

## **Core Standards for Safety and Quality in Healthcare**

The standards for safety and quality improvement in health care set out in this document were originally developed by a wide ranging representative group of key stakeholders in the health care sector (The Private Healthcare Industry Quality and Safety Committee, PHIQS) and formed the 'quality criteria for hospitals seeking certification for receipt of the Federal Government's 2<sup>nd</sup> Tier Benefit arrangements', which came to be known as the Private Sector Quality Criteria (PSQC).

Under the auspices, but independent of JAS-ANZ, a health care based Technical Committee was formed with representation from key stakeholders to review and revise the PSQC.

The Technical Committee first met on the 23<sup>rd</sup> of March 2007 to review the PSQC and an iterative process of further refinement has occurred resulting in this issue of the Core Standards for Safety and Quality in Healthcare.

The areas of focus for these Core Standards include Management of the health service, Clinical Practice and Consumer Participation and have been agreed as the necessary minimum requirements for a health service of any nature or size. The application of these Core Standards will, of course, need to reflect the nature and size of the health service for certification purposes.

The Members of this Technical Committee have agreed to continue as a Standing Committee to facilitate ongoing review of the application and revision of these Core Standards. The membership shall also be reviewed on an ongoing basis to ensure that all key stakeholders are provided with an opportunity to be represented.

## **Core Standard 1**

### **Management of the operation of the Health Service**

The Health Service shall have:

1. Governance Policies and practices that incorporate:
  - (i) Clinical governance framework;
  - (ii) Integrated risk management;
  - (iii) System(s) for ensuring compliance with legislative requirements and industry standards;
  - (iv) System(s) for ongoing data collection, analysis, trending, and evaluation of management and operational practices for review at the appropriate level of the health service; and
  - (v) Regular internal audit and management review.
  
2. A clearly defined system for the review and continual improvement of processes in response to emerging issues such as, but not limited to:
  - (i) Process problems;
  - (ii) Adverse events; (including reporting to appropriate authority);
  - (iii) Inappropriate data trends;
  - (iv) Internal audit findings; and
  - (v) Complaints.

This system shall ensure:

- (vi) Causal analysis of any areas of concern with immediate and long term corrective actions where appropriate, and follow up to ensure the effectiveness of the corrective actions taken; and
  - (vii) Feedback to all relevant personnel on the actions to be taken to address the areas of concern with ongoing monitoring of performance in the areas of concern subsequent to the feedback.
3. Policies, protocols and procedures to facilitate effective management of the equipment, staff and infrastructure. For example, fire systems, food administration, Occupational Health & Safety and others as applicable.
  
  4. A system to ensure appropriate maintenance of biomedical and general medical equipment.

## **Core Standard 2**

### **Clinical practices**

The Health Service shall, as appropriate for the setting of care and the services provided:

1. Support the implementation of clinical practices that are based on best available evidence, supported by a cycle of ongoing review, measurement and feedback.

Where appropriate, this process should include:

- (i) The development and use of clinical guidelines or pathways where supported by evidence; and the provision of data to all relevant clinicians and peer review groups to improve patient/client outcomes, respecting privacy and confidentiality;
- (ii) The Application of patient centred clinical services across the continuum of care;
- (iii) Support for the early identification, early intervention and appropriate management of patients who exhibit risk factors; and
- (iv) Ensure the maintenance of accurate and comprehensive clinical records.

## **Core Standard 3**

### **Best available practice guidelines**

Ensure compliance with best available practice guidelines including, but not exclusive to:

1. Quality use of Medicines;
2. Infection Control;
3. Falls Prevention;
4. Blood products, tissue transplantation and prosthetic implants; and
5. Correct site surgery.

## **Core Standard 4 Personnel**

The Health Service must have systems for ensuring:

1. Implement and act on the National Guidelines for Credentialing of all clinicians;
2. That all staff working in the Service are working within their scope of practice;
3. That clinical and non-clinical staff have their performance monitored and systems are in place to continuously review and improve performance. Peer review mechanisms are also utilized;
4. That all persons providing care to patients/clients should be *Registered* with the relevant authority; and
5. That staff satisfaction / feedback is regularly sought and promptly acted upon where appropriate.
6. That systems are in place for ongoing education, through learning and development programs

## **Core Standard 5 Consumer rights**

The Health Service must be able to demonstrate that they have:

1. Documented policies with regard to patient rights and responsibilities and complaints mechanisms;
2. Ready access to appropriate information on the health care provided to consumers including information on patient/client rights and responsibilities and complaints mechanisms. Providing access to appropriate information needs include processes for responding to language needs and any specific needs for persons with disabilities;

3. Documented processes to ensure consumer participation in decision-making regarding their care including informed consent to treatment. Patient/clients should be encouraged to ask questions and make comments on their treatment and care and to work together with health care professionals to obtain the best possible outcomes.

The Health Service must demonstrate that such protocols are regularly reviewed and upgraded where necessary;

4. Interpreting services available to the patient/client/carer; and
5. Systems to ensure that:
  - (i) Well designed, valid and reliable patient/client satisfaction/feedback mechanisms are in place and are used to evaluate the health service:
  - (ii) The Health Service acts upon the consumer feedback;
  - (iii) Access to patient/client records is strictly protected to ensure privacy and confidentiality; and
  - (iv) The Health Service recognizes the need to consider cultural differences and diversity.