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Contents

ACHS Standards

Continuum of Care

Leadership and Management

Human Resources Management

Information Management

Safe Practice and Environment

Improving Performance

Continuum of Care

The Continuum of Care Function contains four standards.

The intent of the standards and criteria is that the organisation reviews the services from an organisation and a consumer / patient perspective. The continuum of care commences at the time of the initial episode of care and continues until separation. Quality and safety principles are incorporated into all aspects of care and service delivery.

The first standard describes the principles of service provision, access and entry to the health care organisation. This standard links with the Leadership and Management Function - Standard 2.1.

The second standard describes the principles of consumer / patient assessment. To ensure a comprehensive assessment is performed, qualified and competent staff are involved in the process. This standard links with the Human Resources Management Function - Standard 3.1.

The third standard describes the principles of care planning, delivery and evaluation. This standard promotes a consultative, collaborative approach to care that actively involves the consumer / patient and carer. Evaluation of care given and health outcomes is undertaken. This standard links with the Leadership and Management Function - Standard 2.4.

The fourth standard describes the principles of separation and continuing management. While the planning for separation needs to commence at the initial episode of care, the detail of ongoing care beyond the organisation is arranged. There is a need to ensure that the consumer / patient has given consent for information to be released. This standard links with the Leadership and Management Function - Standard 2.4.

In all, there are three mandatory criteria within Continuum of Care that an organisation will need to achieve a rating of MA or higher to gain ACHS accreditation. The criteria are 1.2.1, 1.3.1 and 1.4.1.

The elements are principles in most instances and describe some important practices to achieve the criterion, though not all possible activities. The ACHS generic guidelines offer further description on how the criterion may be applied in practice but the organisation is encouraged to consider these guidelines along with other relevant resource material, for example, Australian Council for Safety and Quality in Health Care (ACSQHC), state / territory Quality Frameworks, speciality standards eg National Standards for Mental Health Services.

Function 1 Continuum of Care

Standard 1.1 Consumers / patients have access to health care appropriate to their needs.

Criteria

- 1.1.1 The community has information on, and access to, services appropriate to its needs.
- 1.1.2 The organisation and its services can be located easily and physical access to the organisation is appropriate to community needs.
- 1.1.3 Access to the system of care is prioritised according to clinical need.

Standard 1.2 A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.

Criterion

1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Standard 1.3 Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.

Criteria

1.3.1 Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible results.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

1.3.2 Care is evaluated by health care providers together with the consumer / patient and, when appropriate, with the carer.

Standard 1.4 Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

Criterion

1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

STANDARD 1.1 Consumers / patients have access to health care appropriate to their needs.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.1.1 The community has information on, and access to, services appropriate to its needs.</p>	<ul style="list-style-type: none"> (a) The organisation is aware of its community's needs, for health services. (b) The community is aware of available health care services. (c) The service operates during its normal business hours. (d) Where twenty four (24) hour emergency services are not available, there is information about the location of the closest emergency service. 	<ul style="list-style-type: none"> (a) There is a system to ensure the community can safely access services appropriate to their needs. (b) The system is responsive to community needs. (c) Service provision is supported by appropriate resources. (d) Consumers / patients have information about the specific service(s) they are using. (e) Service providers within the organisation have knowledge of relevant and complementary services within the broader community. (f) Service providers within the broader community have knowledge of relevant services within the organisation. (g) Information on hours of service(s) are available to consumers / patients. 	<ul style="list-style-type: none"> (a) The organisation evaluates the appropriateness of the services available to the community, the community's knowledge of those services, and makes improvements, as required. (b) Hours of operation reflect the needs of the community. (c) There is collaboration between the organisation and external service providers. 	<ul style="list-style-type: none"> (a) The organisation compares service information and access systems, internally and externally and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in service information and access systems that meet the community's expectations.

