



# Equity and inclusion

## HOW TO USE THIS RESOURCE

This fact sheet has been developed to help health services meet their requirements under the **National Safety and Quality Health Service (NSQHS) Standards**.

The second edition of the Standards features a greater focus on partnering with consumers.

To help you meet these updated requirements and achieve national accreditation, we've made sure our **Partnering in healthcare framework** aligns to each of the NSQHS Standards.

Use this resource to find:

- information on this specific Partnering in healthcare framework domain
- how this domain aligns with each of the eight NSQHS Standards
- a set of core actions from the NSQHS workbook that your health service can take to achieve accreditation
- examples of evidence to demonstrate the relationship between the standards and this domain.

For more information about the NSQHS Standards (second edition) visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

## About the domain

'I receive care that is safe, effective and responsive to my needs.'

Responding to diverse needs is complex. People want to be engaged and empowered in their healthcare experience and journey. Some groups and communities are often under-represented in healthcare participation opportunities and structures and over-represented in clinical risk.

Informed by the World Health Organization's definition, equity is the absence of avoidable or remediable differences among groups of people, whether they are defined socially, culturally, linguistically, economically, demographically or geographically (HPH Task Force, 2014).

Equity in healthcare means that all people receive care of equal quality that is safe, effective and person centred. An equitable approach does not mean that everyone receives the same care, but that all people have their healthcare needs equally well met, including through removing differences in the quality, safety and accessibility of opportunities, services and rights between groups of people.

For more about the Partnering in healthcare framework, email us at [partnering@safecare.vic.gov.au](mailto:partnering@safecare.vic.gov.au)

1. CLINICAL GOVERNANCE STANDARD	ITEM	ACTION
Governance, leadership and culture	Governance, leadership and culture	1.1, <b>1.2*</b>
	Organisational Leadership	1.3, <b>1.4*</b> , 1.5
	Clinical Leadership	1.6
Patient safety and quality systems	Measurement and quality improvement	1.8, 1.9
	Risk Management	1.10
	Incident management systems and open disclosure	1.11, 1.12
	Feedback and complaints management	1.13, 1.14
	Diversity and high-risk groups	1.15
Clinical performance and effectiveness	Safety and quality training	1.19, <b>1.21*</b>
Safe environments for the delivery of care	Safe environment	<b>1.30*</b> , <b>1.31*</b> , <b>1.32*</b>
<b>Examples of evidence from the NSQHS workbook, aligning each standard to the domain:</b>		
<ul style="list-style-type: none"> <li>● examples of actions taken to meet the needs of high-risk patients (for example, cultural awareness events)</li> <li>● consumer information that is available in different formats and languages that reflect the diversity of the patient population</li> <li>● membership of committees with consumer representation that reflect the diversity of the patient population.</li> </ul>		

<b>2. PARTNERING WITH CONSUMERS STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
Clinical governance and quality improvement systems to support partnering with consumers	Integrating clinical governance	<b>2.1*</b>
	Applying quality improvement systems	<b>2.2*</b>
Partnering with patients in their own care	Healthcare rights and informed consent	2.3, 2.4, <b>2.5*</b>
	Sharing decisions and planning care	2.6, 2.7
Health literacy	Communication that supports effective partnerships	<b>2.8*</b> , 2.9, 2.10,
Partnering with consumers in organisational design and governance	Partnerships in healthcare governance planning, design, measurement and evaluation	2.11, 2.12, <b>2.13*</b> , 2.14

**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- patient information packages or resources about advocacy, power of attorney and legal guardianship that are available for consumers in different formats and languages, consistent with the patient profile
- feedback from patients and consumers about awareness of the charter of rights
- examples of programs that have been implemented to deal with the healthcare needs of Aboriginal and Torres Strait Islander people.

<b>3. PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTION STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
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Clinical governance and quality improvement to prevent and control healthcare associated infections, and support antimicrobial stewardship	Partnering with consumers	3.3
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**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- examples of resources to support patients' decision-making about infection prevention and control risks that have been developed with consumer partnership
- records of interviews with clinicians that show that they understand the health service organisation's processes for partnering with consumers
- results of evaluation of consumer resources used in the health service organisation.

4. MEDICATION SAFETY STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support medication management	Partnering with consumers	4.3
<b>Examples of evidence from the NSQHS workbook, aligning each standard to the domain:</b>		
<ul style="list-style-type: none"> <li>● policy documents that describe the processes for gaining patient consent, or consulting with substitute decision-makers, for the administration of medicines</li> <li>● results of patient experience surveys about medication management</li> <li>● policy documents about consumer engagement in medication management.</li> </ul>		

5. COMPREHENSIVE CARE STANDARD	ITEM	ACTION
Clinical governance and quality improvement to support comprehensive care Item	Partnering with consumers	5.3
	Designing systems to deliver comprehensive care	<b>5.4*</b>
Developing the comprehensive care plan	Planning for comprehensive care	<b>5.8*</b> , 5.9
	Screening of risk	5.10
	Developing the comprehensive care plan	5.13
Delivering comprehensive care	Using the comprehensive care plan	5.14
	Comprehensive care at the end of life	<b>5.17*</b> , <b>5.20*</b>
Minimising patient harm	Nutrition and hydration	<b>5.28*</b>
	Preventing delirium and managing cognitive impairment	<b>5.30*</b>
	Predicting, preventing and managing self-harm and suicide	<b>5.31*</b> , <b>5.32*</b>
	Predicting, preventing and managing aggression and violence	<b>5.33*</b> , <b>5.34*</b>
	Minimising restrictive practices: restraint	<b>5.35*</b>

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Minimising restrictive practices: seclusion

**5.36\***

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**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- feedback from consumers about how clinicians worked together to deliver care
  - feedback from patients and carers regarding their involvement in care, the extent to which their needs were met and participation in shared decision making
  - consumer and carer information packages or resources about advance care planning.
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<b>6. COMMUNICATING FOR SAFETY STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
Clinical governance and quality improvement to support effective communication	Partnering with consumers	6.3
	Organisational processes to support effective communication	<b>6.4*</b>
Communication at clinical handover	Clinical Handover	6.8
Communication of critical information	Communicating critical information	<b>6.9, 6.10</b>

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**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- records of the use of interpreters and other support services for consumers who need help to communicate
  - policy documents about clinical communication that are based on principles of consumer engagement, health literacy and shared decision making
  - evidence of bedside clinical handover, if applicable, and the inclusion of patients, carers and families in the process.
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<b>7. BLOOD MANAGEMENT STANDARD</b>	<b>ITEM</b>	<b>ACTION</b>
Clinical governance and quality improvement to support blood management	Partnering with consumers	7.3

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**Examples of evidence from the NSQHS workbook, aligning each standard to the domain:**

- patient feedback or reports from consumer focus groups about the format and content of patient information
  - policy documents to support patients who refuse blood and blood products
  - patient and carer information packages or resources that are developed with feedback from consumers and are available in a variety of formats and languages for distribution by the workforce.
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## 8. RECOGNISING AND RESPONDING TO ACUTE DETERIORATION STANDARD

### ITEM

### ACTION

Clinical governance and quality improvement to support recognition and response systems

Partnering with consumers

8.3

Detecting and recognising acute deterioration, and escalating care

Escalating care

8.7

#### Examples of evidence from the NSQHS workbook, aligning each standard to the domain:

- policy documents about gaining patient consent or consulting with substitute decision-makers for treatment in response to acute deterioration
- information resources for patients, carers and families about recognition and response systems
- consumer and carer resources that outline how they can directly escalate care.

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