

Personalised and holistic

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

About the domain

'I am respected and receive personalised care that treats and supports me as a whole person.'

This domain includes what people can do for their own health and wellbeing, as well as what is done with and for people in a healthcare setting. This domain pivots on considering the whole person (or family).

This means understanding their physical, cultural and social context, to identify what makes a difference to a person's health, wellbeing and safety. It also recognises that people have agency when they are at the 'centre' of care being provided to them by healthcare professionals.

For more about the Partnering in healthcare framework, email us at partnering@safecare.vic.gov.au

| 1. CLINICAL GOVERNANCE STANDARD | ITEM | ACTION |
|--|---|--|
| Governance, leadership and culture | Governance, leadership and culture | 1.1, 1.2* |
| | Organisational leadership | 1.3, 1.4* , 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, 1.21* |
| Safe environments for the delivery of care | Safe environment | 1.29*, 1.30*, 1.31*, 1.32*, 1.33* |

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

- examples of specific strategies that have been implemented to meet the needs of Aboriginal and Torres Strait Islander people
- policy documents about visiting rights of patients, including any clinically necessary or reasonable restrictions or limitations that the health service organisation may have
- consumer and carer information packages or resources that inform consumers of visiting policies or guidelines
- availability of different types of accommodation to meet patients' needs (for example, visitor waiting rooms, family rooms, quiet rooms)
- register of equipment that is assigned to meet individual patients' needs.

| 2. PARTNERING WITH CONSUMERS STANDARD | ITEM | ACTION |
|--|--|---------------------------------|
| Clinical governance and quality improvement systems to support partnering with consumers | Integrating clinical governance | 2.1* |
| | Applying quality improvement systems | 2.2* |
| Partnering with patients in their own care | Healthcare rights and informed consent | 2.3, 2.4, 2.5* |
| | Sharing decisions and planning care | 2.6, 2.7 |
| Health literacy | Communication that supports effective partnerships | 2.8* , 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, 2.13* , 2.14 |

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

- policy documents that describe the health service organisation’s processes for partnering with consumers, including the:
 - mechanisms available to engage with consumers
 - financial and physical resources that are available to support consumer participation and input at the governance level
- memorandum of understanding or similar formal agreement with the local Aboriginal and Torres Strait Islander community or health service providers
- examples of programs that have been implemented to deal with the healthcare needs of Aboriginal and Torres Strait islander people.

| 3. PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTION STANDARD | ITEM | ACTION |
|--|---------------------------|--------|
| Clinical governance and quality improvement to prevent and control healthcare associated infections, and support antimicrobial stewardship | Partnering with consumers | 3.3 |
| Examples of evidence from the NSQHS workbook, aligning each standard to the domain: | | |
| <ul style="list-style-type: none"> ● policy documents about partnering with consumers on infection prevention and control ● 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, 4.11, 4.12 |
| Documentation of patient information | Medication reconciliation | 4.5, 4.6 |
| Continuity of medication management | Medication review | 4.10* |
| | Information for patients | 4.11 |
| | Provision of a medicines list | 4.12 |
| Examples of evidence from the NSQHS workbook, aligning each standard to the domain: | | |
| <ul style="list-style-type: none"> ● policy documents that describe the processes for gaining patient consent, or consulting with substitute decision-makers, for the administration of medicines ● results of patient experience surveys about medication management ● documented examples of actions taken as a result of medication review. | | |

| 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 | 5.4* |
| Developing the comprehensive care plan | Planning for comprehensive care | 5.7, 5.8* , 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 | 5.17*, 5.19*, 5.20* |
| Minimising patient harm | Preventing and managing pressure injuries | 5.23 |
| | Preventing falls and harm from falls | 5.25, 5.26 |
| | Nutrition and hydration | 5.28* |
| | Preventing delirium and managing cognitive impairment | 5.30* |
| | Predicting, preventing and managing self-harm and suicide | 5.31*, 5.32* |
| | Predicting, preventing and managing aggression and violence | 5.33* |

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

- observation of patients and carers participating in decision-making about their 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
- relevant documentation from multidisciplinary meetings or case conferences about patients with complex needs.

| 6. COMMUNICATING FOR SAFETY STANARD | ITEM | ACTION |
|--|---|-------------|
| Clinical governance and quality improvement to support effective communication | Partnering with consumers | 6.3 |
| | Organisational processes to support effective communication | 6.4* |
| Communication at clinical handover | Clinical handover | 6.8 |
| Communication of critical information | Communicating critical Information | 6.9*, 6.10* |

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

- examples of information provided to patients, carers and families about processes for communicating concerns to the clinicians responsible for care
- results of a patient experience survey or patient, carer and family feedback about their communication with clinicians and, where necessary, how these results have informed improvement strategies
- structured communication processes that include an opportunity for patient, carer and family engagement.

| 7. BLOOD MANAGEMENT STANDARD | ITEM | ACTION |
|---|---------------------------|--------|
| Clinical governance and quality improvement to support blood management | Partnering with consumers | 7.3 |

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

- policy documents about informed consent and communicating with patients
- 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.

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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