

EQuiPNational

National Safety and Quality Health Service (NSQHS) Standards		EQuiP Content
1. Governance for Safety and Quality in Health Service Organisations	6. Clinical Handover	11. Service Delivery
1. There are integrated systems of governance to actively manage patient safety and quality risks.	1. Health service organisations implement effective clinical handover systems.	1. The community has information on health services appropriate to its needs.
2. Care provided by the clinical workforce is guided by current best practice.	2. Health service organisations have documented and structured clinical handover processes in place.	2. Access and admission / entry to the system of care are prioritised according to healthcare needs.
3. Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.	3. Health service organisations establish mechanisms to include patients and carers in clinical handover processes.	3. Consumers / patients are informed of the consent process, and they understand and provide consent for their health care.
4. Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.	7. Blood and Blood Products	4. Health care and services are evaluated to ensure that they are appropriate and effective.
5. Patient rights are respected and their engagement in their care is supported.	1. Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.	5. The organisation meets the needs of consumers / patients and carers with diverse needs and from diverse backgrounds.
2. Partnering with Consumers	2. The clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products.	6. Better health and wellbeing are promoted by the organisation for consumers / patients, staff, carers and the wider community.
1. Governance structures are in place to form partnerships with consumers and/or carers.	3. Health service organisations have systems to receive, store, transport and monitor wastage of blood and blood.	12. Provision of Care
2. Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.	4. Patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a plan for treatment is developed.	1. Assessment and care planning ensure that current and ongoing needs of the consumer / patient are identified.
3. Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.	8. Preventing and Managing Pressure Injuries	2. The organisation ensures that the nutritional needs of consumers / patients are met.
3. Preventing and Controlling Healthcare Associated Infections	1. Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	3. Systems for ongoing care and discharge / transfer are coordinated and effective and meet the needs of the consumer / patient.
1. Effective governance and management systems for healthcare associated infections are implemented and maintained.	2. Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.	4. The care of dying and deceased consumers / patients is managed with dignity and comfort and family and carers are supported.
2. Strategies for the prevention and control of healthcare associated infection are developed and implemented.	3. Patients who have pressure injuries are managed according to best practice guidelines.	13. Workforce Planning and Management
3. Patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive necessary management and treatment.	4. Patients and carers are informed about the risks, prevention strategies and management of pressure injuries.	1. Workforce planning supports the organisation's current and future ability to address needs.
4. Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.	9. Recognising and Responding to Clinical Deterioration in Acute Health Care	2. The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and mix of volunteers, meets the needs of the organisation.
5. Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.	1. Organisation-wide systems consistent with the National Consensus Statement are used to support and promote recognition of, and response to, patients whose condition deteriorates in an acute health care facility.	3. The continuing employment and development system ensures the competence of staff and volunteers.
6. Information on healthcare associated infection is provided to patient, carers, consumer and service providers.	2. Patients whose condition is deteriorating are recognised and appropriate action is taken to escalate care.	4. Employee support systems and workplace relations assist the organisation to achieve its goals.
4. Medication Safety	3. Appropriate and timely care is provided to patients whose condition is deteriorating.	14. Information Management
1. Health service organisations have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.	4. Patients, families and carers are informed of recognition and response systems and can contribute to the processes of escalating care.	1. Health records management systems support the collection of information and meet the consumer / patient and organisation's needs.
2. The clinical workforce accurately records a patient's medication history and this history is available throughout the episode of care.	10. Preventing Falls and Harm from Falls	2. Corporate records management systems support the collection of information and meet the organisation's needs.
3. The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.	1. Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.	3. Data and information are collected, stored and used for strategic, operational and service improvement purposes.
4. The clinician provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.	2. Patients on presentation, during admission, and when clinically indicated, are screened for risk of a fall and the potential to be harmed from falls.	4. The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).
5. The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.	3. Prevention strategies are in place for patients at risk of falling.	15. Corporate Systems and Safety
5. Patient Identification and Procedure Matching	4. Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.	1. The organisation provides quality, safe health care and services through strategic and operational planning and development.
1. At least three approved patient identifiers are used when providing care, therapy or services.		2. Governance is assisted by formal structures and delegation practices within the organisation.
2. A patient's identity is confirmed using three approved patient identifiers when transferring responsibility of care.		3. External service providers are managed to maximise quality, safe health care and service delivery.
3. Health service organisations have explicit processes to correctly match patients with their intended care.		4. The organisation's research program develops the body of knowledge, protects staff and consumers / patients and has processes to appropriately manage the organisational risk.
		5. Safety management systems ensure the safety and wellbeing of consumers / patients, staff, visitors and contractors.
		6. Buildings, signage, plant, medical devices, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively.
		7. Emergency and disaster management supports safe practice and a safe environment.
		8. Security management supports safe practice and a safe environment.
		9. Waste and environmental management supports safe practice and a safe and sustainable environment.

Standards:	NSQHS = 10 EQuiP = 5
Criteria:	NSQHS = 41 EQuiP = 27
Actions:	(209 Core) NSQHS = 256 (24 Mandatory) EQuiP = 111