

The East Melbourne Day Procedure Clinic



Clinical Governance Framework



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Section 1 - Understanding the context of Fertility Control Clinic (FCC)

The East Melbourne Day Procedure Centre for the purpose of this document uses the acronym and FCC interchangeably.

The East Melbourne Day Procedure Centre is accredited for the National Safety and Quality Health Services (NSQHS) Standards.

The purpose of the Clinical Governance Framework is to document the quality management system adopted by FCC. This Framework defines the overall processes FCC uses in attending to its customers' needs and how it will maintain standards of quality and safety in the provision of these health care services.

FCC is committed to a system of continual review and improvement and whilst not accredited to the standard, FCC has chosen a quality management reflective of ISO 9001.

The Board, Management and staff believe this system allows for principles of continuous improvement to be integrated into the culture and fabric of the organisation. The system does lead to emphasis on the importance of the following:

- Understanding and meeting customer requirements
- The need to consider the quality of service in terms of added value
- Obtaining results of service improvement not only in performance but also in effectiveness
- Continual improvement is objectively measured

EXTERNAL REQUIREMENTS

FCC is a member organisation of the following professional institutions:

- DVL GL
- National Association of Testing Authorities
- Australian Royal College of Obstetrics and Gynaecology
- National Specialists of Obstetrics and Gynaecology
- Royal College of Pathologists
- Australian Psychological Society
- Australian Nursing and Midwifery Federation
- Australian Society of Microbiologists
- Australian Institute of Medical Scientists
- Australian & New Zealand Society of Blood Transfusion
- Victorian Employers Chambers of Commerce and Industry

The following are some of the key Acts impacting upon the health services provided:

- *Health Services Act 1988*
- *Health Professionals Registration Act 2005*
- *Health Practitioners Regulation National Law Act 2009 (the National Law)*
- *Victorian Duty of Candour Guidelines, s128ZC Health Services Act 1988*
- *Occupational Health and Safety Act 2004*

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- *Occupational Health and Safety Regulations* 2017
- *Privacy and Data Protection Act* 1988
- *Health Records Act* 2001
- *Freedom of Information Act* 1982
- *Public Health and Wellbeing Act* 2008
- *Drugs, Poisons and Controlled Substances Act* 1981

The following are some of the key regulations impacting upon the health services provided:

- Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013
- Occupational Health and Safety Regulations 2017
- Drugs, Poisons and Controlled Substances Regulations 2006

Statutory and industry reporting:

- Governmental reporting to register health facility and/or medical instrument e.g. Policy
- Instruments and Compliance Unit of the Department of Health; Location Specific Practice Details (Medicare Australia)
- Accreditation agency reporting to accredit medical and surgical procedures, and diagnostic services (ultrasound instrument)
- Health care professional registration with Australian Health Practitioner Regulation Agency (AHPRA) i.e. all medical practitioners including specialists, clinical psychologists, pathologists and nurses
- Clients – patients, carers, referring medical practitioners and health care organisations (e.g. Royal Women's Hospital, Family Planning Victoria)
- Private health funds and Medicare Australia (e.g. BUPA, Medibank, Australian Health Services Alliance, OSHC Studentcare, IMAN, NIB, OSHC etc.)

Technological systems:

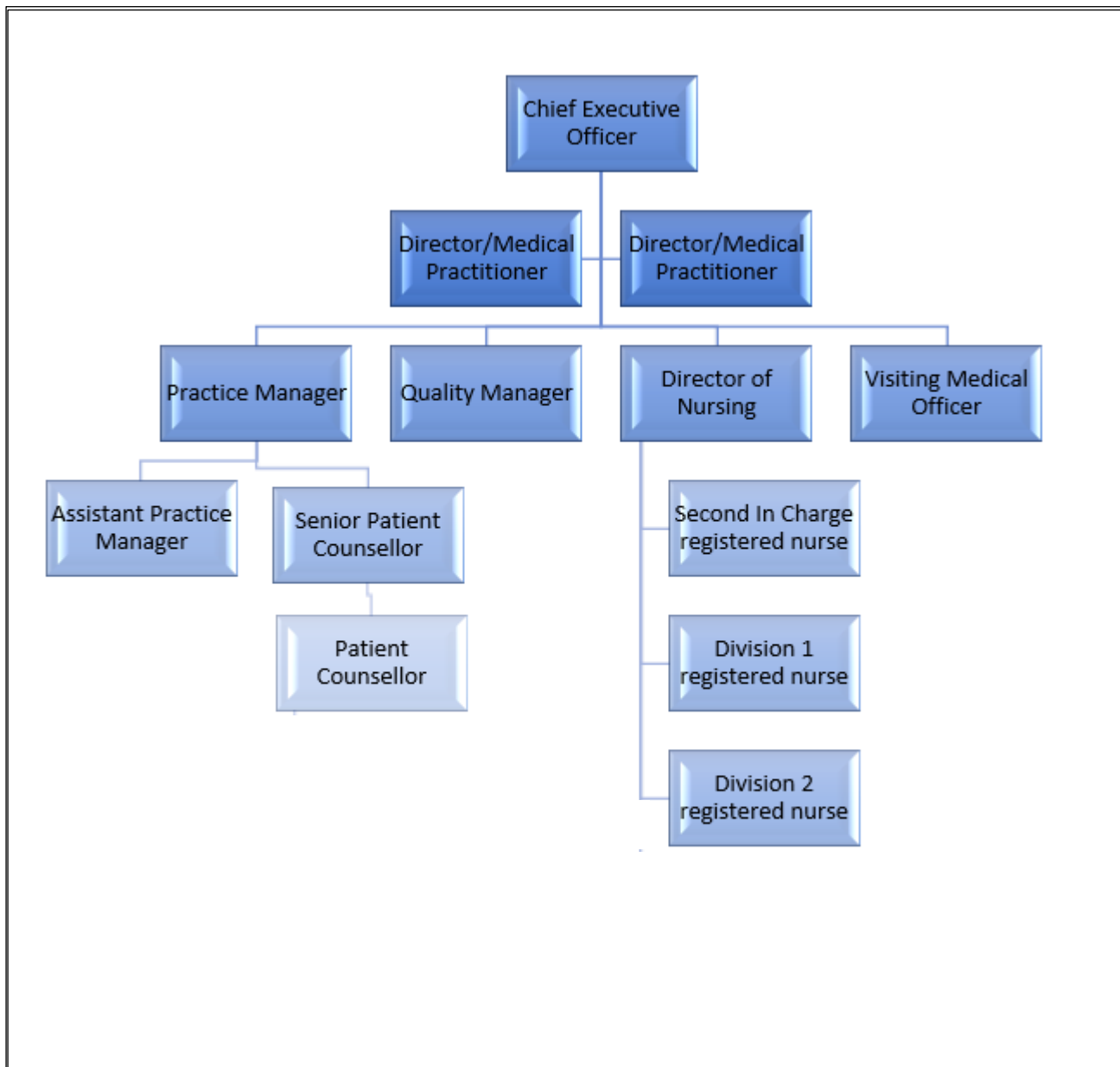
- Information management systems e.g. Medi wiz
- Internet and telecommunications service provider e.g. Telstra