STANDARD 1.1 Consumers / patients have access to health care appropriate to their needs.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.1.2 The organisation and its services can be located easily and physical access to the organisation is appropriate to community needs.</p>	<p>(a) There is clear external signage at appropriate locations. (b) The organisation has identified disability and cultural signage needs. (c) Disability access meets legislative requirements (where they exist) and / or is based on recognised guidelines.</p>	<p>(a) All services / departments are sign posted appropriate to the needs of the community and the organisation. (b) Sign posting reflects the use of multilingual / international symbols appropriate to the community's needs.</p>	<p>(a) Multilingual / international symbols are used throughout the organisation according to community demographics. (b) The organisation regularly evaluates whether the signage meets community needs and makes necessary improvements. (c) The organisation evaluates whether the physical access meets community needs and makes necessary improvements.</p>	<p>(a) Signage and physical access are compared with available published standards and external data, and improvements are made, as required.</p>	<p>(a) The organisation demonstrates it is a leader in the provision of excellent signage systems and physical access, appropriate to the needs of its community.</p>

STANDARD 1.1 Consumers / patients have access to health care appropriate to their needs.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.1.3 Access to the system of care is prioritised according to clinical need.</p>	<p>(a) Information on how to access the organisation's services is available to the community. (b) Relevant external service providers have knowledge of referral and entry systems.</p>	<p>(a) There are systems for prioritising access to services based on consumer / patient needs. (b) There is a system to ensure continuity of care between referrers and providers. (c) Information and investigations / results follow the consumer / patient through the referral system. (d) Admission / entry processes meet consumer / patient needs and minimise duplication.</p>	<p>(a) The organisation evaluates the systems for prioritising consumer / patient access to care and improves processes, as required. (b) Admission / entry processes are evaluated and improved to meet consumer / patient and provider needs.</p>	<p>(a) Performance indicators and processes for: (i) prioritising access to services and (ii) admission / entry systems are measured, compared with internal and external systems and improvements are made, as required.</p>	<p>(a) The organisation demonstrates it is a leader in the provision of prioritised access to its system of clinical care.</p>

STANDARD 1.2 A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.2.1 <i>The assessment system ensures consumer / patient needs are identified by competent professionals.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (1.2.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Guidelines are available to assess clinical, non-clinical and social needs, including the identification of 'at risk' consumers / patients. (b) Students / inexperienced staff are supervised when participating in the assessment process. (c) Health care providers are aware of the need to plan for separation at the time of the initial episode of care. 	<ul style="list-style-type: none"> (a) Designated persons with relevant qualifications and experience are responsible for consumer / patient assessment. (b) Assessment is multidisciplinary, if appropriate, and is documented. (c) When appropriate, a support person / carer is involved in the assessment process. (d) The assessment process avoids unnecessary duplication. (e) Referral systems to other relevant service providers are in place. (f) Information is provided to the consumer / patient on their health status. (g) There is a system to ensure consumers / patients are reassessed when there is a change in health or functional status. (h) Planning for discharge / transfer is multidisciplinary, if appropriate, and coordinated. 	<ul style="list-style-type: none"> (a) Comprehensive assessment guidelines, based on professional standards are used. (b) The assessment processes are evaluated and improved, as required. (c) Referral systems are coordinated and used efficiently and effectively. (d) Planning for discharge / transfer is evaluated to ensure it consistently occurs, is multidisciplinary, if appropriate, and meets consumer / patient and carer needs. 	<ul style="list-style-type: none"> (a) Assessment and separation planning practices are compared with internal and external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in consumer / patient assessment and separation planning.

STANDARD 1.3 Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.3.1 <i>Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible results.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (1.3.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Guidelines on care planning and delivery are available. (b) Care is provided in response to immediate consumer / patient needs based on established policies and procedures. (c) Care is planned and delivered in accordance with medico-legal requirements. 	<ul style="list-style-type: none"> (a) Effective guidelines for 'high risk' practices have been developed and implemented. (b) Responsibilities for care planning and delivery are designated. (c) Care planning and delivery are coordinated by providers. (d) Consumers / patients and carers are given information that allows them to understand their care requirements. (e) Consumers / patients are involved in care planning. (f) There are systems to ensure changes to care planning and delivery occur in response to consumer / patient outcomes. 	<ul style="list-style-type: none"> (a) Policies and procedures for care delivery are based on professional guidelines, codes of practice and medico-legal requirements. (b) There is effective participation in care planning by all relevant staff and the consumer / patient. (c) The consumer / patient understands care delivery options. (d) Data on variances are analysed and necessary improvements are made. 	<ul style="list-style-type: none"> (a) Care planning and delivery practices, together with data on variances, are compared with external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in care planning and delivery practices.

