Governance for Safety and Quality in Health Service Organisations

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

Clinicians and other members of the workforce use the governance systems.

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The SA Health Accreditation Resource is designed to be used in addition to the Australian Commission on Safety and Quality in Health Care's resources when implementing the National Safety and Quality Health Service Standards. It contains a combination of resources (policies, guidelines and tools) developed by SA Health and assists health services in identifying examples of evidence to demonstrate how to meet individual actions.

These resources are working documents that can be used by health services in their planning for assessment against the National Safety and Quality Health Service Standards. Regular review and update will occur as required.

Further information is available in the Australian Commission on Safety and Quality in Health Care Safety and Quality Improvement Guide.
Legislative and policy framework

Summary of legislative and policy framework and other resources

The legislative approaches that drive governance and accountability arrangements are set out in the *South Australian Health Care Act 2008* (see Part 2 – Minister and Chief Executive, Part 5 Hospitals, Part 6 Division 1 – South Australian Ambulance Service (SAAS) and Schedule 3 – Special provisions relating to the Repatriation General Hospital Incorporated) and the *South Australian Mental Health Act 2009* (see Part 12 — Administration).

From a SA Health perspective these are the primary pieces of legislation, frameworks, strategic plans and policy drivers that underpin the Governance for Safety and Quality in Health Care Standard.

*Carer’s Recognition Act 2005*
*Children’s Protection Act 1993*
*Coroners Act 2003*
*Coroners Regulations 2005*
*Equal Opportunity Act 1984*
*Health Insurance Act 1973*
*National Health reform Act 2011 Cth*
*National Health reform Agreement*
*SA Public Health Act 2011*
*SA Health Strategic Plan 2008-2010*
*SA Health Aboriginal Health Care Plan 2010-2016*
*SA Health Disability Action Plan 2008-2013*
*SA Health Care Plan 2007-16*
*State Records Act 1997*
*Workers Rehabilitation and Compensation Act 1986*
*Work Health and Safety Act 2012*
*Work Health and Safety Regulations 2012*
Governance and quality improvement systems

There are integrated systems of governance that actively manages patient safety and quality risks.

- Health Care Act 2008
- Health Care Regulations 2008
- Mental Health Act 2009
- Guideline for Communicating New or Updated SA Health Policies
- SA Health- Corporate Governance Statement
- Public Sector Act 2009
- National Safety and Quality Framework
- ISO Standard

Clinical practice

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

- Aboriginal Cultural Respect Framework
- Chronic Disease Action Plan 2009-2018
- Models of Care for Major Hospitals
- Recognising and Responding to Clinical Deterioration- Policy Directive
- SA Health Aboriginal Health Care Plan 2010-2016
- SA Health Clinical Guidelines
- SA Health Performance Review and Development (PR&D) Guide - Information Sheet 8 - Mandatory training
- SA Health Primary Prevention Plan 2011-2016
- Statewide Clinical Networks - A Framework for Delivering Best Practice Health Care
- Stepping Up: A Social Inclusion Action Plan for Mental Health Reform, 2007-2012, Chapter 4 Focusing On Early Intervention and Prevention
- Perinatal Practice Guidelines

Performance and skills management

Managers and the clinical workforce have the right qualifications, skills and approach to provide, safe, high-quality care.

- Allied Health Professionals + Professional Development Reimbursement Program
- Authenticating Allied and Scientific Health Professionals’ Credentials Policy
- Authenticating Allied and Scientific Health Professional Credentials: Guidelines for Regional Implementation
- Code of Ethics for the South Australian Public Sector
- Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy
- CSCPS web application available through SAH applications
- Directive-Authenticating Nurse Practitioner Credentials
- Health Practitioner Regulation National Law (South Australia) Act 2010
- Nurse Practitioner Directive
- Performance Review and Development Policy
- Performance Review and Development Planning Record
Incident and complaints management

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

- **Health Care Act 2008 – Part 7 Committee Policy Directive**
- **RCA Tools and Processes**
- **Risk Management Framework**
- **Regional Risk Management Reporting Template Guide**
- **Regional Risk Management Reporting Template**
- **SA Health Consumer Feedback Management Policy**
- **SA Health Consumer Feedback Management Guideline and Toolkit**
- **SA Health Incident Management Policy**
- **SA Health Incident Management Guideline incorporating Open Disclosure Response**
- **SA Health Safety Learning System**
- **SA Health Risk Management Policy**