Service and product providers - suppliers are managed through an approved supplier register and reviewed at governance meetings.

The internal issues that are relevant to the FCC's purpose and strategic direction and that affect its ability to achieve the intended results of its quality management system are as follows:

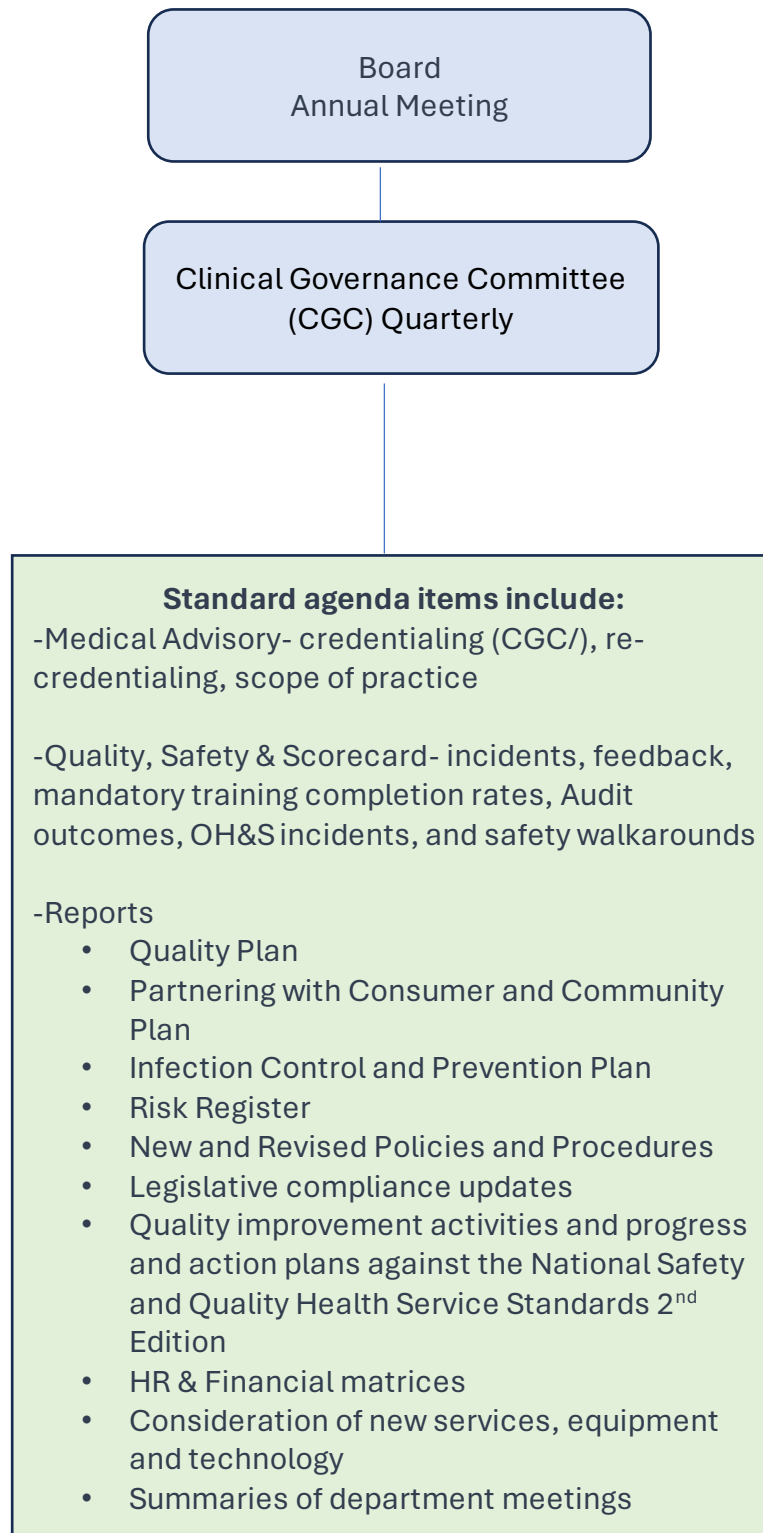
- Leadership
- Culture and values
- Human resources management
- Operational management
- Financial management
- Social and ethical responsibility

