

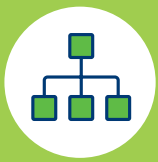


Organisational governance

Standard 8 |

8





Organisational governance

Standard 8 |

Consumer outcome

8 (1) ***I am confident the organisation is well run. I can partner in improving the delivery of care and services.***

Organisation statement

8 (2) *The organisations' governing body is accountable for the delivery of safe and quality care and services.*

Requirements

8 (3) The organisation demonstrates the following:

8 (3) (a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

8 (3) (b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

8 (3) (c) Effective organisation wide governance systems relating to the following:

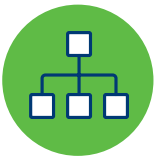
- (i) information management
- (ii) continuous improvement
- (iii) financial governance
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities
- (v) regulatory compliance
- (vi) feedback and complaints.

8 (3) (d) Effective risk management systems and practices, including but not limited to the following:

- (i) managing high-impact or high-prevalence risks associated with the care of consumers
- (ii) identifying and responding to abuse and neglect of consumers
- (iii) supporting consumers to live the best life they can
- (iv) managing and preventing incidents, including the use of an incident management system.

8 (3) (e) Where clinical care is provided – a clinical governance framework, including but not limited to the following:

- (i) antimicrobial stewardship
- (ii) minimising the use of restraint
- (iii) open disclosure.



Purpose and scope of the Standard

The intention of this Quality Standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards.

The governing body sets the strategic priorities for the organisation. It's expected to promote a culture of safety and quality, and to include this in the organisation's governance systems. The governing body is expected to drive and monitor improvements to make sure the organisation is committed to quality care and services and the best interests of consumers. Including, a clear understanding of the risks at the service.

While governance systems are a foundation for most businesses, this Standard is focused on how these systems support the delivery of safe and quality aged care services. It's expected the organisation has governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide. This includes making sure consumers have a quality experience. Organisations are expected to plan for, and manage internal and external emergencies and disasters and have effective infection prevention and control procedures in place.

There are also particular requirements related to the following key areas:

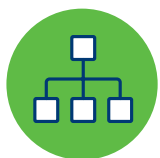
- managing high-impact or high-prevalence risks in the care of consumers
- identifying and responding to abuse and neglect of consumers
- antimicrobial stewardship
- minimising the use of restraint
- practicing open disclosure.

How the governing body and governance structures are organised will depend on the organisation's setting, size and the nature of care and services being provided. It will also depend on the level of responsibility and control the organisation has for consumer outcomes and the risks involved in delivery of care and services. The evidence needed to meet this Standard will reflect these things.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Linked Standards

Standard 8 supports all of the other Quality Standards. This is because it supports how the organisation focuses on the requirements of each Standard strategically to make sure they run the organisation well.

Relevant legislation

- *Aged Care Act 1997* (Cth)
- *Accountability Principles 2014*
- *User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- Anti discrimination legislation nationally
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*
- *Records Principles 2014*
- *Quality of Care Principles 2019*
- State and Territory food safety and handling legislation and regulations
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/advance care planning legislation
- State and Territory Public Health Orders
- State and Territory work health and safety legislation

Resources

Antimicrobial stewardship

- Australian Government, Department of Health & Department of Agriculture (2015).
- Responding to the threat of antimicrobial resistance: Australia's first National Antimicrobial Resistance Strategy 2015-2019¹

Governance

- Aged Care Quality and Safety Commission – Clinical Governance resources²
- Aged Care Quality and Safety Commission, Open Disclosure Framework
- Department of Health and Ageing (2012). Decision-making tool: Supporting Restraint Free Environment in Residential aged care
- Aged Care Quality and Safety Commission, Effective incident management systems: Best practice guidance (2021)
- Aged Care Quality and Safety Commission, Serious Incident Response Scheme: Guidelines for residential aged care providers (2021)
- Department of Health, Guide for reporting reportable assaults
- National Health and Medical Research Council (2010). Australian guidelines for the prevention and control of infection in healthcare
- Aged Care Quality and Safety Commission – Webinar: Accountability of Governing Bodies in Aged Care³
- Australian Commission on Safety and Quality in Healthcare – Resources⁴
- Australian Institute of Company Directors – Good Governance Principles and Guidance for Not for Profit Organisation⁵
- Australian Institute of Company Directors – Not-for-profit Governance Principles⁶