Patient rights and engagement

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

- **Health and Community Services Complaints Act 2004**
- **Consent to Medical treatment and palliative care Act 1995**
- **Guardianship and Administration Act 1993**
- **Language Services Provision: Operational Guidelines for Health Units**
- **Freedom of Information Act 1991**
- **Carer’s Recognition Act 2005**
- **SA Health Charter of Health and Community Services Rights Policy Directive**
Governance for Safety and Quality in Health Service Organisations

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

Governance and quality improvement system

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

<table>
<thead>
<tr>
<th>Actions required:</th>
<th>Examples of evidence</th>
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<tbody>
<tr>
<td><strong>1.1</strong> Implementing a governance system that sets out the policy, procedures and/ or protocols for:</td>
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<tr>
<td>&gt; establishing and maintaining a clinical governance framework</td>
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<td>&gt; identifying safety and quality risks</td>
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<td>&gt; collecting and reviewing performance data</td>
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<td>&gt; implementing prevention strategies based on data analysis</td>
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<td>&gt; analysing reported incidents</td>
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<td>&gt; implementing performance management procedures</td>
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<td>&gt; ensuring compliance with legislative requirements and relevant industry standards</td>
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<td>&gt; communicating with and informing the clinical and non-clinical workforce</td>
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<td>&gt; undertaking regular clinical audits</td>
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<table>
<thead>
<tr>
<th>C 1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedure and/or protocols.</th>
<th>See summary of legislative and policy framework and other resources on pages 2-4. Relevant documentation of committee structures and roles that oversee policy, procedure and protocol development. Register of safety and quality risks and actions taken. Communication of new or revised policy documents to the workforce.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 1.1.2 The impact on patient safety and quality of care is considered in business decision making.</td>
<td>Organisational strategic &amp; business plans explicitly incorporate Safety and Quality. There is a published organisational structure identifying Safety and Quality for example see Safety and Quality governance structure. Minutes of strategic and decision making committees’ document discussions about safety and quality. Relevant documentation from committees and meetings such as finance and audit committees and strategic planning committees that demonstrate safety and quality of health care is considered in business decision making. Results of audits including policy and legislative compliance, clinical records and clinical practice.</td>
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</table>
### 1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care.

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<thead>
<tr>
<th>C</th>
<th>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.</th>
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<tbody>
<tr>
<td></td>
<td>Ensure the appropriate induction of governing committees. Safety and quality information and data is presented to the executive and documentation of committees and minutes include information on safety and quality indicators and data ie Annual Reports. Evidence of Reporting templates and calendars ie portfolio working committee safety and quality report link to Patient Safety, RCA and Portfolio Performance Review Committee reports. Annual report which includes information on safety and quality performance. Communication to the workforce on safety and quality indicators and data.</td>
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<tr>
<th>C</th>
<th>1.2.2 Action is taken to improve the safety and quality of patient care</th>
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<tbody>
<tr>
<td></td>
<td>Risk register that includes actions to address identified risks. Quality improvement plan that includes actions to address identified issues. Examples of improvement activities. Safety Learning System – Recommendations made and actions taken to address incidents / consumer feedback.</td>
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</table>

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

> patient safety and quality in their delivery of health care

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<tr>
<th>C</th>
<th>1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities.</th>
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<tr>
<td></td>
<td>Positions descriptions, duty statements and employment contracts describe safety and quality roles, responsibilities and accountabilities. General education and induction around Safety and Quality at a local level is provided and training records are maintained. Education and Induction is also provided for specific roles that support the Safety and Quality portfolio and training records are maintained. Evidence that induction and orientation content and processes are reviewed. Results of workforce surveys or feedback regarding their safety and quality roles and responsibilities. Policies, procedures and protocols that outline the delegated safety and quality roles and responsibilities of the workforce. Organisational chart and delegations policy demonstrating clinical governance reporting lines and relationships. Communication to the workforce on their safety and quality roles and responsibilities. HR delegations are identified at SA Health Workforce Human Resources Website The Employee’s toolkit includes enterprise agreements and codes of ethics.</td>
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<thead>
<tr>
<th>C</th>
<th>1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards.</th>
</tr>
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<tr>
<td></td>
<td>Appropriate induction packages are available for individuals with delegated responsibilities. Relevant regulations, legislation, policy directives are accessible to workforce. Training packages are provided to the workforce and attendance records are kept.</td>
</tr>
</tbody>
</table>
C 1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities.

Position descriptions are available for locums and agency staff which clearly describe safety and quality roles, responsibilities and accountabilities.

Induction checklists should be used as evidence that safety and quality formed part of the induction process.

Agency and contractor contracts explicitly recorded induction as a requirement.

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

D 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.