ORGANISATION CHART



*Infection Control Consultant
Victorian Infection Prevention Services (VICIPS)

COMMITTEE STRUCTURE



HEALTH SERVICE VISION

To sustain and strengthen our role as a leading provider of reproductive and fertility control services.

HEALTH SERVICE MISSION

To promote and assure accessible, high quality and safe health care services for all patients facing reproductive health choices whilst respecting their dignity, confidentiality, and personal values.

This organisation mission is achieved by adoption of a process-based quality management system. This model recognises that patients (customers) play a significant role in defining requirements and that monitoring of patient satisfaction through the evaluation of information relating to customer perception determines if these requirements are achieved. This organisation mission is also achieved by demonstrating compliance with pertinent clinical standards e.g. National Safety and Quality Health Services (NSQHS) Standards endorsed by the Australian Commission on Safety and Quality in Healthcare.

CORE VALUES

Core values are those values we hold which form the foundation on which we perform our work and conduct ourselves. These values remain constant. Core values are not descriptions of the work we do or the strategies we employ to accomplish our mission. The values underlie our work, how we interact with each other, and which strategies we employ to fulfil our mission. The core values are the basic elements of how we go about our work. They are practices we use every day to in everything we do.

➤ Customer Focused

A caring and responsive organisation that puts the customer in the heart of everything it does to ensure their expectations and requirements are.

➤ Exceptional Leadership

Leaders are supported in establishing purpose and direction and promoting a culture where everyone can be involved in achieving organisational objectives.

➤ Continuous Improvement and Learning

An organisation that is committed to continuous quality improvements through learning, professional development, and mentoring.

➤ Process Approach

An organisation that designs quality in its processes and recognises that results are achieved more efficiently when its activities and resources are managed as a process.

➤ Management by Fact

An organisation that employs measurement and analysis of performance to provide critical data and information about key processes, outputs, and results.

➤ Valuing Employees

An organisation that recognises that employees are an asset and that their full involvement enables innovation and creativity.

➤ Partnership Development

An organisation that is committed to building effective partnerships with consumers by encouraging and supporting their participation and collaboration in the health care processes.

➤ **Social Responsibility**

An organisation that models transparent and ethical behaviour and recognises the impacts of its decisions and activities on society and the environment.

ROLES RESPONSIBILITIES AND AUTHORITIES

The Board is responsible for defining the responsibilities and authorities for all position descriptions (roles) including the responsibility and authority of the quality management system. The FCC organisational chart illustrates the structure of the organisation and outlines the various roles and responsibilities are delegated, controlled, and coordinated.

Staff are given the authority to perform their allocated responsibilities and these authorities are detailed in staff position descriptions.

The Chief Executive Officer, Director of the Board/Medical Practitioners, practice manager and Director of Nursing are accountable for the effectiveness of the business.

Responsibilities include:

Department of Health (DOH)

The department must be notified of the following:

- All changes to drugs and poisons license
- Any implementation of new technologies surgery/procedures requiring license amendments
- Any change to CEO

The Clinical Governance Committee incorporates the Medical Advisory Responsibilities

The committee is the highest level of governance and is responsible for review of:

- Any new applications for privileges with the assistance of appropriate specialists as required.
- Reviews Quality & Safety data
- Session utilisation
- Infection control reports
- Patient, staff, and medical practitioner complaints
- Patient feedback results
- New equipment purchases
- Ensures that processes conducted within the clinic strive to meet best practice
- Sets quality standards and relates expectations to all staff
- Responsible for approving any financial decision in relation to the day surgery budget

Director of the Board/Medical practitioner

The Director of the Board/Medical Practitioner is responsible for

- Demonstration of leadership
- Financial planning, management and reporting with the management teamAttending CGC/ MAC/ meetings
- Communicating with the management team regarding clinic issues
- Acts as the medical staff representative and clinical expert
- Assists in clinical decisions tabled at the CGC/ MAC
- Participates in CGC/MAC meetings
- Assists in the endorsement and credentialing of medical practitioners
- Communicates with the nurse unit manager on clinical issues

Director of Nursing

The DON is responsible for

- Overseeing of day to day operation of the Clinic
- Management of the safety and quality program encompassing the entire management system
- Demonstration of leadership
- Human Resources management
- Adherence to regulations and statutory guidelines
- Reporting at CGC/ meetings as requested

Practice Manager

The Practice manager is responsible for

- Overseeing day to day administrative issues of the Clinic
- Assisting the DON as required with administrative tasks
- Maintenance of service contracts including Health Funds
- Maintaining staff files
- Maintaining quality standards in the administrative area
- Reporting to CGC/ meetings as requested
- Overseeing administrative staff and administrative procedures

LEADERSHIP AND COMMITMENT

The CGC/ Terms of Reference and By Laws demonstrates leadership commitment to the quality management system and to leading the organisation by example.