1 <https://www.amr.gov.au/resources/national-amr-strategy>

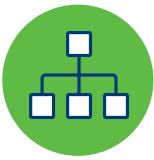
2 <https://www.agedcarequality.gov.au/providers/quality-care-resources/clinical-governance>

3 <https://www.youtube.com/watch?v=5OjL5FeQ-f4&feature=youtu.be>

4 <https://www.safetyandquality.gov.au/publications-and-resources/resource-library?f%5B0%5D=topics%3A42>

5 <http://www.companydirectors.com.au/~/-/media/cd2/resources/director-resources/nfp/pdf/nfp-principles-and-guidance-131015.ashx>

6 <https://aicd.companydirectors.com.au/resources/not-for-profit-resources/not-for-profit-governance-principles>



Managing infection-related risks

- Australian Health Protection Principal Committee⁷
- Australian Health Sector Emergency Response Plan for Novel Coronavirus, Department of Health⁸
- Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities, Communicable Diseases Network Australia (CDNA)⁹
- Coronavirus resources, Department of Health¹⁰
- COVID-19 Escalation Tiers and Aged Care Provider Responses¹¹
- Coronavirus (COVID-19) National aged care guidance aged care visitation guidelines¹²
- Guidelines for the Prevention and Control of Infection in Healthcare, National Health and Medical Research Council¹³
- Infection Control Expert Group (ICEG)¹⁴
- National Guidelines for Public Health Units in the Series of National Guidelines, Communicable Diseases Network Australia (CDNA)¹⁵
- Communicable Diseases Information, Transmission of respiratory diseases and managing the risk, Department of Health¹⁶
- COVID-19 and the Commonwealth Home Support Programme – information for clients, families and carers, Department of Health¹⁷
- Communicable Diseases Information, How to wash and dry hands, Department of Health¹⁸
- Communicable Diseases Information, How to clean hands using an alcohol based liquid or hand rub, Department of Health¹⁹
- 5 moments for hand hygiene, Hand hygiene Australia²⁰
- Outbreak management planning in aged care, Aged Care Quality and Safety Commission²¹

7 <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

8 <https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19>

9 <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>

10 <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

11 <https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-national-aged-care-guidance-escalation-tiers-and-aged-care-provider-responses.pdf>

12 <https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-national-aged-care-guidance-aged-care-visitation-guidelines.pdf>

13 <https://www.nhmrc.gov.au/health-advice/public-health/preventing-infection>

14 <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-the-infection-control-expert-group>

15 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

16 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/transmission-of-respiratory-diseases-and-managing-the-risk>

17 https://www.health.gov.au/sites/default/files/documents/2020/09/covid-19-and-the-commonwealth-home-support-programme-information-for-clients-families-and-carers_0.pdf

18 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/how-to-wash-and-dry-hands>

19 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/how-to-clean-hands-using-an-alcohol-based-liquid-or-hand-rub>

20 <https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene>

21 https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_omp_v12.pdf

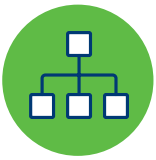
Standard 8

Requirement (3)(a)

8

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.





Organisational governance

Standard 8 | Requirement (3)(a)

Intent of this requirement

Organisations are expected to have an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services. This is an essential part of an organisation's governance for a consumer-centred aged care service.

Organisations are expected to ask for input from a wide range of consumers about their experience and the quality of the care and services they have received. Organisations are expected to review and respond to the information they get from consumers. This includes addressing, and working to fix, any issues consumers raise, and using the information to plan improvements and show that they have been made.

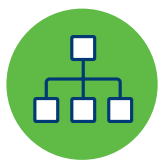
Reflective questions

How does the organisation involve a diverse range of consumers in developing, designing and evaluating their care and services?

Does the organisation have a range of ways consumers can provide feedback? Do the feedback options help consumers from diverse backgrounds to take part?

What systems are in place to ask for, and act on, feedback from consumers to keep evaluating and improving the service?

What relationships does the organisation have with consumer advocates and community representative groups? How does it involve them in developing, delivering and evaluating care and services?