SA Health Induction Manual
SA Health Induction and Orientation Policy Directive
SA Health Induction and Orientation Procedure

This also should be evidenced by the organisational induction and training policy.

Evidence of the assessment of training needs through review of incidents, performance data, workforce feedback, workforce reviews, system audits and policy.

Education resources and records of attendance at training by the workforce on safety and quality roles and responsibilities.

Evaluation of appropriate orientation and training and evidence of attendance.

Review and evaluation reports of education and training.

Feedback from the workforce regarding their training needs.

D 1.4.2 Annual mandatory training programs meet the requirements of these Standards.

The requirements for mandatory training vary from site to site. They are included in performance review and training Information Sheet 8.

A Schedule for annual mandatory training is available and records of attendance at training are kept.

Evidence that the training is reviewed.

Examples of how the requirements of annual mandatory training have been communicated to the workforce should be available as evidence.

D 1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities.

Induction and orientation policy resources include an induction checklist for volunteers, students, contractors and locums which can be modified to suit local needs.

As per 1.4.2

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

Education resources and records of attendance at competency based training by clinicians.

Schedule of clinical workforce education and competency based training.

Evaluation of competency based training courses.
### 1.5 Establishing an organisation-wide risk-management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality

| C | **1.5.1** An organisation-wide risk register is in use and regularly monitored. | SA Health Risk Management Policy  
Risk Management Framework  
Regional Risk Management Reporting Template Guide  
Regional Risk Management Reporting Template  
Reports on safety and quality performance trends.  
Evidence of training and engagement with the workforce.  
Relevant documentation from Committees and meetings that detail improvement actions taken. |
|---|---|---|
| C | **1.5.2** Actions are taken to minimise risks to patient safety and quality of care. | Relevant documentation from Committees and meetings that detail improvement actions taken.  
Quality improvement plan.  
Examples of improvement activities. |

### 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

| C | **1.6.1** An organisation-wide quality management system is in use and regularly monitored | Quality framework or plan.  
Relevant documentation from Committees and meetings that includes analysis of data on safety and quality of patient care and actions identified.  
Reports, presentations and analysis of performance data.  
Review of incidents, adverse events and near misses (Safety Learning System).  
Analysis of consumer experience surveys and organisation response and action.  
Feedback to the workforce regarding safety and quality of patient care. |
|---|---|---|
| C | **1.6.2** Actions are taken to maximise patient quality of care. | Risk register that includes actions taken to address identified risks.  
Examples of improvement activities.  
Re-audit of identified deficiencies and areas requiring action. |
Clinical practice

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

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<thead>
<tr>
<th>Actions required:</th>
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| **1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence.** | Policies, procedures and protocols on access and use of clinical guidelines and pathways that reflect best practice and are appropriately referenced.  
Clinical policy directives and guidelines can be accessed by the workforce through the Policy Distribution System for SA Health.  
All Clinical Network agreed and documented clinical guidelines and pathways are also available through the internet sites for each of the 11 Clinical Networks:  
Cancer Clinical Network  
Cardiology Clinical Network  
Child Health Clinical Network  
Maternal and Neonatal Clinical Network  
Mental Health Clinical Network  
Older People Clinical Network  
Orthopaedic Clinical Network  
Palliative Care Clinical Network  
Rehabilitation Clinical Network  
Renal Clinical Network  
Stroke Clinical Network |
| **1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce.** | Observation that clinical guidelines and pathways are available and used in clinical areas.  
Audit of adherence to available clinical guidelines and pathways via patient medical record or other. |
| **1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm.** | The South Australia: Our Health and Our Health Service 2008 outlines good practice around the need to identify early warning signs of groups of South Australia who have a high risk of entering the health care system. Particular attention is provided to mental health and Aboriginal Australians.  
Ensure that all clients from culturally and linguistically diverse backgrounds who are not proficient in English have appropriate and equitable access to interpreting services.  
GP Plus Strategy August 2007 – early identification of risk factors affecting the immediate and long-term health of an individual. Illness prevention and health promotion while making it easier for people to obtain a range of allied health services within their local community.  
Policies, procedures and protocols available to guide workforce in identifying patients at risk of harm.  
Education resources and records of attendance at training by the workforce on the identification of at risk patients.  
Patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care. |
| **1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored.** | Observation that clinical guidelines and pathways are available and used in clinical areas.  
Audit of adherence to available clinical guidelines and pathways via patient medical record or other. |
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<tr>
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<tbody>
<tr>
<td>C 1.8.2 Early action is taken to reduce the risks for at-risk patients.</td>
<td>Risk profile or management plan that includes evaluation of risk and methods of eliminating or reducing identifiable risks. Risk management and action plans implemented for patients identified at increased risk of harm.</td>
</tr>
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<td>C 1.8.3 Systems exist to escalate the level of care when there is an unexpected deterioration in health status.</td>
<td>See standard 9.1 regarding establishing recognition and response in the acute care setting. Policies, procedures and protocols regarding escalation of care. Education resources and records of attendance at training by the workforce on escalating care when unexpected deterioration occurs.</td>
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<td>C 1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards</td>
<td>Regular documentation and benchmarking standards are conducted across the entire portfolio, and the state-wide audit covers metropolitan and country hospitals. The standards referenced for these patient record audits include the HIMAA Practice Brief 1 – General Documentation &amp; Information Requirements (2006), SA Medical Record Documentation and Data Capture Standards (2000), SA Client Identification Data Standards, (2009), and WHO-SEARO Guidelines for Medical Record and Clinical Documentation (2007). The audits themselves work logically through the patient records, and cover alerts, identification, documentation, progress notes, operation reports, consent, and discharge reports.</td>
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Performance and skills management

Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.

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| **1.10** Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce. | The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy, June 2012 provides direction on defining scope of practice for all medical and dental practitioners working within SA Health. 
**Authenticating Allied and Scientific Health Professionals’ Credentials Policy**
**Authenticating Allied and Scientific Health Professional Credentials: Guidelines for Regional Implementation**
**Authenticating Nurse Practitioner Credentials**
**Nurse Practitioner Directive**
The SA Health Credentialing and Scope of Clinical Practice System web application is available through SAH applications.
Relevant documentation from committees and meetings that include information on roles, responsibilities, accountabilities and scope of practice for the clinical workforce.
Audit of position descriptions, duty statements and employment contracts against the requirements and recommendations of clinical practice and professional guidelines.
Workforce performance appraisal and feedback records show a review of the scope of practice for clinical workforce. |
| **C 1.10.1** A system is in place to define and regularly review the scope of practice for the clinical workforce. | Register of workforce qualifications and areas of credentialed practice. 
Audit of compliance with policies, procedures and protocols. 
Audit of clinical workforce who have a documented performance appraisal. |
| **C 1.10.2** Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice. | Strategic plan that outlines the organisations overall objectives and services provided. 
Register of workforce qualifications suitable for clinical service roles of the organisation. 
Evaluation of the organisations clinical service targets. 
Evaluation of the safety and quality of clinical services and programs. |
| **C 1.10.3** Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation. | Policy and Procedural Guidelines for the Introduction of New Health Technology into the South Australian Public Health System 
Planning documents to introduce new services. 
Defined competency standards for new services, procedures and technology. 
Communication to the workforce that defines the scope of practice for new clinical services, procedures and technologies. |
| **C 1.10.4** The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced. | Register of workforce qualifications and areas of credentialed practice. 
Register of the clinical workforce Healthcare Provider Identifiers and Prescription Provider Numbers. 
Documented review of qualifications and competencies for clinical workforce. 
Individual performance reviews documented for the entire clinical workforce. |
<p>| <strong>C 1.10.5</strong> Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role. | |</p>
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<th>Actions required:</th>
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| **1.11** Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice. | **C 1.11.1** A valid and reliable performance review process is in place for the clinical workforce. <br>Corporate Governance Section 9: Performance Review and development and Quality Control SA Health Corporate Governance Section 9: Performance review and development and quality control encourages the development of a culture which values continuous learning and future capability building at all levels. <br>Audit of clinical workforce with completed performance reviews. <br>Relevant documentation from committees and meetings regarding performance review and credentialing of clinicians. <br>Mentoring or peer review reports.  
**1.11.2** The clinical workforce participates in regular performance reviews that support individual development and improvement. <br>Individual performance reviews documented for the clinical workforce. <br>Workforce training and competency records consistent with organisational policies and credential requirements. <br>Workforce development plans that document training needs identified through individual performance reviews. |
| **1.12** Ensuring that systems are in place for ongoing safety and quality education and training. | **C 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. <br>The Workforce Development and Learning Corporate Education Calendar. <br>The Corporate Education Calendar aims to provide high quality, accessible education and training programs which will support SA health staff to maximise their potential and enhance performance. Information on training dates and availability is available on the intranet. <br>Policies, procedures and protocols on training requirements for the organisation. <br>Education resources and records of attendance at training by workforce on safety and quality. <br>Communication to the workforce about education requirements. |
| **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. | **C 1.13.1** Analyse feedback from the workforce on their understanding and use of safety and quality systems. <br>Staff survey on patient safety – See Safety and Quality website for survey tool. <br>Records of workforce feedback regarding the use of safety and quality systems. <br>Analysis of workforce survey results.  
**C 1.13.2** Action is taken to increase workforce understanding and use of safety and quality systems. <br>Relevant documentation from committees that detail improvement actions taken. <br>Risk register that includes actions to address identified risks. <br>Examples of improvement activities implemented and evaluated. <br>Communication material developed for the workforce, patients and carers. |
Incident and complaints management