The Directors are responsible for the corporate and clinical governance practices of the organisation. The conduct of the Directors is governed by the FCC By Laws. The Directors are responsible for the planning, organising, delivering, and evaluating health services provided by the FCC.

The Quality Manager, DON and Practice Manager are responsible for reporting on the performance of the quality management system and opportunities for improvements to the Directors. This also includes promotion of customer focus throughout the organisation.

The Directors will review the quality of health care services provided by examining the following aspects:

- **Safety:** The Directors will ensure its policies, procedures and processes enable patients to safely progress through all parts of the health care system, avoiding harm and minimising risk in care delivery processes.
- **Effectiveness:** The Directors will ensure that its policies, procedures, and processes enable the health care service patients receive produces measurable benefit. The effectiveness of the health care will be related to the extent to which treatment, intervention or service achieves the desired outcome.
- **Appropriateness:** The Directors will ensure that standards, guidelines, and evidence-based medicine are used to do the right thing to the right patient, at the right time, avoiding over and underutilisation.
- **Acceptability:** The Directors will ensure that its policies, procedures, and processes enable consumers to participate collaboratively with health services and service providers in health service planning, delivery, monitoring, and evaluation at all levels
- **Access:** The Directors will ensure its policies, procedures and processes offer equitable access to the health care service for the population they serve based on need, irrespective of geography, socio-economic group, ethnicity, age or sex.
- **Efficiency:** The Directors will ensure its policies, procedures and processes ensure resources are used to achieve value for money.
- **Financial Management**
 Approve the annual operating and capital budgets.
 Approve strategies, initiatives, and goals to enhance the organisation's financial position.
 Oversee and monitor the performance of the organisation against approved strategies, initiatives, and goals.
- **Risk Management**
 Review and monitor processes for compliance with clinical regulators and standards and other regulatory requirements.
 Approve the organisation's framework for corporate risk management and monitoring the management of the high and significant corporate risks.
 Oversee, review, and monitor the overall framework of internal controls established by the CEO including procedures implemented to ensure compliance with major relevant legislation.

FERTILITY CONTROL CLINIC COMMITTEES

Internal and external communication processes are in place. These include a range of meetings which are convened regularly including:

- Governance meeting – (includes Medical Advisory Committee) -quarterly
- Clinic meetings – every two monthly (includes nursing, administration, and management representatives)

As appropriate terms of reference and fixed agendas are documented.

STRATEGIC AND ONGOING PLANNING

FCC conducts risk and strategic planning and plans are approved by the Medical Advisory Committee (MAC/CGC). Monitoring of the plan occurs annually (or more frequently) as part of MAC/CGC.

FCC has processes in place to plan for and address risks which includes integrating and implementing actions into our QMS and evaluating the effectiveness of our actions. Actions taken to address risks are proportionate to the potential effects of service and customer satisfaction.

Every three years the Board engages in the strategic planning process to establish business and quality objectives at relevant functions. The objectives are; measurable; take into account statutory and regulatory requirements; relevant to conformity of services and enhancement of customer satisfaction; monitored; and communicated.

The 2024-2027 objectives are:

➤ **To deliver safe and quality clinical services**

By providing an Australian model of care for women seeking abortion (medical and surgical) and lead by an effective clinical governance program

➤ **To improve our patients' experience**

By ensuring patients' requirements are not only met but exceeded and enabling consumer partnership to help design services that patients need and that are culturally sensitive

➤ **To optimise access to our services**

By respecting patients' right to safe and quality health care, recognising the diverse needs of patients and supporting their engagement in this care

➤ **To develop our workforce**

By working together to create a culture that values learning, reflective practice and professional accountability

➤ **To build our future**

By enhancing our profile and building our reputation including maintaining our financial sustainability and productivity

➤ **To strengthen our leadership, education, and advocacy role**

By providing expert opinion and public comment on a range of contemporary women's health and wellbeing issues to influence policy and strategy development at a state and national level

Section 2 – Clinical Governance framework

Purpose and Scope

The Fertility Control Clinic Clinical Governance is to provide the organisation with comprehensive safety and quality management systems and processes to achieve effective safe consumer centred care.

The Clinical Governance interacts with other key Fertility Control Clinic quality management documents including:

Strategic Plan

Our Quality Promise

Our Core Values

By Laws and Professional Guidelines for Medical Practitioners

Clinical Governance

Clinical governance are the integrated systems, processes, leadership, and culture that are the core of providing safe, effective, accountable, and person-centred healthcare underpinned by continuous quality improvement (1).

