highest level of governance, e.g. CEO, Board.
- A staff member with the required skills and abilities to analyse and report on the data is to be appointed to take this responsibility.
- A Quality and Safety Manager responsible for reviewing all incidents, and referring them to the relevant parties.
- Feedback is provided at staff meetings and through newsletters, video conferencing, noticeboard, emails, or by other means.
- Incident reports regarding consumers are submitted to the governing body and to the funding body, as required.

What is my responsibility as a Service Manager?

- Ensure consumer and staff privacy and confidentiality is maintained at all times during the reporting of incidents, investigations, and data collection.
- Ensure all staff have training, as well as access to the incident management and investigation system.
- Ensure staff are provided with guidelines.
- Support and encourage the reporting of incidents and near misses.
- Ensure all incident reports are received, generated within the health service, and followed up when dealing with sentinel events.
- Review incident reports promptly and make recommendations.
- Conduct local investigations into causes of incidents (if appropriate).

What is my responsibility as a Clinician?

- Maintain consumer and staff privacy and confidentiality at all times.
- Actively participate in training programs.
- Follow guidelines at all times, especially when dealing with significant incidents such as sentinel events.
- Report all risks, incidents, hazards, and near misses and encourage others to report (you do not need permission to file an incident report).
- Maintain confidentiality if assisting others to report risks or near misses.



- Monitor use of the incident reporting system to ensure incidents and near misses are being reported.
- Establish regular staff meetings to provide feedback on all reported incidents and hazards.
- Lead the Quality Improvement Action Plan.
- Seek feedback and follow-up of all reported incidents/near misses.
- Attend team meetings and actively participate and contribute to quality improvement of care.

Standard Criteria
Incident management
and investigation system

1.15 Implementing a complaints management system that includes partnership with patients and carers

What does this mean?

- The health service will need to ensure that systems are in place to support a complaints management system.

1.15.1 Processes are in place to support the workforce to recognise and report complaints
1.15.2 Systems are in place to analyse and implement improvements in response to complaints

- Information from complaints should be routinely analysed to inform the health service’s induction, education and training programs, as well as safety and quality.

What should be in place?

- The position of Complaints Officer, who needs to have an identified communication chain in place to ensure complaints and incidents are reported and responded to in a timely manner, meeting benchmark timeframes.
- The topic of complaints management needs to be covered in staff induction, education and training programs, as well as safety and quality strategies.
- Staff need to be aware of the complaints management system, and understand that all complaints must be recorded.
- Consumer brochures on how to complain about the health service are visible in clinical areas.
- Consumer suggestion box is visible and easily accessed within all clinical areas.



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

1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation

- Feedback should be provided to staff on the analysis of complaints including number, scope and trends, as appropriate.
- Information of this process should be reported to Senior Managers in line with policy and reporting timeframes for reporting.
- Feedback should be provided to the Consumer Committee/Network.

What is my responsibility as a Service Manager?

- Ensure staff are aware of complaint management systems, and understand that all complaints must be recorded.
- Regularly address responses from consumer suggestion box, and provide feedback to staff.
- Ensure staff are aware of their responsibility to provide brochures to consumers regarding the complaint process.

What is my responsibility as a Clinician?

- Initiate and actively participate in auditing, as required.
- Actively participate in education and training programs dealing with consumer complaints.
- Ensure consumers are aware of the consumer suggestion box.
- Provide consumers with brochure information regarding the complaint process.

Standard Criteria Incident management and investigation system

1.16 Implementing an open disclosure process based on the national open disclosure standard

What does this mean?

- The health service should implement an open disclosure policy, which should be in line with the national open disclosure standard, or a program that is consistent with this standard.
- The health service should adopt, adapt, or develop policies, procedures, and/or protocols consistent with the national open disclosure standard. ** In small remote health services consideration needs to be given to determine the extent this is managed locally.*

What should be in place?

- Open disclosure standard or a program consistent with this standard.
- Monitoring and reporting system for open disclosure.
- A Manager with the responsibility for implementing an open disclosure program.
- A process of reviewing open disclosure events to determine how program could be improved.



1.16.1 An open disclosure program in place and is consistent with the national open disclosure standard

1.16.2 The clinical workforce is trained in open disclosure processes

The health service should review open disclosure in its induction, education, and training program.

- An open disclosure topic as part of the induction and other education and training programs.

What is my responsibility as a Service Manager?

- Provide leadership for the team in responding and reporting of incidents.
- Audit locally the understanding and appropriateness of open disclosure.
- Ensure open disclosure posters and information are in the health service.
- Provide allocated time for staff to participate in online open disclosure training.
- Record participation of staff in open disclosure training — ensure all staff are educated in principles of open disclosure at induction.

What is my responsibility as a Clinician?