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

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<tr>
<th>Actions required:</th>
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<tr>
<td><strong>1.14</strong> Implementing an incident management and investigation system that includes reporting, investigation and analysing of incidents (including near misses) which all result in corrective actions.</td>
<td><strong>C 1.14.1</strong> Processes are in place to support the workforce recognition and reporting of incidents and near misses.</td>
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<td><strong>C 1.14.2</strong> Systems are in place to analyse and report on incidents.</td>
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<td><strong>C 1.14.3</strong> Feedback on the analysis of reported incidents is provided to the workforce.</td>
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<td><strong>C 1.14.4</strong> Action is taken to reduce risks to patients identified through the incident management system</td>
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<td><strong>C 1.14.5</strong> Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation.</td>
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<td>SA Health Incident Management Policy</td>
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<td>SA Health Incident Management Guideline incorporating Open Disclosure Response</td>
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<td>SA Health Safety Learning System – Register of incident reports, adverse events and near misses that includes actions to address identified risks</td>
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<td>Safety Learning System- Incidents User Guide</td>
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<td>SA Health Incident Management page located on the SA Health Safety and Quality website provides health professionals with the Incident Management policy, guideline and Root Cause Analysis resources and tools.</td>
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<td>Education resources and records of attendance at training by the workforce on recognising, reporting, investigating and analysing incidents, adverse events and near misses.</td>
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<td>Incident reports, adverse events and near misses that includes actions address identified risks</td>
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<td>Data that reports trends of incidents, adverse events and near misses are recorded such as in meeting minutes or annual reports.</td>
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<td>See annual SA Health Patient Safety Report as an example.</td>
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<td>Incident reports are available to the workforce.</td>
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<td></td>
<td>Relevant documentation from committees and meetings that contain an analysis of incidents and near misses are available to workforce.</td>
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<td>Communication to the workforce on the analysis of incidents and trends in safety and quality.</td>
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<td></td>
<td>Relevant documentation from committees and meetings that detail improvement actions taken.</td>
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<td></td>
<td>Risk register that includes actions to address identified risks.</td>
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<td></td>
<td>Quality improvement plan includes actions to address issues identified.</td>
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<td></td>
<td>Examples of improvement activities that have been implemented and evaluated to decrease the risk of incidents identified through the incident management system.</td>
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<td></td>
<td>Communication material developed for workforce, patients and carers.</td>
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<td></td>
<td>Evidence that Information on incidents is presented to the executive and relevant committees.</td>
</tr>
<tr>
<td></td>
<td>Relevant documentation from committees and meetings that detail strategies and actions to address risks.</td>
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<td>Report of evidence-based interventions that have been initiated for identified risks.</td>
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<tr>
<td>Actions required:</td>
<td>Examples of evidence</td>
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| **1.15** Implementing a complaints management system that includes partnership with patients and their carers. | C 1.15.1 Processes are in place to support the workforce to recognise and report complaints.  
SA Health Consumer Feedback Management Policy  
SA Health Consumer Feedback Management Guideline and Toolkit  
Patient information that outlines the internal and external complaints mechanism.  
Education resources and records of attendance at training by workforce on complaints management system.  
Safety Learning System (SLS) Consumer Feedback User Guide |
| C 1.15.2 Systems are in place to analyse and implement improvements in response to complaints. |  
Safety Learning System Feedback Module – a current complaints register which includes responses and actions to address identified issues.  
Relevant documentation from committees and meetings related to complaint management.  
Reports or briefings on analysis of complaints. |
| C 1.15.3 Feedback is provided to the workforce on the analysis of reported complaints. |  
Reports or briefings on analysis of complaints.  
Communication material developed for the workforce, patients and carers. |
| C 1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation. |  
Relevant documentation from committees and meetings related to complaints management.  
Data that reports trends in patient feedback and complaints.  
Evaluation reports note the effectiveness of responses and improvements in service delivery. |
| **1.16** Implementing an open disclosure process based on the national Open Disclosure Standard | D 1.16.1 An open disclosure program is in place and is consistent with the national open disclosure standard.  
Open Disclosure Policy.  
The open disclosure webpage has additional tools: Lanyard card, checklist for disclosure team discussion, information for consumers. |
| D 1.16.2 The clinical workforce are trained in open disclosure processes. |  
Education resources and records of attendance at training by the relevant workforce on open disclosure processes.  
Report on the evaluation of the open disclosure training program. |
Patient rights and engagement