Examples of actions and evidence

Consumers

- Consumers can describe how the organisation supports and encourages them to be involved in designing and improving care and services. They can also describe how this has made a difference.
- Consumers can describe a range of ways they can take part in influencing how care and services are developed, delivered and evaluated. They also say how these meet their diverse needs.

Workforce and others

- Management of the organisation can describe the different ways the organisation involves consumers in developing, delivering and managing care and services. They can also describe how it has made a difference to their approach.
- The workforce can demonstrate they understand the organisation's commitment to and processes for involving consumers.
- The workforce can provide examples of how the organisation uses the results of consumer feedback to improve how they deliver care and services.
- Workforce orientation, training or other records that show how the workforce is supported to involve consumers and the ways members of the workforce can help consumers to be involved.

Organisation

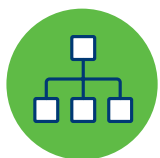
- Records that show the organisation involves consumers in the development, delivery and evaluation of care and services.
- Planning or budget documents that have identified effective times and places to engage with consumers.
- Evidence that shows groups responsible for directing development and redesign projects include consumer representatives who can reflect what consumers want and need.
- Records of meetings, consultations or forums with consumers and their community about issues important to them (this could cover any issues such as the cultural safety of care and service programs, quality of meals or the arrangement of the service environment).
- Evidence and examples of how the organisation shows, monitors and reports how it has performed against this Standard. Examples of continuous improvement against this requirement.

Standard 8

Requirement (3)(b)

8

The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.



Organisational governance

Standard 8 | Requirement (3)(b)

Intent of this requirement

This requirement states the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation's strategic direction and policies for delivering care to meet the Quality Standards.

A culture of safe inclusive and quality care and services is one that is embedded in all aspects of organisational life and owned by everyone. It is the organisation's governing body that enables this through its leadership, decisions made and directions set for the organisation. It will be reflected in how the organisation communicates its meaning and purpose to the workforce, consumers and those outside the service.

Reflective questions

How has the governing body shown it's committed to, and leads, a culture of safety and quality improvement in the organisation?

How is the extent of this culture in the organisation known?

Has the governing body communicated the importance of their workers being vaccinated against influenza and coronavirus (COVID-19) to promote the key role vaccination plays in the delivery of safe, inclusive and quality care and services?

What priorities and strategic directions has the governing body set and communicated to the organisation for safe, inclusive and quality care and services?

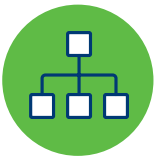
How are priorities reviewed and communicated during emergencies and disasters, including during infectious outbreaks?

How does the governing body promote timely access to precautionary infection control measures including COVID-19 vaccinations and, in the event of an outbreak, timely access to prescriptions?

What information does the governing body ask for about the organisation's performance and continuous improvement to meet the Quality Standards?

How does the governing body look at how inclusive the organisation's care and services are for a diverse range of consumers?

How does the governing body know it is meeting what consumers, the workforce, the community and others expect for safe, inclusive and quality care and services from the organisation?



Examples of actions and evidence

Consumers

- Consumers are confident the organisation is run in their best interests and their views and needs shape how the organisation is run.
- Consumers feel the service culture (the way things get done) supports their health, safety and well-being and is inclusive of their identity, culture and diversity.
- Consumers can describe ways the organisation asks for their opinions to improve the service culture.

Workforce and others

- The workforce can describe how the governing body promotes a culture of safe, inclusive and quality care and services. They can also describe how the governing body tries to understand how things are done in the organisation.
- The workforce describes how management of the organisation demonstrates the behaviours and values the governing body promotes. They say this gives them confidence to do the same.
- The workforce can describe the organisation's vision, aims or strategic objectives that affect their practice. They say the organisation is run in a way that supports consumer outcomes.
- The workforce can give examples that show how the organisation includes safe, inclusive and quality care and services in the organisation.

Organisation

- Evidence that members of the governing body have the right experience to govern an organisation providing care and service to vulnerable consumers.
- Evidence of how the governing body decides, explains, assigns and puts their quality, safety and cultural goals into action within the organisation.
- Evidence that the governing body asks for and receives the information and advice it needs to meet its responsibilities under this requirement.
- Strategic, business and diversity action plans that describe the priorities and strategic directions for inclusive care endorsed by the governing body. Evidence of how the organisation implements, monitors and improves these.
- Evidence that the governing body understands and sets priorities to improve the performance of the organisation against the Quality Standards and consistent with the Charter of Aged Care Rights.