- Actively participate in recording incidents and the response to the incidents.
- Initiate and actively participate in auditing as required and share data with the team.
- Participate in training programs implemented by the health service.



8.3 Workforce development

Standard Criteria Governance and quality improvement systems

1.3 Assigning workforce roles and responsibilities and accountabilities to individuals for:

- Patient safety and quality in their delivery of health care
- The management of safety and quality specified in each of the Standards

1.3.1 Workforce are aware of their delegated safety and quality roles

What does this mean?

- The health service clearly describes the governance structure, including workforce roles, responsibilities, and accountabilities.
- Policy documents clearly assign responsibility and accountability for safety and quality.
- All staff should have standardised position descriptions or contract templates defining roles and responsibility for safety and quality.
- The inclusion of an induction and orientation program for all new staff, including networks, peer support, and mentors.
- Discuss safety and quality responsibilities in routine performance management processes.

What should be in place?

- Organisational structure outlining relationships, responsibilities, and delegations.
- Policies that explain delegated safety and quality roles.
- Position descriptions or contractual templates defining local roles and responsibility of safety and quality.
- Induction and orientation program for all staff to quality and safety programs — general quality, documentation management, and incident, complaints, and reporting system.
- Information regarding safety and quality roles and responsibilities distributed through regular staff meetings, memos, newsletters, and handovers.



What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none">• Ensure all staff have up-to-date job descriptions and contractual agreements, which have been signed on an annual basis.• Facilitate regular staff meetings and handovers for information to be distributed and clearly understood by staff regarding safety and quality roles.• Ensure information is also distributed via memos, emails, and newsletters.• Ensure staff receive orientation package that includes checklist of safety and quality systems, and which outlines their role in quality improvement.	<ul style="list-style-type: none">• Ensure job description or contractual agreement is current, and has been reviewed and signed off on annual basis.• Actively participate in regular staff meetings and handovers, ensuring discussion is clearly understood about safety and quality roles and responsibilities of staff.• Keep current with information distributed via memos, emails, and newsletters regarding safety and quality roles and responsibilities.• Actively participate in quality initiatives, and be aware of own role in quality improvement.

1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of the Standards

What does this mean?	What should be in place?
<ul style="list-style-type: none">• The health service should have processes in place for local Board Members, and local Senior Managers and Managers to have a clear understanding of their roles and responsibilities for safety and quality.• Scheduled training for Managers and Senior Clinicians in clinical governance and leadership.• Professional development opportunities for clinical safety, quality, leadership, and risk for Managers and Senior Clinicians are identified.	<ul style="list-style-type: none">• Management training programs in clinical governance safety and quality programs, leadership programs for Board Members, and local Senior Managers and Managers.• Scheduled training programs for Managers and Senior Clinicians in clinical governance and leadership.• Professional development opportunities given to Managers and Senior Clinicians to lead safety and quality and risk management requirements in meeting the Standards — identified through annual performance review.



- Health professional's registration, qualifications, and work experience checked and verified prior to or on employment. This needs to be against an established set of criteria (experience and qualification) that has been determined by the health service to meet community health needs (referred to as credentialing database).
- Ongoing monitoring of professional registration renewal.
- Position descriptions reviewed and signed annually by staff members as part of the professional performance review and development program.
- Credentialing database, and monitoring and reporting system in place.
- Induction and orientation program includes a checklist to verify clinical staff's registration, qualifications, and work experience prior to or on employment.
- Database in place, locally, for the monitoring and reporting of health professionals' annual registration renewal.
- Professional performance review and development program including database.

1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities

What does this mean?

- Standardised contractual arrangements include requirements for safety, quality, and clinical governance, and identify the skills and experience of staff required by the health service. These contractual arrangements are current and reviewed annually.
- Agency and locum workforce are provided with orientation and induction program.
- Agency and locum workforce are provided with the same opportunities to attend education and training programs as local staff.
- Policies and procedures clearly describe the responsibilities of agency and locum workforce to comply with safety quality and clinical governance.
- Policies and procedures are available to agency and locum staff on or before commencement.

What should be in place?

- Contractual arrangements are in place locally and reviewed on an annual basis.
- Agency and locum workforce are included in orientation and induction program.
- Agency and locum workforce identify their ongoing training and education needs, to understand their roles and responsibilities in safety and quality, and to develop skills in providing safe practice.
- Policies and procedures, which are also available to staff as part of the induction and orientation program.



What is my responsibility as a Service Manager?