STANDARD 1.3 Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.3.2 Care is evaluated by health care providers together with the consumer / patient and, when appropriate, with the carer.</p>	<p>(a) Individual health care providers informally review care delivery and consumer / patient outcomes.</p>	<p>(a) Data are collected on care delivery and outcomes, appropriate to the service. (b) Prior to discharge, health care providers discuss the outcomes of care with the consumer / patient and carer, and this is documented. (c) Actions are taken to improve care delivery and consumer / patient outcomes.</p>	<p>(a) Consumers / patients, and when relevant, carers participate in the evaluation of care, as appropriate. (b) The consumer / patient and, when relevant, carer, understand the reasons for their outcomes.</p>	<p>(a) Performance indicators for care and outcome data are measured, compared with internal and external systems and improvements are made, as required. (b) Data using national definitions are submitted to the relevant national database for aggregation and comparison, as appropriate. (c) Comparative reports resulting from participation in national databases are regularly reviewed and improvement to practice and service is made, as required.</p>	<p>(a) The organisation is a leader in the provision of quality and safe care as demonstrated by its practices and consumer / patient outcomes.</p>

STANDARD 1.4 Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>1.4.1 <i>Processes for discharge / transfer address the needs of the consumer / patient for ongoing care.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (1.4.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Guidelines for separation are available. (b) Separation is authorised by an appropriate health professional. (c) Consent by the consumer / patient / responsible other, is obtained when providing personal information to other service providers. (d) There is a system to ensure service providers receive timely notification about consumer / patient discharge to their care. 	<ul style="list-style-type: none"> (a) Systems for discharge / transfer are used throughout the organisation. (b) Information about ongoing care is discussed with the consumer / patient and a written copy of advice / instruction is provided. (c) Verbal information on how to re-enter a specific health service is provided. (d) Arrangements with other service providers are made and confirmed prior to transfer / discharge. 	<ul style="list-style-type: none"> (a) There is a multidisciplinary, coordinated approach to separation. (b) Documentation on arranged post-discharge services is given to the consumer / patient or when relevant, carer. (c) Written information is provided to the consumer / patient / carer on how to re-enter a specific health service. (d) Formalised follow-up occurs for 'at risk' consumers / patients. (e) The processes for transfer / discharge are evaluated and improvements are made, as required. (f) Information for consumers / patients, other service providers and the systems for providing the information are evaluated and improvements are made, as required. 	<ul style="list-style-type: none"> a) Performance indicators for separation and transfer / discharge are measured, compared with internal and external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation is a leader in discharge / transfer systems that allow consumers / patients to function at their optimal level.

Leadership and Management

The Leadership and Management Function contains four standards.

The intent of the standards and criteria is that strong leadership and management is fundamental to an improving organisation. The management of the organisation has a prime responsibility for ensuring an appropriate infrastructure is established to support the organisation in providing quality and safe care and service. The standards and criteria interrelate with all other functions.

In the first standard there is an emphasis on the role of the governing body and the need for strong leadership and direction. Other areas of governing body responsibility include strategic direction; compliance with legislative requirements; credible and transparent governance; delegations; and corporate, operational and clinical policies.

The second standard promotes the implementation of risk management principles including the development of an organisation-wide risk management policy and a risk management system. This standard links with the Continuum of Care and Safe Practice and Environment Functions.

The third standard promotes the need for strong leadership in improving performance. Improving performance can be demonstrated in a number of ways including better outcomes in care, safety and service delivery. This standard links with the Improving Performance Function.

The fourth standard promotes consumer participation and addresses the need to involve consumers. Rights and responsibilities including privacy, consent and complaint management are also included within this standard. This standard links with the Continuum of Care Function.

In all, there are five mandatory criteria within Leadership and Management that an organisation will need to achieve a rating of MA or higher to gain ACHS accreditation. The criteria are 2.1.2, 2.1.5, 2.2.1, 2.3.1, and 2.4.2.

The elements are principles in most instances and describe some important practices to achieve the criterion, though not all possible activities. The ACHS generic guidelines offer further description on how the criterion may be applied in practice but the organisation is encouraged to consider these guidelines along with other relevant resource material, for example Australian Council for Safety and Quality in Health Care (ACSQHC), state / territory Quality Frameworks, speciality standards eg National Standards for Mental Health Services.

Function 2 Leadership and Management

Standard 2.1 The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criteria

2.1.1 The organisation provides quality, safe care through the planning and development of services and its pro-active response to internal and external challenges.