Standard 8

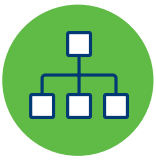
Requirement (3)(c)

8



Effective organisation wide governance systems relating to the following:

- (i) information management***
- (ii) continuous improvement***
- (iii) financial governance***
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities***
- (v) regulatory compliance***
- (vi) feedback and complaints.***



Intent of this requirement

Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

The key areas for organisation wide governance systems are:

(i) Information management

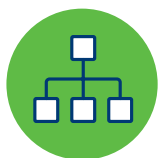
Effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles. It also makes sure consumers can access information about their care and services. These systems cover how an organisation maintains, stores, shares and destroys information and how it controls privacy and confidentiality. Information that supports consumers to make decisions should be relevant and accurate and provided in a timely manner.

(ii) Continuous improvement

Continuous improvement systems and processes assess, monitor and improve the quality and safety of the care and services provided by the organisation. This includes the experiences of consumers. These systems help the organisation to identify where quality and safety is at risk. They also help an organisation to respond appropriately and promptly to these risks. Organisations must have a plan for continuous improvement and check their progress against this plan to improve the quality and safety of care services.

(iii) Financial governance

Financial governance systems and processes manage the finances and resources that the organisation needs to deliver safe and quality care and services. Organisations are expected to include the capital and revenue costs of maintaining safety and quality in their financial planning. Effective financial management and reporting systems give the governing body the assurance they require to be satisfied of compliance with this requirement.



Organisational governance

Standard 8 | Requirement (3)(c)

(iv) Workforce governance – including assigning clear responsibilities and accountabilities

Workforce governance systems and process make sure workforce arrangements are consistent with regulatory requirements. They also need to make sure the organisation has enough skilled and qualified members of the workforce, including a designated member of the nursing staff who has completed an identified IPC course. The organisation must support and develop its workforce to deliver safe and quality care and services. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority to do this.

(v) Regulatory compliance

Regulatory compliance systems and process make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This requirement doesn't measure how an organisation complies with other legislative frameworks, but provides an understanding of whether the organisation itself undertakes this task.

(vi) Feedback and complaints

Feedback and complaints systems and processes actively look to improve results for consumers. The system used is relevant and proportionate to the range and complexity of care and services the organisation delivers, as well as its size and scale. The system follows principles of transparency, procedural fairness and natural justice and meets best practice guidelines.

Reflective questions

Does the organisation have a documented whole-of-organisation governance framework, which includes personal and clinical care if delivered?

Does the governance framework focus on strategic needs?

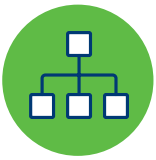
Does the organisation have systems to monitor and evaluate how they perform against strategic and other objectives for safe and quality care and services?

Does the organisation support a culture of evaluation that includes transparency, openness and a two-way sharing of information and advice across the organisation?

If services are not performing at peak level, does the organisation move resources to ensure appropriate consumer outcomes?

What measures are in place for the organisation to effectively monitor IPC practices to determine where shortfalls may exist? What processes are in place to ensure changes are made when a shortfall is identified?

How does the organisation demonstrate that policies and procedures are contemporary and in line with best practice documents, including those which outlines requirements for IPC lead(s) and outbreak management?



Organisational governance

Standard 8 | Requirement (3)(c)

How does the organisation demonstrate that an outbreak management plan is in place, and that staff are aware of their roles and responsibilities as part of that plan, including when any changes are made?

Does the organisation use regular reviews and evaluation to identify new needs and tackle current continuous improvement priorities?

How do the organisation's risk and responsibility systems and processes include ethical decision-making in the organisation?

Where the organisation uses services from other specialist providers, are the different levels of responsibility for governance and monitoring clear to everyone?

What systems are in place to manage communications and engagement with families of residents and community?

Does the organisation undertake audits of all key aspects of their outbreak management plan, including testing organisational processes, staff knowledge and practices, consumer outcomes and regulatory compliance?

Does the organisation have effective governance systems relating to regulatory compliance, which includes compliance with jurisdictional public health orders, and record-keeping and reporting requirements under the Accountability Principles 2014 and Records Principles 2014?