High-quality care, for the purpose of this framework is defined as:

- Safe: avoidable harm during delivery of care is eliminated
- Effective: appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each consumer
- Person-centred: people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning. The health service is focused on building meaningful partnerships with consumers to enable and facilitate active and effective participation

The Five Components of the FCC's Clinical Governance Framework

The systems are organised into five domains and underpinned by continuous quality monitoring and improvement:

1. Governance, Leadership and culture
2. Patient Safety and Quality Improvement systems
3. Clinical Performance and Effectiveness
4. Safe Environment
5. Partnering with Consumers

1 – GOVERNANCE LEADERSHIP AND CULTURE

Visible, accountable, and purposeful leadership at all levels is required to cultivate an inclusive and just culture that will make engagement a reality. Engaged staff and consumers who actively participate in organisational strategy, planning and delivery are the origins of quality.

Creating and maintaining this culture requires robust systems and productive and effective working relationships between the Directors, Senior Managers (Practice Manager, Director of Nursing, and Quality and Safety Manager), staff, and consumers (patients, support persons, carers, and community).

Clinical Governance Principles

These principles as articulated in the Safer Care Victoria Clinical Governance Framework and endorsed in the Fertility Control Clinic Clinical Governance and Quality Framework are:

- Excellent consumer experience:
 - commitment to providing a positive consumer experience every time
- Clear accountability and ownership
 - Accountability and ownership displayed by all staff
 - Compliance with legislative and standard requirements
- Partnering with consumers
 - Consumer engagement and input is actively sought and facilitated
- Effective planning and resource allocation
 - Staff have access to regular training and educational resources to maintain and enhance their required skill set
- Strong clinical engagement and leadership
 - Ownership of care processes and outcomes is promoted and practiced by all staff
 - Staff actively participate and contribute their expertise and experience
- Empowered staff and consumers
 - Organisational culture and systems are designed to facilitate the pursuit of safe care by all staff
 - Care delivery is centred on consumers
- Proactively collecting and sharing critical information
 - Data is routinely collected and used to inform decision making and improvement strategies
- Openness, transparency, and accuracy
 - Health service reporting, reviews and decision making are underpinned by transparency and accuracy
- Continuous quality improvement of care
 - Measurement of performance and progress is benchmarked and used to manage risk and drive improvement in the quality of care

Clinical Governance Elements

The elements of the Fertility Control Clinic Clinical Governance across the five domains include:

- Strategic and operational planning
- There is a comprehensive suite of policies, procedures and protocols to guide best practise in the **Fertility**

Control Clinic Quality Management System

- Commitment to a culture of open disclosure, reporting and learning from adverse events and incidents
- Clinicians and patients (support person, carer, community) are involved together in care planning to implement quality and safety initiatives in order to improve clinical care
- Systems issues that are reported on the **Quality Register, Incident reporting system** and incident analysis are responded to within appropriate timeframes and the outcomes communicated back in a timely manner
- Measurement, analysis, and reporting – measures of clinical performance provide evidence of achievement of quality goals and include:
 - Compliance with legislative and regulatory requirements
 - The CGC/ and reporting structure at an organisation level through to the Directors
 - Clinical data that can be trended over time showing evidence of appropriate actions and improvement

- Standards and compliance – The Fertility Control Clinic is evaluated through several accreditation agencies, government Departments and systems including:
 - National Safety and Quality Health Service (NSQSH) Standards for clinical and non-clinical services
 - Diagnostic Imaging Accreditation Scheme (DIAS) Standards for ultrasound services
 - Health Services Act 1988 (the Act) as a health establishment
 - Health Services (Health Service Establishments) Regulations 2013 (the Regulations) as a health establishment
 - AS/NZS 4187: 2014 Reprocessing of reusable medical devices in health service organisations for the sterilisation services
 - Occupational Health and Safety Act 2004 (Vic)
 - Occupational Health and Safety Regulations 2017 (Vic)

Clinical Governance Roles and Responsibilities

All staff at the Fertility Control Clinic have specific role responsibilities and play an important role in maintaining high-quality and safe care. Central to each role are the following critical elements.

- Committed to partnering with consumers to facilitate effective engagement and participation
- Take ownership and accountability for the quality and safety of the care provided
- Regularly evaluate performance to identify areas of improvement and risk

Fertility Control Clinic

The Fertility Control Clinic CGC/ is responsible for the corporate and clinical governance practices of the organisation. The conduct of the CGC/ is governed by the **By Terms of Reference and By-Laws and Professional Guidelines for Medical Practitioners**.

CGC/ Composition

The Directors and senior medical practitioners form the governing body of the Fertility Control Clinic. The organisation has all its powers prescribed in the *Health Services Act (1)* and *Health Services Regulations (Private Hospitals and Day Procedure Centres) (2)*.

CGC/ Meetings

The CGC/ shall meet at least 4 times per year as scheduled by the Quality Manager. The conduct of meetings and proceedings are contained in Terms of Reference.