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

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<tr>
<td><strong>1.17</strong> Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights.</td>
<td>SA Health Charter of Health and Community Services Rights Policy Directive implements the Charter of Health and Community Services Rights. The HCSCC Charter sets out the rights of people who use most health and community services in SA and the family members, carers and nominees who act on their behalf. <strong>Posters, information sheets and brochures are available in all SA Health sites.</strong> Charter resources have been translated into 11 community languages and a large print – English version and is available on the Health &amp; Community Services Complaints Commissioner (HCSCC) website. <strong>The Children’s Healthcare Australia – Children and Young People’s Rights</strong> in Healthcare Services Charter is available via the SA Health Safety &amp; Quality Website.</td>
</tr>
<tr>
<td>C 1.17.1 The organisation has in place a charter of patient rights that is consistent with the current national charter of healthcare rights.</td>
<td><strong>SA Health Charter of Health and Community Services Rights Policy Directive</strong> implements the Charter of Health and Community Services Rights. The HCSCC Charter sets out the rights of people who use most health and community services in SA and the family members, carers and nominees who act on their behalf. <strong>Posters, information sheets and brochures are available in all SA Health sites.</strong> Charter resources have been translated into 11 community languages and a large print – English version and is available on the Health &amp; Community Services Complaints Commissioner (HCSCC) website. <strong>The Children’s Healthcare Australia – Children and Young People’s Rights</strong> in Healthcare Services Charter is available via the SA Health Safety &amp; Quality Website.</td>
</tr>
<tr>
<td>C 1.17.2 Information on patient rights is provided and explained to patients and their carers.</td>
<td>The <strong>SA Health Your Rights and Responsibilities booklet</strong> is available. <strong>Admission checklist that includes provision and explanation of charter of rights.</strong> Evidence that patients and carers understand their rights.</td>
</tr>
<tr>
<td>C 1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights.</td>
<td>A register of interpreters and other advocacy and support services available to workforce. Patient clinical records reflect assessment of need and support provided. <strong>Analysis of consumer feedback regarding healthcare rights.</strong> Results of patient and carer experience surveys regarding healthcare rights.</td>
</tr>
<tr>
<td><strong>1.18</strong> Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment.</td>
<td><strong>1.18.1</strong> Patients and carers are partners in the planning for their treatment. Patient clinical records include: information provided to patients and carers about their proposed treatment; patient and carer involvement in pre-operative assessment; patient and carer involvement in discharge planning; completed consent forms. Analysis of consumer feedback regarding their participation in treatment planning. Results of patient and carer experience surveys and actions taken to address issues regarding participation in making decisions about their care.</td>
</tr>
<tr>
<td>C 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent.</td>
<td><strong>Consent to Medical treatment and palliative care Act 1995</strong>  <strong>Guardianship and Administration Act 1993</strong>  <strong>Mental Health Act 2009</strong>  <strong>Consent to Medical Treatment Policy</strong>  <strong>Consent to Medical Treatment and Palliative Care Act 1995</strong>  <strong>Providing Medical Assessment and or Treatment where consent cannot be obtained</strong> Audit of patient clinical records and informed consent forms. Translated patient and carer information resources. Results of patient and carer experience surveys and actions taken to address issues identified. Feedback from patients and carers after treatment about consent process.</td>
</tr>
</tbody>
</table>
| D | **1.18.3** Mechanisms are in place to align the information provided to patients with their capacity to understand. | Policies, procedures and protocols on communicating and providing information to patients and carers.  
A register of interpreters and other advocacy and support services available to workforce, patients and carers.  
Consumer feedback data analysed. |
| D | **1.18.4** Patients and carers are supported to document clear advanced care directives and/or treatment-limiting orders. | Policies, procedures and protocols on advanced care and end of life care.  
Medical Power of Attorney and Anticipatory Direction  
A Guide for those Completing a Medical Power of Attorney  
A Guide for those Completing an Anticipatory Direction  
Consent to Medical Treatment and Palliative Care Act 1995: Guide for Health Professionals  
Patient clinical records that note information provided to patients on advanced care directives.  
Audit of patient clinical records that contain advance care directives and end of life plans.  
Patient information packages or resources about advanced care directives. |
| **1.19** Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information |
| C | **1.19.1** Patient clinical records are available at the point of care | Policies, procedures and protocols for ensuring patient clinical records are available at the point of care including when a patient is transferred within the organisation or between organisations.  
Computer access to electronic records available to clinical workforce in clinical areas. |
### 1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information.