- Identify roles in orientation of new staff, including agency and locum workforce.
- Ensure the orientation of all new staff (including agency and locum staff) to the quality program — general quality, incident, hazards, and complaints reporting systems.
- Ensure staff are engaged, mentored, and coached in ways that contribute to a culture of commitment to continuing education and training.
- Review registration of all new staff (including agency and locum staff) prior to or on employment, and annually for all other Clinicians.
- Conduct annual performance review and development sessions with staff, and discuss their roles with regard to their position description, and quality and safety.
- Ensure Performance Review and Development Plans include identification of training needs for the next 12-month period.
- Ensure position descriptions are signed prior to or on employment, and on an annual basis.

What is my responsibility as a Clinician?

- Maintain annual professional registration and provide renewal evidence as required.
- Participate in an annual Performance Review and identify training needs — discuss Professional Development Plan with Manager and maintain a Continual Professional Development Plan.
- As part of an annual performance review and development process, discuss position description, and safety and quality role and responsibilities with Manager.
- Sign position description annually — copy provided to Manager.



Standard Criteria
Governance and quality improvement systems

1.4 Implementing training in the assigned safety and quality roles and responsibilities

1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities

What does this mean?

- Induction and orientation programs for all staff, including networks and support from peers/mentors.
- Staff are orientated to health services workplace, access to equipment, and treatment resources — and provided with support persons in the workplace.
- Staff identify ongoing training and education needs, so as to understand their roles and responsibilities in safety and quality, and to develop skills in providing safe practice.
- The health service identifies education and training for members of the workforce, based on review of the health service's local safety and quality risks and requirements, as set out in the Operational and Strategic Plans.

What should be in place?

- Scheduled orientation program for staff prior to or on employment.
- Established database where staff training and education needs are identified and monitored on a 12-monthly basis.
- Identified training and education programs for workforce, relating to health service needs and aligned to Operational and Strategic Plans.



1.4.2 Annual mandatory training programs to meet the requirements of the Standards

What does this mean?

- The NSQHS mandate that all of the workforce (including agency and locum staff [1.4.3] are:
 - Competent in aseptic technique.
 - Trained and proficient in basic life support.
- Further training for the workforce (including agency and locum workforce), depending on the needs of the health service.

What should be in place?

- Mandatory training program and database.
- Education and training program, which may involve:
 - Tutorial sessions, which may be combined with general administrative sessions.
 - Dedicated time for teaching, supervision, and assessment of skills.
 - Locally managed and run professional development sessions.
- Formal training provided by the workforce or external providers.

1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality

What does this mean?

- Identified competency-based training opportunities for workforce to access.

What should be in place?

- Competency-based training opportunities flagged with workforce.

What is my responsibility as a Service Manager?

- Allocate time for competency-based education and training opportunities for staff.
- Allocate time for staff to attend mandatory sessions.
- Maintain records of attendance of staff at safety and quality education workshops.
- Maintain mandatory training register of all staff, and monitor mandatory training of staff on a monthly basis.
- Ensure all staff have access to education and training programs.

What is my responsibility as a Clinician?

- Participate in skill review and to identify areas of own practice that require up-skilling, and attend competency-based training programs/ courses.
- Participate in mandatory training and provide a certificate of attendance to Manager (if required).
- Be a champion in one or all of the National Standards in your workplace.



Standard Criteria
Clinical practice

1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence

1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce.

What does this mean?

- The health service should adopt those clinical guidelines and pathways relevant to the services being provided.
- Some health services may be required to implement state and/or territory approved guidelines. If that is the case, the clinical workforce must be engaged to put these in place locally.
- If you need to agree on guidelines and clinical pathways to be used locally, then you will need to:
 - Identify, in collaboration with the clinical workforce, the evidence-based clinical guidelines and pathways to be used.
 - Resource and support the use of the clinical guidelines and pathways.
 - Facilitate easy access by the workforce to guideline and pathway documents.

What should be in place?

- Agreed guidelines — e.g.:
 - CARPA (NT, SA, WA)
 - Primary Care Clinical Manual (Qld) Health service guidelines.
- State guidelines and directives, e.g. Rural Adult Emergency Clinical Guidelines (NSW).
- Where evidence-based guidelines are lacking (e.g. Rheumatic Heart Disease, prophylaxis), use expert opinion and consensus.



1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored

What does this mean?

The health service will need to review:

- The clinical guidelines and pathways being used to ensure they are current and reflect the evidence and good practice.
- Practices that vary from the guidelines or pathways.
- High volume and high risk conditions using a risk-based approach (these need to be reviewed more frequently).
- External guidelines and policies, i.e. the governing body may endorse external guidelines and policies for some situations. For example, local incidents and risks will inform which policies and guidelines need to be used for high risk situations, e.g. medications.

What should be in place?

- A monitoring process for the use of the clinical guidelines and pathways and information on variations provided to the clinical workforce.
- Clinical review processes in place.

What is my responsibility as a Service Manager?