Monitoring and Review of the Framework

The Fertility Control Clinic Clinical Governance is to be monitored and regularly reviewed and evaluated by:

- Regular review and evaluation of the Clinical Governance is undertaken at least every 3 years
- Directors and Managers review quality plans biannually to ensure risks are considered and addressed.
- Regular education and staff development sessions across the organisation are delivered to ensure staff are kept up to date
- Implementation of the Consumer Participation Policy and associated monitoring and reporting including patient survey data
- Achievement of accreditation, compliance with State regulatory requirements

2. PATIENT AND SAFETY QUALITY IMPROVEMENT SYSTEMS

FCC coordinates and oversees the design of systems for the delivery of clinical care by the following examples:

- Ensuring that all systems for the delivery of care are regularly reviewed for their ability to support safe, high-quality care
- Incorporating systematic audits of safety and quality systems in the whole-of-organisation audit program
- Ensuring availability of data and information to support quality assurance and review across the organisation
- Monitoring system performance, and consider implications for system design and opportunities for improvement
- Ensuring that the following safety and quality systems are in place, involve all members of the clinical workforce and are subject to periodic review of performance
 - quality improvement and measurement
 - risk management
 - incident management
 - open disclosure
 - feedback and complaints management

3. CLINICAL PERFORMANCE AND EFFECTIVENESS

FCC Ensures that the following systems are in place, involve all members of the clinical workforce and are subject to periodic review of system performance including:

- credentialing and defining scope of clinical practice
- clinical education and training
- performance monitoring and management
- clinical, and safety and quality education and training

4. SAFE ENVIRONMENT

Ensure that FCC's environment promotes safe and high-quality care; and

5. PARTNERING WITH CONSUMERS

FCC shows leadership and commitment to partnerships with consumers, for example:

- Develops policies and procedures that support partnerships with consumers
- Ensures FCC has effective systems for consumer complaints and open disclosure, the Statutory Duty of Candour, and monitors the performance of these systems
- Ensures consumer decisions contribute to FCC's governance
- Creates opportunities for consumer involvement in committees
- Ensures that FCC supports consumers in shared decision-making

Section 3 – National Standards for Safety and Quality in Healthcare

STANDARD 1 - GOVERNANCE, LEADERSHIP AND CULTURE

FCC has in place an integrated system of governance to actively manage patient safety and quality risks.

- The **By Laws** and **CGC/ Terms of Reference** ensure effective governance systems are in place to manage patient safety and quality risks.

- **Patient safety and quality systems**

FCC has in place a safety and quality systems that are integrated with governance processes to enable the organisation to manage and improve the safety and quality of health care for patients. The organisation uses a risk management approach to oversee the following aspects of the business.

- **Policies and procedures**

The QM ensures organisational policies, procedures and protocols are developed in accordance with legislation and regulation. The QM also ensures these are reviewed regularly and maintains their currency and effectiveness.

- **Measurement and quality improvement**

FCC uses an organisation-wide quality improvement system, to identify safety and quality measures, and monitor and report performance and outcomes. Several strategies are utilised to achieve quality improvement and they involve consumers and staff in the review of safety and quality performance and systems. Timely reports on safety and quality systems and performance are provided at CGC/.

- **Risk management**

FCC has identified and documented organisational risks in its **Risk Management Framework and register**.

- **Incident management systems and open disclosure**

FCC has organisation-wide incident management and investigation systems. Patient safety and quality incidents are recognised, reported, and analysed and the information gained is used to improve safety systems. All incidents are captured through **Incident Report** forms and/or **Improvement Forms**

Additionally, FCC follows an open disclosure program that is consistent with the Australia Opened Disclosure Framework. The program is described in the **Open Disclosure** policy.

- **Feedback and complaints management**

FCC has several processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care. Feedback and complaints are an important source of information about the safety and quality of the health service.

- **Diversity and high-risk groups**

FCC recognises the diversity of the consumers using its service and ensures the organisation is focused on delivering services that patients need and that are culturally sensitive.

- **Health records management**

Adheres to regulatory and legislative requirements.

- **Performance management**

The FCC has valid and reliable performance review processes in place.

- **Credentialing and scope of clinical practice**

The CGC /MAC is responsible for the credentialing of medical staff including general practitioners, surgeons, and anaesthetists. The **Credentialing and Defining Scope of Clinical Practice** procedure defines the policy and process followed at the FCC.

- **Evidence-based care**

The FCC uses the best available evidence to support clinicians in providing reproductive and fertility control services e.g. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and Royal College of Obstetricians and Gynaecologists.

- **Safe environment for the delivery of care**

FCC recognises that a safe environment promotes safe and high-quality healthcare for patients. It maintains buildings, equipment, utilities, devices, and other infrastructure through its preventative maintenance program.

FCC facilitates access to services and facilities by using signage and directions that are clear and fit for purposes e.g. exit signs, toilets, patient change rooms, discharge lounge.

STANDARD 2 – PARTNERING WITH CONSUMERS

Clinical governance and quality improvement systems to support partnering with consumers

The FCC is committed to building effective partnerships with consumers by sharing information with them and encouraging and supporting their participation and collaboration in the health care processes. By partnering with consumers, the FCC can be responsive to consumer input and requirements thus leading to the improved safety and quality of the health care delivered.

- **Partnering with patients in their own care**

Systems based on partnering with patients in their own care are used to support the delivery of care. Patients are encouraged to be partners in their own care to the extent that they choose.

The FCC uses a charter of rights that is consistent with the Australian Charter of Healthcare Rights and it is made available to every patient, their carers, families and consumers. Each patient information pack includes the **Australian Charter of Healthcare Rights** brochure.

Additionally, the FCC ensures its informed consent processes comply with legislation and best practice.

- **Health literacy**

The FCC uses communication mechanisms that are tailored to the diversity of the consumers who use its services. Many of the organisation's brochures, forms and information is available in several community languages e.g. Chinese (Mandarin) and Vietnamese. The FCC's website can be translated in many different languages. The FCC also provides itself as an employer who supports diversity and multiculturalism. There are Chinese, Vietnamese, Korean, Indian, Greek, and Spanish speaking health care workers available to assist patients.