- Code of conduct that includes privacy and confidentiality of patient information.
- Policies, procedures or protocols about the prohibition of sharing log on and password details.

- **SA Health ICT Security Policy**
- **SA Health Acceptable Use Policy Summary**
- **SA Government Information Security Management Framework**

- Information Classification and Management - This specification outlines the requirements for the information classification and handling of SA Health information to reflect its security needs.

- **National eHealth Security and Access Framework**

- **The National Authentication Service for Health (NASH)** is a key foundational component for eHealth in Australia. It ensures that the identity of people and organisations involved in each eHealth transaction can be assured, using high quality digital credentials.

- Secure storage system in clinical areas.

- Computers are password protected.

- Patient clinical records that include consent for transfer of information to other service providers or national health related registers.

- **Decision Making Steps For Information Sharing** ISG Decision making checklist for use when making a decision on providing information to other agencies.

- **Department of Premier and Cabinet Circular 12: Information Privacy Principles (IPPS) Instruction**

- **Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families**

- **Patient and Solicitor Access to Patient Records**

- Record of ethics approval for research activities.

### 1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance.

<table>
<thead>
<tr>
<th>C</th>
<th>1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strategic, business and quality improvement plans describe how patient and carer feedback is used to evaluate the health service performance.</td>
</tr>
<tr>
<td></td>
<td>Data analysis and reports of consumer feedback.</td>
</tr>
<tr>
<td></td>
<td>Results of patient and carer experiences.</td>
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<tr>
<td></td>
<td><strong>SA Health Measuring Consumer Experience Reports</strong> provides an annual report of the adult inpatient’s satisfaction with their health care in public hospitals.</td>
</tr>
<tr>
<td></td>
<td>Safety Learning System – register of patient comments and complaints.</td>
</tr>
<tr>
<td></td>
<td>Quality improvement plans that include actions to address issues identified.</td>
</tr>
</tbody>
</table>
Useful links

Australian Commission on Safety and Quality in Health Care Safety and Quality Improvement Guide

South Australian Health Care Act 2008

South Australian Mental Health Act 2009

Children's Protection Act 1993

Coroners Act 2003

Coroners Regulations 2005

Equal Opportunity Act 1984

Health Insurance Act 1973

National Health reform Act 2011 Cth

National Health reform Agreement

SA Public Health Act 2011

SA Health Strategic Plan 2008-2010

SA Health Aboriginal Health Care Plan 2010-2016

SA Health Disability Action Plan 2008-2013

SA Health Care Plan 2007-16

State Records Act 1997
Workers Rehabilitation and Compensation Act 1986  

Work Health and Safety Act 2012  

Work Health and Safety Regulations 2012  

Health Care Act 2008  

Health Care Regulations 2008  

Mental Health Act 2009  

Guideline for Communicating New or Updated SA Health Policies  
http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/health+system+development/media+and+communications/policies+and+standards/guideline+for+communicating+new+or+updated+sa+health+policies?contentIDR=e2f3a18047606f67a282fa2e50417dd4&useDefaultText=1&useDefaultDesc=1

SA Health – Corporate Governance Statement  
http://inside.sahealth.sa.gov.au/wps/wcm/connect/b3be3700448f962cad04ff42e93e18b2/CorporateGovernanceStatement-OCE-1106.pdf?MOD=AJPERES&CACHEID=b3be3700448f962cad04ff42e93e18b2&CACHE=NONE

Public Sector Act 2009  

National Safety and Quality Framework  

ISO Standard  
http://www.iso.org/iso/home/standards.htm

Aboriginal Cultural Respect Framework  

Chronic Disease Action Plan 2009-2018  

Models of Care for Major Hospitals  

Recognising and Responding to Clinical Deterioration- Policy Directive.  