- Conduct a gap analysis of the Clinical Guidelines used locally, to ensure that all clinical care has relevant and evidence-based guidelines in place.
- Ensure guidelines are:
 - Accessible and up-to-date.
 - Visible and kept in the clinical area.
- Ensure the governing body has endorsed the policies and guidelines used.
- Have strategies in place, if online guidelines are not available (i.e. power failure).
- Support staff to undertake reviews or updates of guidelines.
- Implement Clinical Reviews on a regular basis and review any adverse incidents.

What is my responsibility as a Clinician?

- Use the agreed clinical guidelines provided.
- Document any deviation from the clinical guidelines, along with the rationale for deviation.
- Ensure all clinical guidelines are visible and all staff are aware of where they are kept and that they are at the point of care when needed — especially those that are at high risk.
- Actively participate in clinical reviews.



Standard Criteria Clinical practice

1.8 Adopting processes to support the early identification and early intervention management of patients at increased risk of harm

1.8.1 Mechanisms are in place to identify patients at increased risk of harm

What does this mean?

- The health service should implement mechanisms to identify and protect patients at high risk of harm.
- This action relates to other actions in the NSQHS Standards about screening and early identification of risk.
- Use patient screening tools to identify factors that contribute to patients being at risk.
 - Use screening tools for risk areas specific to your health service, such as those for pressure injuries or falls as appropriate.
 - Undertake risk assessment for patients, procedures, or locations of treatments known to be high risk.
 - Undertake risk assessment on patients and implement a prevention or management plan that considers remoteness factors.

What should be in place?

- Policies are in place that specify which tools are to be used.

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

What does this mean?

- The audit program should include routine auditing of the system for identifying consumers at a high risk of harm.
- Monitor the clinical outcomes for patient groups at higher risk.
- Provide the workforce with information on the management and outcomes of patients and patient groups at high risk.

What should be in place?

- Audit program in place.



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

What does this mean?

- The health service will need to have a process to systematically review the policies, procedures, and/or protocols to recognise and respond to patients whose condition is deteriorating, to ensure these are operating effectively.
- If the organisation complies with NSQHS Standard 9: 'Recognising and Responding to Clinical Deterioration in Acute Health Care', the organisation will meet this action.
- If your organisation does not need to comply with Standard 9, it will need to have in place:
 - Policies, procedures, and/or protocols for recording observations and escalating care when a patient deteriorates.
 - Processes to communicate with patients and carers about the possibility of a patient's condition deteriorating.

What should be in place?

- Protocol for recognition of deteriorating clinical status, management of critically ill, early intervention, and transfer.
- Early recognition of patients requiring transfer to higher level of care in consideration of logistical organisational requirements and time delays.

What is my responsibility as a Service Manager?

- Ensure policies are in place that specify which tools are to be used.
- Use agreed screening tools and educate staff in how to use them.
- Educate staff on pathways when tools indicate increased risk.
- Develop local flowcharts for when patients are at increased risk.
- Educate staff on implementing Prevention or Management Plans.
- Maintain KPIs of patient care and those

What is my responsibility as a Clinician?

- Undertake risk assessment on admission, and implement Prevention or Management Plan.
- Be a champion within the clinic for specific chronic disease management and for patients who are at risk.
- Be aware of Escalation Chart for patient deterioration and its application, and discuss with other members of staff.
- Provide education to patients and families about signs of deterioration and care escalation processes.



patients who are at risk, and monitor in collaboration with staff.

- Encourage staff to become champions for patients in high risk categories, e.g. diabetes, cardiovascular disease and other chronic diseases — also for patients who have English as a Second Language.
- Provide visible flowcharts in clinical areas that are in plain language with contact numbers to escalate care (if necessary).
- Ensure patient information brochures are in appropriate language, according to the local population demographics.
- Facilitate ongoing in-service education and mock scenarios addressing symptoms of patient deterioration.
- Ensure emergency contact numbers are up-to-date and accessible to staff in an emergency (e.g. on the wall near the phone).

- Actively participate in mock scenarios.

Standard Criteria

Clinical practice

1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care

The health services should identify a local manager with responsibility for and skills in clinical records management. To implement a patient record system, consider:

- Adopting standardised processes for management of clinical records for retention, access at point of care, consent, and disposal of records.
- Developing policies and process that authorise documentation in clinical records.
- Ensuring all legislative requirements for the management of records are met.

What does this mean?

1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care

What should be in place?

- Clinical record system accessible to the clinicians when they are providing care for documentation of all clinical events.



1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards

- Systematic organisation of the patient clinical record to enable the collection of patient clinical data.

What is my responsibility as a Service Manager?

- Acquire skills in clinical record management.
- Orientate staff in the processes for accessing and documenting in patient clinical record.
- Ensure staff are aware of the policies and processes that authorise documentation in clinical records.
- Facilitate ongoing in-service education addressing all aspects of patient clinical record management, documentation, and compliance with policies and processes.