Are there effective organisation-wide systems for preventing, managing and controlling infections?

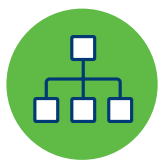
Examples of actions and evidence

Consumers

- Consumers say the organisation asks for their opinions about the care and services, listens to them and makes improvements as a result.
- Consumers say they are confident their care and services are well managed.
- Consumers say the organisation has made changes when something has gone wrong to prevent it happening again.
- Consumers say they can review information on the safety and quality of care and services the organisation delivers.

Workforce and others

- Management of the organisation can describe their role in developing governance frameworks to support the governing body's strategies for safe, inclusive and quality care and services.
- The workforce can describe how the organisation supports openness, discussion, engagement, respect, trust and a culture of good governance.
- The workforce can describe how they take part in activities that identify, measure and evaluate problems within the organisation and in the care and services it delivers to consumers. They can also describe how improvements are made.
- Members of the workforce are clear on their authority to make decisions to meet the strategic or planned objectives of the organisation. They say policies that inform decisions are easy to understand and accessible to all members of the workforce.
- Members of the workforce can describe how the organisation makes sure the processes in their particular areas are efficient and effective. They say the organisation prevents, responds to and manages risks appropriately.



Organisational governance

Standard 8 | Requirement (3)(c)

- Demonstrate that the IPC lead(s) has the level of clinical expertise and influence at a service.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.
- Members of the workforce can describe different channels of communication and providing updates to staff from the organisation and governing body.
- Evidence of continuous improvement across the organisation.
- Evidence that the organisation is mindful of the key risks associated with the service and the individual people receiving care at the service and can demonstrate how this has influenced their outbreak management planning and response.

Organisation

- Evidence of systems and processes, from the care and service level through to the governing body level, for managing and governing all aspects of care and services.
- Performance monitoring records given to the governing body show whether the organisation is performing at peak level and meeting its policy, planning and operational goals.
- Evidence the IPC lead(s) reports to the organisation, which retains overall responsibility for compliance with IPC requirements.
- Evidence that the organisation has systems in place to support outbreak management planning and practices, including it remains aligned with contemporary best practice, and is practiced within the service environment.
- Committee and meeting records show management of the organisation and the governing body have information, data and options to make informed decisions.
- Evidence of policies and instruments of delegation that make it clear to the workforce, and help them to understand, the organisation's compliance and other obligations.

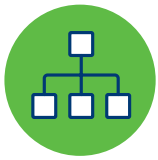
Standard 8

Requirement (3)(d)

8

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high-impact or high-prevalence risks associated with the care of consumers***
- (ii) identifying and responding to abuse and neglect of consumers***
- (iii) supporting consumers to live the best life they can***
- (iv) managing and preventing incidents, including the use of an incident management system.***



Intent of this requirement

Organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it's affecting consumers.

It's expected that the organisation's risk management system identifies and evaluates incidents and 'near misses' (both clinical incidents and incidents in delivering care and services). A near miss is when an occurrence, event or omission happens that does not result in harm (such as injury, illness or danger to health) to a consumer or another person but had potential to do so. It's also expected that the organisation uses this information to improve its performance and how it delivers quality care and services.

Organisations are expected to escalate risks to the health, safety and well-being of their consumers within the organisation or to a relevant external service or organisation. It's also expected that organisations continue to monitor risks to consumers and others and take action if a risk has increased.

Effective risk management systems and practices encompass requirements in the following areas:

(i) **Managing high-impact or high-prevalence risks associated with the care of consumers**

While organisations need to manage all risks related to care and services, some risks are more common and have a higher impact on the health and well-being of consumers. Preventable harm from these risks continues to happen in aged care. Sound governance systems are required to support the delivery of care under Standard 3 – Personal and Clinical Care.

(ii) **Identifying and responding to abuse and neglect of consumer**

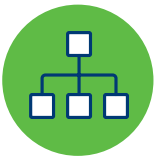
All Australians have rights, which do not diminish with age, to live dignified, self-determined lives, free from exploitation, violence and abuse. The organisation is expected to have systems to provide appropriate protections and safeguards around the delivery of care and services, to respond effectively to incidents of abuse, to report this according to the law, and to raise awareness in the organisation to lower the risk of elder abuse.