2.1.2 *Care and service are provided in accordance with legislative requirements.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

2.1.3 Credible and transparent governance is assisted by formal structures within the governing body, and an operational framework within the organisation.

2.1.4 A system for the delegation of authority and the management of external service providers supports safe and efficient business practices.

2.1.5 *Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Standard 2.2 The governing body promotes the safety of all persons within the organisation by its pro-active approach to preventing and managing clinical and non-clinical risks.

Criteria

2.2.1 *An organisation-wide risk management policy ensures that safety is considered in all activities.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

2.2.2 A risk management system ensures that risks are minimised in all activities.

Standard 2.3 The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

Criterion

2.3.1 *The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Standard 2.4 The governing body is committed to consumer participation as a strategy to assist the improvement of quality, safe care and service.

Criteria

2.4.1 The organisation establishes mechanisms for involving consumers in planning, provision, monitoring and evaluation of the health service to support improvement.

2.4.2 *Information is readily available for consumers / patients so that they are informed of their rights and responsibilities.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

STANDARD 2.1 The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.1.1 The organisation provides quality, safe care through the planning and development of services and its pro-active response to internal and external challenges.</p>	<ul style="list-style-type: none"> (a) Strategic planning exists only as an informal process. (b) There is a planned approach to the development of facilities and services. (c) There is limited communication with staff on planned changes. (d) There is an awareness of the need to develop relationships with relevant organisations and communities to achieve organisational and strategic goals. 	<ul style="list-style-type: none"> (a) A strategic plan exists but it is not linked to the operational plan. (b) Organisational service planning is in accordance with corporate objectives. (c) Stakeholders, including staff, are involved in the development of plans. (d) Planned changes are clearly communicated to staff. (e) Formal relationships with relevant external organisations exist. 	<ul style="list-style-type: none"> (a) Strategic and operational plans are integrated and reflect the role of the organisation. (b) Clinical and non-clinical service planning reflects projected service demands. (c) The governing body monitors achievement of plans and takes action to address improvement. (d) Organisational changes are evaluated in consultation with all stakeholders. 	<ul style="list-style-type: none"> (a) The process of service planning and development is compared with external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader by the success of its services and pro-active response to internal and external challenges.

STANDARD 2.1 The governing body leads the organisation’s strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.1.2 <i>Care and service are provided in accordance with legislative requirements.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (2.1.2) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Management is aware of legislative requirements. (b) A mechanism is in place to receive notification of legislative requirements. (c) Management is accountable for the implementation of, and compliance with, legislative requirements. 	<ul style="list-style-type: none"> (a) A system is in place for assessing compliance with legislative requirements. 	<ul style="list-style-type: none"> (a) The system for ensuring implementation of and compliance with legislative requirements is evaluated and necessary improvements are made, as required. 	<ul style="list-style-type: none"> (a) The system to address legislative requirements is compared with external systems. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader for its systems to address legislative requirements.

STANDARD 2.1 The governing body leads the organisation’s strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.1.3 Credible and transparent governance is assisted by formal structures within the governing body, and an operational framework within the organisation.</p>	<ul style="list-style-type: none"> (a) Appointments address the needs of the governing body and the organisation. (b) Director’s / proprietor’s duties and responsibilities comply with relevant legislation. (c) There is informal orientation of newly appointed members to the governing body. (d) Terms of reference, membership and procedures are in place for meetings of the governing body. (e) A formal process of appointment for management is in place. (f) An informal organisational structure is in place. (g) Budgeting, reporting and auditing processes, consistent with legislative and accepted requirements, are in place. 	<ul style="list-style-type: none"> (a) There is a formal description on the role of the governing body. (b) There is formal orientation to the governing body’s role. (c) There is some basic education of members regarding their role and duties. (d) The governing body assesses limited aspects of its performance. (e) Terms of reference, membership and procedures are defined for the meetings of the governing body and all committees within the organisation. (f) Minutes are recorded and confirmed. (g) A formal organisational structure is in place. (h) Financial systems, including asset management have been implemented. 	<ul style="list-style-type: none"> (a) The governing body collectively assesses its performance. (b) Self-evaluation by individual members of the governing body occurs. (c) The governing body assesses the performance of the organisation in providing safe, quality care. (d) Education of members addresses all relevant issues. (e) Committee effectiveness is monitored and regularly evaluated. (f) Organisational structures and processes are regularly reviewed to ensure services deliver quality, safe care in an efficient manner. (g) Monitoring systems on financial performance are in place and communicated to relevant staff. 	<ul style="list-style-type: none"> (a) Credible and transparent governance together with the components of the operational framework, are compared with external systems to identify processes that may be improved. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader for its credible and transparent governance.