- **Partnering with consumers in organisational design and governance**

The FCC provides **Consumer Information Packs (CIP)** to consumers to engage and recruit consumers of its health care services. The aim of the CIP is to create awareness in consumers about their health care rights and responsibilities with the health care system. The partnering process aims to listen, understand, and respond to consumer experiences and

expectations about health care. Consumers can expect to be treated with the uttermost dignity and respect during the process.

The CIP contains:

- The FCC Strategic Plan
- Australian Charter of Healthcare Rights
- Patient's Rights and Responsibilities brochure
- Complaints/Feedback form
- Customer Satisfaction Survey
- Quality of Care Report
- Consumer Participation form

Consumers attend the CGC to communicate and share information between consumers and the FCC; encourage and support in decision making; and to foster collaboration with consumers in planning, design, delivery and evaluation of health care. Other consumer participation activities include interviewing consumers and reviewing feedback forms. *To date, this has been a difficult activity to organise because of the reluctance of consumers to participate i.e. consumers are happy to provide feedback (completing customer satisfaction surveys and forms) but if invited to a meeting they don't attend.*

STANDARD 3 - PREVENTING AND CONTROLLING HEALTH-CARE ASSOCIATED INFECTION

Clinical governance and quality improvement to prevent and control healthcare-associated infections and support antimicrobial stewardship.

FCC has in place an integrated system of governance for effective infection prevention and control to minimise the risks to patients of healthcare associated infections.

A series of policies, protocols and procedures relating to infection prevention are available on the intranet. These meet the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Environmental cleaning is audited by internal and external parties to achieve a clean and hygienic environment.

- **Workforce immunisation**

Health care workers may be exposed to, and transmit, vaccine-preventable diseases such as influenza, measles, rubella and pertussis. Maintaining immunity in the health care worker population helps prevent transmission of vaccine-preventable diseases to and from health care workers and patients. The FCC promotes the principles of the *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010 www.immunise.health.gov.au)

Influenza, Hepatitis B, Rubella (MMR), polio, tetanus and diphtheria vaccination is offered to all health care workers and general practice staff at the FCC. The FCC is responsible for all screening, testing and record keeping. Further information is available in FCC's **Healthcare Worker Immunisation Policy**.

- **Reprocessing of reusable medical devices**

FCC outsources processes for reprocessing reusable equipment, instruments and devices which are in line with *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010) and AS/NZS 4187:2014 *Reprocessing of reusable medical devices in health service organisations*. These are documented in the FCC **Infection Control Manual and associated procedures**.

- **Antimicrobial stewardship**

The FCC has systems in place for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

STANDARD 4- MEDICATION SAFETY STANDARD

Clinical governance and quality improvement to support medication management

The FCC has organisation-wide systems in place to promote safety for prescribing, administering, storing and monitoring medicines. Further information is available in FCC's **Medication Safety Procedure**.

The **Poisons Control Plan** is a regulatory requirement of the Department of Health, describes the systems in place.

STANDARD 5 - COMPREHENSIVE CARE STANDARD

Clinical governance and quality improvement to support comprehensive care

FCC has in place an integrated system of governance to ensure comprehensive care is delivered and patient harm is minimised. The type of systems in place to achieve this includes:

- **Integrating clinical governance**

The clinicians are encouraged to use the safety and quality systems from the Clinical Governance Standard to implement policies and procedures for comprehensive care; manage risks associated with comprehensive care; and identify training requirements to deliver comprehensive care.

- **Applying quality improvement systems**

The organisation applies the quality improvement system from the Clinical Governance Standard when monitoring the delivery of comprehensive care; implementing strategies to improve the outcomes from comprehensive care; and reporting on delivery of comprehensive care.

- **Partner with consumers**

Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to actively involve patients in the own care; meet the patient's information needs; and share decision-making.

- **Designing systems to deliver comprehensive care**

The organisation has systems for comprehensive care that support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment; and identify the clinician with overall accountability for a patient's care.

Collaboration and teamwork

The organisation has processes to support multidisciplinary collaboration and teamwork; and has defined the roles and responsibilities of each health care professional working in a team.

- **Developing the comprehensive care plan**

FCC uses integrated screening and assessment processes in collaboration with patient, carers, and families to develop a comprehensive care plan.

- **Planning for comprehensive care**

The organisation has processes relevant to the patients using the service that enable timely screening and assessment; and identify risks of harm e.g. the **Preoperative Medical Questionnaire**. This form also identifies patients who have documented advance care directives (which is usually rare in this patient population).

- **Screening of risk**

The clinicians use screening processes on presentation during clinical examination and history taking, and when required during care; to identify cognitive, behavioural, mental, and physical conditions; and to identify social and other circumstances that may compound these risks.

- **Clinical assessment**

The clinicians assess the conditions and risks identified through the above screening processes.

- **Developing the comprehensive care plan**

The clinicians document the findings of the screening and clinical assessment processes on the patient's medical record, including any relevant alerts. This information is used to develop a comprehensive and individualised care plan for each patient.

- **Delivering comprehensive care**

Safe care is delivered based on the comprehensive care plan and in partnership with patients, carers and families.