What is my responsibility as a Clinician?

- Maintain accurate, systematic, organised documentation in patient clinical record.
- Be aware and comply with policies and processes that authorise documentation in clinical records.
- Comply with the requirements of clinical record management.

Standard Criteria

Performance and skills management

1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice

1.10.1 A system is in place to define and regularly review the scope of practice of the clinical workforce

What does this mean?

- The health service should be complying with an evidence-based policy and procedure for establishing a credentialing database, and for defining the scope of clinical practice for all members of the clinical workforce. If the health service is part of a larger health organisation with specified policy, procedures, and protocols for defining and reviewing scope of practice for the clinical workforce, then processes should be in place to engage the workforce and implement these requirements.

What should be in place?

- Clinical practice is monitored by implementing protocols for the:
- Routine observation and recording of clinical practice.
 - Review of complaints or concerns of Clinicians who are working outside their scope of practice.
 - Clinical audits in place, e.g. documentation review.



- The identified accountable entity is required to:
 - Verify each Clinician’s professional credentials.
 - Periodically review this information, to ensure it is still current and in line with the policy.
 - Establish processes for reviewing Clinicians’ competency and performance if concerns are raised.

1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice

What does this mean?

- Senior Managers and local Managers need to be confident that the clinical workforce is operating within their approved scope of practice. It is imperative that the system is maintained and monitored.

What should be in place?

- A register of workforce qualifications, experience, and skills.

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

What does this mean?

- Planning for clinical services must consider the skills and availability of the workforce, as well as the education, training, support, and supervision that may be required by the workforce. This is particularly important in remote and isolated settings where both supervision and planning training is a greater challenge.

What should be in place?

- Evidence-based process for assessing safety and quality. This may be developed, or adopted or adapted from a jurisdictional health authority, governing body, a peer health service, or professional group.



1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced

What does this mean?

- The healthcare service should have a process for assessing the safety and quality of any new service, procedure, or technology before it is introduced, and monitor the safety and quality once it is introduced. Careful consideration needs to be given to the remote and isolated context when introducing any new service, procedure, or technology.

What should be in place?

- Monitor performance following the introduction of any new service, procedure, or technology.

1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role

What does this mean?

- Members of the clinical workforce who are developing their skills or in an assessment phase may need to be supervised. The health service should have documented procedures for identifying which members of the workforce are to be supervised, who can provide supervision and how long supervision is required. Reports on supervised sessions are required routinely in line with the documented procedure.

What should be in place?

- Requirements for supervision can be included in:
- Policies and procedures
 - Position descriptions
 - Professional registration requirements
 - Periods of training or re-entry to the workforce.

What is my responsibility as a Service Manager?

- Verify all staff credentials and review periodically to ensure currency of practice.
- Follow organisational policy to review Clinicians' credentials if concerns are raised.
- Conduct documentation audits.

What is my responsibility as a Clinician?

- Maintain and provide Professional Development Portfolio, including credentials and work experience.
- Work within job description provided by the organisation, as well as within Professional Scope of Practice, legislation, and professional



- Review any complaints made about Clinicians working outside their scope of practice.
- Maintain local register of workforce qualifications and credentialed practice.
- Advise organisation of training requirements of local workforce.
- Supervise staff closely and ensure a supportive environment for the ongoing skill development of staff.
- Ensure any new clinical service, procedure, or technology to be introduced locally has approval from the governing body.
- Refer to organisation's procedures about supervision of staff.
- Participate in the supervision of all junior staff/new staff/locum and agency staff.
- Monitor performance following introduction of any new service, procedure, or technology.

standards and guidelines. Provide Managers with evidence of qualifications.

- Identify areas of performance that require development.
- Only participate in services, procedures, or technology that has governing body approval.
- Actively participate in staff supervision, in line with organisation's procedures (if required).

Standard Criteria Performance and skills management

1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope

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

What does this mean?

- Health service should implement and maintain a robust system of performance development for all members of the clinical workforce.
- This system should be reviewed periodically to ensure its design, resourcing, and monitoring supports the adoption of safe and good quality clinical practices, clinical engagement, and good patient outcomes.

What should be in place?

A performance review process should:

- Identify a local manager with responsibility for ensuring that the workforce complies with performance review processes.
- Engage clinicians in a formalised audit and peer review of their practice.
- Support and encourage continuing professional development requirements of the



Clinician’s professional organisation and registration body.

- Monitor participation in performance review by the clinical workforce.