(iii) **Supporting consumers to live the best life they can**

Organisations are expected to have systems and processes to reduce the possibility of risks and the impact they have on consumers however, this should be in consultation with consumers to support them to live the best life they can. These systems underpin outcomes under Standard 1 and delivery of care and services under Standards 3 and 4.

(iv) **Managing and preventing incidents, including the use of an incident management system**

Organisations are expected to effectively prevent and manage incidents, including through the use of an incident management system that enables incidents to be identified, responded to, and notified to the Commission (as required). Incidents should be resolved in consultation with consumers and staff, and incident data should be used to identify trends, drive continuous improvement to improve the quality of the care and services, and prevent similar incidents from occurring.



Organisational governance

Standard 8 | Requirement (3)(d)

Reflective questions

Does the organisation have systems for identifying risks and incidents, minimising and managing risks and responding to incidents to support the safety and well-being of consumers?

What are the systems to manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers?

How does the organisation make information about current procedures and guidance for managing risks and incidents available to consumers, representatives the workforce and others?

**Does the workforce know what harm, abuse and neglect look like?
How does the organisation support its workforce to understand their roles and responsibilities for preventing and reporting abuse?**

**Does the organisation have strategies to make sure that responses to allegations of harm use the principles of natural justice?
Does the organisation support all parties during an investigation?**

How does the organisation support the workforce to use a problem-solving approach to respect a consumer's wishes to act independently, but also to identify and reduce risks so they can support their independence as safely as possible?

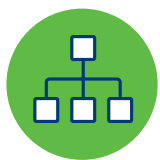
How does the organisation escalate incidents and near misses to understand and respond to risks? How is incident data used to drive continuous improvement and to prevent similar incidents occurring in future?

How are consumers and their representatives involved in understanding risk, identifying and responding to incidents and driving continuous improvement? How does communication occur with consumers and their representatives when incidents happen? Are open disclosure processes used?

Examples of actions and evidence

Consumers

- Consumers say organisational decisions on how to reduce possible or real risks are made with them and they feel their opinions are heard.
- Consumers say the organisation responds promptly to incidents, or concerns about harm, abuse and neglect.
- Consumers feel comfortable with how the organisation balances risks and quality of life. They feel they are living the best life they can.
- Consumers say that if they are involved in an incident, the organisation communicates with them and engages them in the resolution of the incident, including how similar incidents will be prevented in future.



Workforce and others

- The workforce can describe how they try to reduce common and high-impact or high-prevalent risks to health and well-being. They can also describe how the way they do this supports consumers' dignity and quality of life.
- The workforce can describe how the systems and processes for safely delivering clinical care are reliable. They also say they have the chance to take part in designing, monitoring and evaluating these systems
- The workforce can demonstrate their knowledge of the organisation's legislative requirements to report incidents as these relate to their role and responsibilities.
- The workforce can describe the organisation's reporting systems for 'near misses' and incidents, including of harm, abuse and neglect. They can also describe the processes for managing risks and responding to incidents and near misses related to their role in the organisation.
- Evidence that the organisation's training around safeguarding is delivered in a way that is relevant to different roles. The workforce can describe how they are able to recognise different types of abuse or neglect and the ways they can report concerns and use the organisation's incident management system to record and respond to incidents.
- The workforce can give examples of respecting consumers' wishes and how they have identified and reduced risks to support their independence as safely as possible.
- The workforce can give examples of how they identify and manage incidents using the organisation's incident management system, including how incident data has been used to prevent similar incidents recurring.

Organisation

- Records show how staff are trained and supported to assess or evaluate the use of restraints in order to minimise or eliminate their use.
- Evidence of how the organisation monitors and reports on the use of restraints.
- Records show the organisation continually monitors risks to consumers and takes appropriate action if a risk has increased.
- Evidence that the organisation uses incident data and information to identify and analyse trends and common incidents, and that quality improvements are made as a result.
- Evidence that the organisation communicates with consumers and their representatives in the identification of risk, if incidents occur, and in the resolution of incidents, including through the use of open disclosure processes.
- Evidence that the organisation uses effective investigation as soon as it's aware of any allegation or evidence of harm, abuse or neglect. Evidence shows that the organisation also refers the case to the correct body in line with legislation.
- Evidence that the organisation monitors systems that can identify possible abuse such as reports of incidents and complaints. Evidence shows that the organisation also takes steps to stop the abuse and reports it as required by law.
- Evidence of ways in which the organisation has strengthened systems for prevention of abuse and neglect. This can include asking for specialist advice or support.
- Records show the organisation notifies the Commission (and others as relevant) of reportable incidents appropriately.
- Evidence and examples of how the organisation shows, monitors and reports how it performs against this Standard. Examples of continuous improvement against this requirement.