SA Health Aboriginal Health Care Plan 2010-2016  

SA Health Clinical Guidelines  
SA Health Performance Review and Development (PR&D) Guide - Information Sheet 8 - Mandatory training

SA Health Primary Prevention Plan 2011-2016

Statewide Clinical Networks - A Framework for Delivering Best Practice Health Care

http://www.sahealth.sa.gov.au/wps/wcm/connect/B66a45d0045d4adce8a5bc9f9859b7b1/steppingupmentalhlthreform0712-socinclusion-2010.pdf?MOD=AJPERES&CACHEID=B66a45d0045d4adce8a5bc9f9859b7b1

Perinatal Practice Guidelines

Allied Health Professionals + Professional Development Reimbursement Program
http://www.sahealth.sa.gov.au/wps/wcm/connect/06b45d0045d4adceb8a5bc9f9859b7b1/Directive-AHPReimbursementProgram-ASHO-20121115.pdf?MOD=AJPERES&CACHEID=06b45d0045d4adceb8a5bc9f9859b7b1

Authenticating Allied and Scientific Health Professionals' Credentials Policy

Authenticating Allied and Scientific Health Professional Credentials: Guidelines for Regional Implementation

Authenticating Nurse Practitioner Credentials
http://inside.sahealth.sa.gov.au/wps/wcm/connect/891e45004ef9b4b0861ea76a7ac0d6e4/Authenticating+Nurse+Practitioner+Credentials+March+2012.pdf?MOD=AJPERES&CACHEID=891e45004ef9b4b0861ea76a7ac0d6e4&CACHE=NONE

Code of Ethics for the South Australian Public Sector
http://inside.sahealth.sa.gov.au/wps/wcm/connect/8c69c10045b32114aa84ae9f9859b7b1/7+Code+of+Ethics.pdf?MOD=AJPERES&CACHEID=8c69c10045b32114aa84ae9f9859b7b1

Credentiailling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy

CSCPS web application available through SAH applications

Health Practitioner Regulation National Law (South Australia) Act 2010
Freedom of Information Act 1991

Carer's Recognition Act 2005

Safety and Quality governance structure.
http://www.sahealth.sa.gov.au/wps/wcm/connect/9e1f07804e2c83528be68f8ba24f3db9/SQ+governance+structure%28V%29.pdf?MOD=AJPERES&CACHEID=9e1f07804e2c83528be68f8ba24f3db9

SA Health Workforce Human Resources Website

Employee's toolkit includes enterprise agreements and codes of ethics

Cardiology Clinical Network

Child Health Clinical Network

Maternal and Neonatal Clinical Network

Mental Health Clinical Network

Older People Clinical Network

Orthopaedic Clinical Network

Palliative Care Clinical Network

Rehabilitation Clinical Network

Renal Clinical Network

Stroke Clinical Network
Governance for Safety and Quality in Health Service Organisations

South Australia: Our Health and Our Health Service

GP Plus Strategy August 2007
http://www.sahealth.sa.gov.au/wps/wcm/connect/6f9d05804d3a34090b563f6e1d1a914d95/GP+Plus+Health+Care+Strategy.pdf?MOD=AJPERES&CACHEID=6f9d05804d3a34090b563f6e1d1a914d95

State Records of South Australia

The Credentialling and Defining the Scope of Clinical Practice for Medical and Dental Practitioners Policy, June 2012

Policy and Procedural Guidelines for the Introduction of New Health Technology into the South Australian Public Health System

Corporate Governance. Section 9: Performance Review and development and Quality Control

The Workforce Development and Learning Corporate Education Calendar

Safety Learning System- Incidents User Guide

SA Health Patient Incident Management

SA Health Patient Safety Report 2011-2012

Safety Learning System (SLS) Consumer Feedback User Guide

Open Disclosure Policy
http://www.sahealth.sa.gov.au/wps/wcm/connect/1e143c0048d9479f8f03ff7675638bd8/OpenDisclosurePolicy-PHCS-SQ-1209.pdf?MOD=AJPERES&CACHEID=1e143c0048d9479f8f03ff7675638bd8

The open disclosure webpage has additional tools: Lanyard card, checklist for disclosure team discussion, information for consumers
SA Health Charter of Health and Community Services Rights Policy Directive
http://www.sahealth.sa.gov.au/wps/wcm/connect/abb96d004be9063c9691970719f20a00/HSCSCP diplomphc-sands-12.pdf?MOD=AJPERES&CACHEID=abb96d004be9063c9691970719f20a00

Health & Community Services Complaints Commissioner (HCSCC) website

SA Health Safety & Quality Website

SA Health Your Rights and Responsibilities booklet
http://www.sahealth.sa.gov.au/wps/wcm/connect/8be0bd004324a784bb78fb15eab6e6ef/ YR%26R+January+2011+reprint.pdf?MOD=AJPERES&CACHEID=8be0bd004324a784bb78fb15eab6e6ef

Mental Health Act 2009

Consent to Medical Treatment Policy

Consent to Medical Treatment and Palliative Care Act 1995

Providing Medical Assessment and or Treatment where consent cannot be obtained

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