What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none">• Ensure performance review is in line with the established process.• Engage Clinicians in an annual formal review of practice.• Support staff to continue with their professional development learning needs.• Maintain Register of Performance Review and training requirements.• Ensure and assist staff to document an appropriate education and training plan.• Report workforce participation to Senior Managers.	<ul style="list-style-type: none">• Actively participate in an Annual Performance Review and Development Activity.• Identify professional development requirements.• Actively seek opportunities for professional development training and education.• Ensure annual AHPRA registration requirements of Continuing Professional Development (CPD) are met.

Standard Criteria	1.12 Ensuring that systems are in place for ongoing safety and quality education and training
Performance and skills management	
1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	

What does this mean?	What should be in place?
<ul style="list-style-type: none">• The health service should have a program of workforce education and training that aligns:<ul style="list-style-type: none">▪ Safety and quality risks of providing clinical services.▪ Skills and knowledge gaps of the workforce with the requirements for professional development of the workforce.	<ul style="list-style-type: none">• A process for the routine collection of feedback from the workforce, and then your health service should engage the workforce to put these requirements in place.



- Education is provided at orientation, induction, during supervised delivery of care, during informal tutorial and training sessions, and in courses and external programs of education.

What is my responsibility as a Service Manager?

- Identify additional training needs of local workforce from:
 - Risk Register
 - Incidents
 - Complaints
 - Current evidence-based clinical practices.
- Encourage ongoing informal opportunities for learning for staff.
- Ensure and advise on online education/training programs relating to National Standards.

What is my responsibility as a Clinician?

- Actively participate in in-service and online education sessions and mandatory training programs relating to the National Standards, e.g. online national hand hygiene program.

Standard Criteria

Performance and skills management

1.13 Seeking regular feedback from the workforce to assess their level of engagement with and understanding of the safety and quality system of the organisation

1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems

What does this mean?

If you are required to collect feedback on safety and quality, then the health service should consider using:

- De-identified data from the performance review system.
- Audit data from clinical administrative systems.
- Surveys of the workforce.
- Informal advice from the workforce on safety and quality.

What should be in place?

- Regular agenda items at staff meetings.
- Survey for staff regarding their understanding of safety and quality systems.
- Staff audit regarding how to log incidents and hazards.
- Database established regarding number of incidents logged.



What is my responsibility as a Service Manager?

- **Ensure** regular agenda items are included in staff meetings.
- Record informal and formal feedback from staff and collate for governance information.
- Survey local staff about their understanding of safety and quality systems.
- Audit staff awareness of how to log incidents and hazards.
- Monitor the number of incidents logged.
- Encourage 'no-blame' logging of incidents, hazards, and risks.

What is my responsibility as a Clinician?

- Work with Manager and other staff in providing feedback about your understanding of the safety and quality system of the organisation.
- Initiate and actively participate in audits.
- Actively participate in the safety and quality system.
- Suggest possible improvements — your previous experience is invaluable.



8.4 Environment and cultural safety

Standard Criteria

Standard 2

Partnering with consumers

Managing the health service's physical resources to ensure an effective, safe and efficient service — ensuring cultural safety and appropriateness (taken from Standard 2 of the NSQHS Standards — considered an essential clinical governance element in remote and isolated areas in Australia)

What does this mean?

- Appropriate environment for staff/patients.
- Culturally safe environment.
- Creating an environment that is reflective of the community.
- Consulting Aboriginal and Torres Strait Islander consumers when developing management and care plans.
- Including Aboriginal Health Practitioners in patient care plans.
- Cultural competency and safety programs are in place and regular monitoring occurs.
- The concept of cultural safety is embedded at all levels of the organisation and there is clear commitment to support and educate staff in this area.
- All staff are aware of maintaining a cultural safety approach in their practice.
- Requests for maintenance are risk-rated to ensure completion, with consumer and staff safety being highest priority.

What should be in place?

- Policies and procedures are developed collaboratively with all employees.
- A cultural competency training program is in place and regularly conducted.
- Workplace safety is supported by sound facility and building and equipment maintenance programs.
- Food services are included in safety audits.
- Workplace health and safety policies and procedures.
- A preventative maintenance program and compliance is monitored and reported.
- Biannual external cleaning audits are in place and completed.
- Annual external food safety audits are in place and completed.



What is my responsibility as a Service Manager?

- Facilitate cultural safety training programs for all staff.
- Monitor training record.
- Record and act on all complaints about staff acting contrary to cultural safety protocols.
- Ensure culturally appropriate consultation and communication takes place with patients and their families.
- Oversee preventative maintenance program.
- Report breakages/malfunctioning equipment.
- Conduct Risk Rate Maintenance requirements.
- Facilitate cleaning audits.
- Facilitate food safety audit.

What is my responsibility as a Clinician?