Standard 8

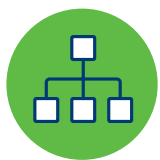
Requirement (3)(e)

8



Where clinical care is provided – a clinical governance framework, including but not limited to the following:

- (i) antimicrobial stewardship*
- (ii) minimising the use of restraint*
- (iii) open disclosure.*



Intent of this requirement

Clinical governance is the set of relationships and responsibilities between the organisation's governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, quality clinical care and for continuously improving services.

Clinical governance usually includes involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management.

This requirement describes the clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for consumers where organisations provide clinical care. The following areas are included:

(i) Antimicrobial stewardship

In Australia, the increasing number of antibiotic-resistant infections appearing in the community represents a looming public health issue.

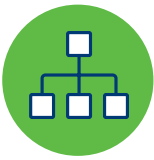
This means aged care organisations need to do their part to change those practices that have contributed to the development of resistance and implement new initiatives to reduce inappropriate antibiotic usage and resistance. Effective organisation wide systems are required for preventing, managing and controlling infections and antimicrobial resistance. This contributes to the broader national effort and improves outcomes for consumers.

(ii) Minimising the use of restraint

Restraint means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement. Where restraint is clinically necessary to prevent harm, the organisation should have systems to manage how restraints are used. This is in accordance with legislation and the organisation's policies on reporting the use of restraints.

(iii) Practicing open disclosure

This means organisation wide systems to support communication with consumers about incidents that have caused harm. Open disclosure usually includes an apology and explaining the facts of what happened. It also includes listening to the consumer's experience of what happened and explaining the steps the organisation has taken to prevent it happening again.



Organisational governance

Standard 8 | Requirement (3)(e)

Reflective questions

Do management of the organisation and members of the workforce have particular areas of responsibility for clinical leadership and systems that improve safety and quality?

What are the systems to ensure that best practice evidence is embedded in the organisation's clinical care?

How does the organisation review how effective the clinical governance framework is?

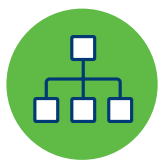
Does the organisation take timely actions to tackle any aspects that aren't working well?

Does the organisation have processes to support identifying and getting involved early when risks associated with clinical care are identified?

Does it have processes for members of the workforce to identify these risks?

How does the organisation understand and support safety and quality in the clinical services it provides?

This includes how it collects and uses data to inform safety and quality.



Examples of actions and evidence

Consumers

- Consumers say they receive safe, effective, quality clinical care that is right for them.
- Consumers say members of the workforce discuss their clinical care with them, including risks and benefits of any clinical treatment and the appropriate use of antibiotics.
- Consumers say if things have gone wrong, the organisation has apologised and taken steps to make sure the same thing doesn't happen to them again or to others.

Workforce and others

- The workforce can describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services.
- The workforce can describe how they collect data to inform clinical performance indicators, they say the indicators are meaningful and can describe how they lead to improvements in clinical care.
- The workforce say open disclosure is part of the organisation's practice when a negative event happens. They can also describe the open disclosure process.
- Workforce orientation, training or other records that show the organisation trains the workforce in this requirement. They also show the organisation supports clinical governance leadership roles with ongoing training.

Organisation

- Evidence of strategies and practices that aim to make sure antimicrobials are prescribed according to best practice guidelines.
- Records that show use of restraint is always as a last resort, the application of restraint is documented and the safety and well-being of the consumer is monitored.
- Evidence of appropriate authorisation and consent for the use of restraints in compliance with legislation.
- Records show that the organisation has a systematic approach to clinical audit and data comparisons that supports improvements in clinical care.
- The organisation has records of governance arrangements for clinical care that is given in non-clinical care settings, or by contracted members of the workforce, or by third parties.