TQCSI POLICIES FOR AUDITING & CERTIFICATION OF THE NATIONAL SAFETY & QUALITY HEALTH SERVICE STANDARDS (NSQHS STANDARDS)

This policy document describes policies determined by TQCSI's Certification Approval Panel or the Australian Commission on Safety & Quality in Health Care in the interpretation of the National Safety & Quality Health Service Standards (NSQHS Standards) for auditing and accreditation. It complements TQCSI Work Instruction 35A (Healthcare – National Standards) which should also be referred to by auditors when auditing health clients' management systems.

Specific Policies:

Consumer Representatives - any consumer who works in partnership with the organisation needs to participate in the role, principally as a consumer. The consumer should not be conflicted by other roles. For example, if one of the Board members is a GP or a visiting medical officer then they cannot also be considered as a consumer representative for the Board. If a Board member is a member of the local community and doesn't fulfil another role in the Hospital (especially if they are recruited from the Community) then it may be appropriate.

National Consensus Statement Guidelines - state that health services are encouraged to tailor the chart to suit their requirements without changing the human factors principles used in the chart. If charts are developed from scratch or modified, then human factors testing will need to be done as per the fact sheets on our website - link below:

- EE1 ORC1 fact sheet: Introducing an observation and response chart (PDF 221KB)
- EE1 ORC2 fact sheet: Modifying the observation and response chart for local use (PDF 215KB)
- EE1 ORC3 fact sheet: Potential practice changes associated with implementing an observation and response chart (PDF 654KB)
- EE1 ORC4 fact sheet: Training clinicians to use the observation and response charts (197KB)
- EE1 ORC5 fact sheet: Why is it crucial to test any non-approved ORC modifications (885 KB)
- EE1 ORC6 fact sheet: How to conduct a behavioural study to test chart modifications (761KB).

Taped Handovers - clinical handover will vary depending on the size of the service, setting and circumstances, including the situation of the handover, the method of the handover and the venue where handover takes place, (see pp 14-15 of SQIG -http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard6_Oct_2012_WEB.pdf).

On pg 15, Table 1, the organisation would need to undertake a robust risk analysis that covers the areas of 'when' and 'how' the handover either occurs or will be delivered to identify risks or potential risks with a taped handover and how they would mitigate against those, OR alternatively, the risk analysis for when they are considering 'occasionally conducting taped handover' may not identify any risks etc. Evidence has identified risks with currency of 'up-to-date' information in particular around patient tests, deterioration, multi-disciplinary team handover.

Approved: ***original signed***

Craig Bates
President, TQCSI