- Attend cultural safety education and training sessions.
- Provide feedback at staff meetings on cultural competency training.
- Be aware of maintaining cultural safety principles in your practice.
- Ensure practice is always conducted in a culturally sensitive manner.
- Participate in mandatory training in line with the NSQHS National Standards — e.g. zero tolerance to abusive behaviour.
- Report any malfunctioning equipment to Manager and monitor follow-up.
- Report any incidences of equipment being inappropriate to the Manager.
- Assist in cleaning audit.
- Ensure standards of food safety are maintained.



8.5 Consumers and community

Standard Criteria

Patients' rights and engagement

1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with current national charter of health care rights

What does this mean?

- The health service should have the Charter of Patients' Rights and Responsibilities visible.
- Involvement of consumer representation on committees/focus groups/Board.
- Importance of clear communication (meaningful — with shared understanding).
- Appropriate information is provided (relevant and culturally safe).
- Client satisfaction surveys are regularly undertaken and the resources to acquire, analyse, provide feedback, and take appropriate actions are available.
- Patients are involved in planning and taking responsibility for their own health care as much as possible.
- A process of open disclosure is followed for serious adverse events that cause harm to the patient.
- Individual differences will be respected by health staff.
- Feedback welcomed by all users of the service, through the complaints management process.

What should be in place?

- Charter of Patients' Rights and Responsibilities is prominently displayed in the health service and placed on websites and other highly visible locations.
- Identified local Manager with responsibility for implementing the Charter.
- Establish a Community Advisory Group and schedule regular monthly meetings.
- All publications for patient use will be reviewed by the Community Advisory Committee.
- Health service related information is clear, unambiguous, and easy to read and hear — ensure multiple communication strategies.
- Consumer survey — discharge interview regarding quality of care.
- Have easily accessible and appropriate health information resources, and conduct regular health promotion and education programs in the community.



What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none"> • Place Charter of Patients' Rights and Responsibilities in a visible place to be seen by all in the clinic. • Attend Community Advisory Committee. • Ensure all patient information has had a consumer review. • Educate all staff in principles of open disclosure. • Implement and collate annual client satisfaction survey. • Monitor KPIs around access and appropriateness of healthcare services. • Create a culture that respects individual differences and choices. 	<ul style="list-style-type: none"> • Be aware and have an understanding of the Charter of Patients' Rights and Responsibilities. • Ensure consumers are aware of how to make a complaint and how to escalate the complaint if they are not satisfied. • Use brochures in appropriate language to educate patients about their rights and responsibilities. • Engage patients in planning the management of their own health care. • Respect patients and their families' choices. • Use translators to get informed consent (if required). • Use resources available for educating patients. • Evaluate resources and give feedback to improve resources.

Standard Criteria	1.18 Implementing processes to enable partnership with patients in decision about their care, including informed consent to treatment
Patients' rights and engagement	
1.18.1 Patients and carers are partners in the planning for their treatment	

What does this mean?	What should be in place?
<ul style="list-style-type: none"> • The health service should empower consumers and carers to be involved in the process of planning their own treatment. • Information to support their involvement needs to be provided in a timely and culturally appropriate manner. 	<p>Workforce orientation program provides information on:</p> <ul style="list-style-type: none"> • Principles of consumer autonomy, and respect for the individual's right to bodily integrity. • Importance of continuous open communication. • The rights of the consumer. • Disclosure of all material risks. • Involvement of consumer and their carers/families in handover reports and care.



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

What does this mean?

- The health service should implement policies, procedures, and protocols for documenting patient consent to treatment.
- Documentation for the staff should meet legal and ethical requirements.

What should be in place?

- Policies, procedures, and protocols are in place for informed consent.
- Local Manager identified with responsibility for maintaining the integrity of the consent system and its continuous improvement.
- Audit consumer clinical records to assess the effectiveness of the consumers' consent process.
- Orientation, training, and programs to include information on the common law and legislative requirements in specific jurisdictions about consent and obtaining consent to treatment.

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

What does this mean?

- The health service should provide the workforce with patient information and resources that have been developed to meet the needs of their target audience.
- This is an especially important area where most of the people accessing the health service may not be fluent in either spoken or written English — such as Aboriginal or Torres Strait Islanders whose first language is Indigenous.

What should be in place?

- Using local community members and interpretive services to communicate and provide information from different health agencies.



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

What does this mean?

- The health service should put in place mechanisms to inform and support patients and carers, and implement treatment-limiting orders with cultural sensitivity.
- The workforce will need to be trained to understand the legal and ethical issues associated with drafting and implementing advance care directives and treatment-limiting orders. This should be undertaken by the parent health facility in the case of remote and isolated health services who do not have the resources for training.

What should be in place?

- Implement processes approved for use in your health service that specify how to document advance care directives and/or treatment-limiting orders, and ensure your health service applies these requirements in practice.