- **Using the comprehensive care plan**

The workforce, patients, carers and families work in partnership to use the comprehensive care plan to deliver care. Review and update the comprehensive care plan if it is not effective; and reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur.

- **Minimising patient harm**

Patients at risk of specific harm are identified and clinicians deliver targeted strategies to prevent and manage harm.

- ***Preventing and managing pressure injuries***

The organisation has systems for pressure injury preventing and wound management that are consistent with best-practice guidelines.

The **Prevention and Management of Pressure Injury** policy serves to provide an understanding and guide to how identify patients at increased risk of PI and provides practical strategies for prevention.

Preoperative Medical Questionnaire

The aim of the **Preoperative Medical Questionnaire** is used to identify patients who are at increased risk of falls.

STANDARD 6 - COMMUNICATING FOR SAFETY STANDARD

Clinical governance and quality improvement to support effective communication

FCC has in place systems for effective and coordinated communication that supports the delivery of continuous safe care for patients. These include:

- **Integrating clinical governance**

The Directors are responsible for implementing policies and procedures to support effective clinical communication and managing the risks associated with clinical communication. See Standard 1 of the NSQHS.

- **Applying quality improvement systems**

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The quality improvement system is applied to monitor the effectiveness of clinical communication and associated processes. This also involves implementing strategies to always improve clinical communication and associated processes. The outcome of clinical communication processes is reported in the annual Board Reports.

- **Partnering with consumers**

The clinicians use organisational processes from Partnering with Consumer Standard to effectively communicate with patients, carers, and families to actively involve patients in their own care; meet the patient's information needs; and share decision-making.

- **Organisational processes for effective communication**

FCC has clinical communication processes to support effective communication when:

- Identification and procedure matching should occur e.g. **Patient Identification and Procedure Matching**
- All or part of a patient's care is transferred within the organisation or between organisations, and on discharge e.g. **Medical Record Card, Surgical Procedure Checklist and Report** and **Discharge Summary**.

- **Correct identification and procedure matching**

The FCC used the WHO tool, *Ensuring Correct Patient, Correct Site, Correct Procedure*, to develop new its own policies and protocols. This includes **Patient Identification and Procedure Matching** policy

- **Communication at clinical handover**

The FCC has a uniform approach to clinical handover to ensure effective, concise, and complete communication in all clinical situations and facilitate care delivery. The **Clinical Handover** policy and procedure was developed to guide staff through the handover process.

The FCC follows the Minimum Data Sets (MDS) for individual patient handover to ensure effective and efficient clinical handover. The clinical handover process followed at the FCC is summarised by the acronym ISBAR and covers the following steps:

- **I** Identification of patient
- **S** Situation and status
- **B** Background and history
- **A** Action, plan and accountability
- **R** Responsibility and management

- **Communication of critical information**

All patients discharged from the facility are provided with a **Discharge Summary** that provides a collection of information about events during care of a patient at the FCC. The **Discharge Summary** is a critical document because it serves as the primary communication mechanism between the FCC and primary health care providers. The document was developed following national guidelines.

STANDARD 7 - BLOOD MANAGEMENT STANDARD

Clinical governance and quality improvement to support blood management

FCC has organisation-wide governance and quality improvement system to ensure that patient blood product requirements are met.

- **Prescribing and clinical use of blood and blood products**

The FCC has developed a prophylactic program to ensure the prevention of Rh (D) alloimmunisation and Haemolytic Disease of the Newborn (HDFN) in women who are Rh (D) Negative. The FCC uses Rh (D) Immunoglobulin (Ig) for this program which is a blood product. The FCC recognises that supplies of Rh (D) Ig for anti-D prophylaxis are scarce. Rh (D) Ig is manufactured from plasma donated by Australia's voluntary and non-renumerated donors who have been immunised to the Rh antigen D. To protect these scarce supplies, the FCC orders a minimum amount of the Ig. Additionally, the FCC ensures that all patients have a complete medical history and examination so that the correct dosage of Rh (D) Ig can be offered.

All patients who receive prophylaxis complete the **Rh (D) Immunoglobulin and Consent** form and the product and expiry label that comes with each injection is attached to the patient's medical history. All patients are also equipped with information (e.g. **CSL Biotherapies: Important Information for Rh (D) Negative Women**) to make an informed decision about prophylaxis and can refuse to be vaccinated by completing the waiver section of the consent form.

- **Managing the availability and safety of blood and blood products**

The FCC's policy and procedure for the safe use of blood products, Rh(D) Ig, is documented in the **Rh (D) Immunoglobulin Policy and Procedure**.

STANDARD 8 - RECOGNISING AND RESPONDING TO ACUTE DETERIORATION STANDARD

Clinical governance and quality improvement to support recognition and response systems

- **Detecting and recognising acute deterioration, and escalating care**

The FCC recognises that it can enhance recognition and response system for clinical deterioration include measurement and documentation of observations; escalation of care; rapid response systems; and clinical communication. For further information FCC has a **Adult Deterioration Detection System Guide**.

- **Responding to acute deterioration**

The **Adult Deterioration Detection System Guide** is used to prompt recognition and appropriate management of patient deterioration. The following vital signs for detecting deterioration in patients are monitored:

- Respiratory rate, O₂ saturation, Blood pressure, Heart rate, Temperature, Consciousness, and pain.