AUSTRALIAN COMMISSION
ON **SAFETY** AND **QUALITY** IN **HEALTH CARE**

CONSUMER FACT SHEET 1: INTRODUCTION TO THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE (NSQHS) STANDARDS (SECOND EDITION)

About this fact sheet

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed a series of fact sheets for consumers and carers about the National Safety and Quality Health Service (NSQHS) Standards (second edition) launched in November 2017.

About the NSQHS Standards (second edition)

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, state and territories, the private sector, clinical experts, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure expected standards of safety and quality are met.

The NSQHS Standards describe the level of care you should expect to receive from a health service organisation, in areas that affect the safety and quality of care, and where there is good evidence of how to provide better care.

There are eight NSQHS Standards

1. **Clinical Governance**, which aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

2. **Partnering with Consumers**, which aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services, and that consumers carers and/or their family are supported to be partners in their own care.

3. **Preventing and Controlling Healthcare-Associated** Infection, which aims to reduce the risk of patients getting preventable healthcare-associated infections, manage infections effectively if they occur, and limit the development of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

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4. **Medication Safety**, which aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

5. **Comprehensive Care**, which aims to ensure that consumers receive comprehensive health care that meets their individual needs, and that considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks to patients during health care are prevented and managed through targeted strategies.

6. **Communicating for Safety**, which aims to ensure that there is effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.

7. **Blood Management**, which aims to ensure that patients' own blood is safely and appropriately managed, and that any blood and blood products that patients receive are safe and appropriate.

8. **Recognising and Responding to Acute Deterioration**, which aims to ensure that acute deterioration in a patient's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

How can the NSQHS Standards (second edition) improve care?

Since the first edition of the NSQHS Standards was introduced in 2011, the rates of healthcare-associated infections have decreased, in-hospital cardiac arrests have decreased, adverse drug reactions and medication histories are better recorded and fewer antibiotics are prescribed due to improvements in appropriate antibiotic use.

The second edition of the NSQHS Standards will continue to require hospitals and health services to develop systems and ways of working that reduce harm and improve care. The NSQHS Standards (second edition) strengthen the roles of consumers, carers and families as partners in their own care, recognising that patient involvement leads to a more positive experience for consumers, and also enables high-quality health care and improved safety.

This means health service organisations will support you or the person you care for to understand information about your health and treatment options, to ask questions and share decisions about your care, so that the care you receive is right for you.

Health service organisations have already begun implementing the second edition of the NSQHS Standards. Assessments using the second edition of the NSQHS Standards will start from January 2019.

Further information

For more information about the NSQHS Standards and accreditation, visit the Commission's website: www.safetyandquality.gov.au.

Some useful terms explained

In the NSQHS Standards and the supporting documents, terms such as consumers, patients, carers and clinicians have specific meanings. Some useful definitions are below.

A **carer** is a person who provides personal care, support and assistance to another person who has a disability, medical condition (including a terminal or chronic illness) or mental illness, or who is frail and aged. An individual is not a carer merely because they are a husband, wife, de facto partner, parent, child, other relative or guardian, or because they live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation or caring as part of a training or education program.

Children refers to any persons aged from birth to 18 years. It includes neonates, children, adolescents and young people, unless otherwise stated.

A **clinician** is a healthcare provider who is trained as a health practitioner, including registered and non-registered practitioners. They may include nurses, doctors, allied health practitioners, technicians, scientists and other people who provide health care, and students who provide health care under supervision. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialled healthcare provider, or under other working arrangements.

A **consumer** is a person who has used, or may potentially use health services, or who is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative, to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

Family refers to any member of the family including parents, children, siblings, grandparents, aunts, uncles, cousins, friends and carers. It also includes guardianship arrangements and extended familial relationships.

A **health service organisation** is an organisation responsible for delivering health services including managing the administration and finances. Organisations delivering health care involve a group of clinicians and others working in a systematic way together to deliver health care to patients in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

A **partnership** refers to a collaborative relationship between consumers and clinicians or the health service organisation. Partnerships with consumers can exist in different ways in a health service organisation, including at an individual level with a clinician; at the level of a service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the health service organisation is responsive to patient and consumer input and needs, although the nature of the activities for these different types of partnerships will vary depending on the context of the health service organisation.

Shared decision making refers to a consultation process in which a clinician and a patient jointly participate in making a health decision, having discussed the options and their benefits and harms, and having considered the patient's values, preferences and circumstances.