If you are required to implement a process, then your health service should:

- Implement advance care directive policy and process.
- Document information about the legal status of advance care directives.
- Adopt simple forms and other tools to facilitate completion of advance care directives.
- Provide clear directions to the workforce on their role in assisting consumers to consider and complete advance care directives.
- Provide training for members of the clinical workforce.

What is my responsibility as a Service Manager?

- Ensure staff are aware of informed consent policies and procedures.
- Ensure staff undertake education and training in the advance care directive policy and procedures, including the legal aspects, and their role in assisting consumers to consider and complete advance care directives.
- Implement patient satisfaction surveys.
- Conduct surveys of informed consent documentation.

What is my responsibility as a Clinician?

- Use translators to get informed consent (if required).
- Use resources available for educating patients.
- Evaluate resources and provide feedback to improve resources.
- Ensure patients are aware of advance care, and are given appropriate information.



- Conduct oral surveys of patient experience of service, and document responses.
- Ensure Advance Care Directive Policy is available and in place for staff to refer to regarding their roles and responsibilities.

Standard Criteria	1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information
Patients' rights and engagement	

1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information

What does this mean?	What should be in place?
<ul style="list-style-type: none"> • Policies, procedures, and protocols will need to be developed to support confidentiality and privacy of patient information. These will need to address paper-based and electronic records in use, to ensure they are consistent with the law and good practice. • Systems will need to be periodically audited to ensure processes are being followed and areas for improvement are identified. 	<ul style="list-style-type: none"> • Policies, procedures, and/or protocols designed to ensure confidentiality of patient information. • The workforce must be informed of their responsibilities to protect patient privacy and confidentiality, and the consequences of intentional breaches of these obligations. • Periodically undertake audits of access and dissemination of patient clinical information and implement strategies to improve.
What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none"> • Ensure staff are aware of the importance of confidentiality of consumer information and their privacy rights. • Maintain consumer information in a secure place at all times. • Ensure consequences of breach of information are enforced. • Work with staff to find local resolutions to protect information. 	<ul style="list-style-type: none"> • Ensure consumers' confidentiality and privacy is maintained at all times. • Ensure consumer information is placed in a secure area at all times.



Standard Criteria	1.20 Implementing well-designed, valid and reliable experience feedback mechanisms and using these to evaluate the health service performance
Patients’ rights and engagement	

1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation

What does this mean?	What should be in place?
<ul style="list-style-type: none">• The health service should adopt and implement a comprehensive consumer feedback system.• Consideration needs to be given as to where and how this information is reported, to make it meaningful in planning and decision-making.• Regular reviews of the feedback system will ensure that it is providing the information required and appropriate responses.	<p>The consumer feedback mechanism should be able to:</p> <ul style="list-style-type: none">• Implement a validated and reliable mechanism for systematically obtaining feedback from consumers and carers.• Identify local Manager who is responsible for maintaining the system.• Analyse and report on consumer feedback systems.
What is my responsibility as a Service Manager?	What is my responsibility as a Clinician?
<ul style="list-style-type: none">• Locally maintain feedback system.• De-identify feedback and report to staff and Senior Managers, and Consumer Adviser Network.	<ul style="list-style-type: none">• Provide consumers with information regarding feedback processes.







9. Conclusion

There is good reason to focus on providing safety and quality in health care, both consistently across the nation, and across all delivery settings. In this second decade of the 21st Century, healthcare services and organisations face constrained or reduced resources, and they are delivering services to a more informed community, who demand high standards of health care, and more healthy and productive lives.

For healthcare providers, managers, and clinicians, there are the challenges of more complex technological and clinical advances, increasing numbers of patients affected by preventable accidents and hospital-acquired infections and, as a result of a steadily-ageing population facing chronic diseases, the need to move towards more affordable community-based care. For health workers, there is an increasing demand for learning and sharing best practice in their areas of expertise.

When implementing safety and quality standards, it is also important to understand that to *err is human*, and therefore good organisational governance and good clinical governance requires consideration of the human factors in delivering health care.

“Human factors are all the people issues — how we see, hear, think and function physically — as well as the interrelationship between people and their environment which needs to be considered to optimise performance and assure safety. In healthcare these range from the design of tools such as medical devices, to services and systems as well as the working environment and working practices such as rosters, roles, team behaviours and so on.”³⁰

Using a human factor approach assists organisations to understand the positive aspects of human abilities and performance. This, in conjunction with well-developed, evidenced-based governance frameworks, can provide the underpinnings for enhanced, safe, and high-quality health care, which in turn contributes to a healthy and productive nation.

³⁰ Clinical Human Factors Group. (2013). *Getting to grips with the human factor: Strategic actions for safer care, A learning resource for boards* (p.9) [Pre publication copy]. Author.



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