STANDARD 2.1 The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.1.4 A system for the delegation of authority and the management of external service providers supports safe and efficient business practices.</p>	<p>(a) Existing delegation procedures throughout the organisation are informal and minimal. (b) Existing agreements with external service providers are not formally documented.</p>	<p>(a) A system is in place to define delegations and assess compliance. (b) There are documented agreements with all external service providers.</p>	<p>(a) Compliance with delegations is monitored and required changes are made. (b) The level of delegation is evaluated to ensure it is appropriate for the role of the individual in the organisation and the scope of their responsibilities. (c) The organisation evaluates the performance of external service providers and ensures action is taken to address any improvements required.</p>	<p>(a) Delegations are compared with external systems and improvements are made, as required. (b) Agreements with, and systems for monitoring the performance of external service providers, are compared with those used by other organisations and improvements are made, as required.</p>	<p>(a) The organisation is recognised as a leader in systems of delegation and the management of external service provision.</p>

STANDARD 2.1 The governing body leads the organisation’s strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.1.5 <i>Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (2.1.5) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) There is limited awareness of by-laws / operating requirements / management requirements. (b) Corporate, operational and clinical policies are in place for legislative requirements. (c) Corporate, operational and clinical policies are developed in response to issues as they occur. (d) Management is aware of: <ul style="list-style-type: none"> (i) Australian Standards (ii) professional guidelines (iii) codes of practice (iv) codes of ethics. 	<ul style="list-style-type: none"> (a) There is adherence to by-laws / operating requirements / management requirements. (b) A framework for corporate, operational and clinical policy development is in place. (c) Staff have access to relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) professional guidelines (iii) codes of practice (iv) codes of ethics; at the service level. (d) There is a system for monitoring compliance with policies and procedures. 	<ul style="list-style-type: none"> (a) By-laws / operating requirements / management requirements are regularly reviewed to reflect current requirements. (b) The framework for policy development is used, reviewed and improved if required. (c) Policies and procedures are regularly reviewed and updated. (d) Changes to clinical practice and in non-clinical areas are reflected in updated policies and procedures. (e) Policies reference: <ul style="list-style-type: none"> (i) current issues (ii) Australian Standards (iii) professional guidelines (iv) codes of practice (v) codes of ethics; relevant to the size and role of the organisation. 	<ul style="list-style-type: none"> (a) The framework for corporate, operational and clinical policy development and management is compared with internal and external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in the development, implementation and evaluation of its corporate, operational and clinical policies.

STANDARD 2.2 The governing body promotes the safety of all persons within the organisation by its pro-active approach to preventing and managing clinical and non-clinical risks.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.2.1 <i>An organisation-wide risk management policy ensures that safety is considered in all activities.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (2.2.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) There is an awareness of the need to manage risks throughout the organisation. (b) Legislative requirements relevant to risk management are met. (c) There is an organisation-wide risk management policy. (d) The risk management policy includes strategies for managing: <ul style="list-style-type: none"> (i) 'near misses' (ii) incidents (iii) adverse events (iv) sentinel events (v) communication with staff / consumers / carers. (e) Staff are aware of the risk management policy. 	<ul style="list-style-type: none"> (a) A risk management policy is defined and implemented. (b) The risk management policy is relevant to the organisation's strategic context, goals, objectives and the nature of the business. (c) The risk management policy is endorsed by the governing body. (d) Management has allocated resources to risk management. 	<ul style="list-style-type: none"> (a) The risk management policy is reflective of current standards. (b) There is a system for management to evaluate if the risk management policy is understood, implemented and maintained by all levels of the organisation. (c) The risk management policy is reviewed regularly in line with regulatory changes and relevant standards. 	<ul style="list-style-type: none"> (a) The risk management policy is compared externally with other risk management policies to identify aspects that can be improved. 	<ul style="list-style-type: none"> (a) The organisation demonstrates that it is a leader in its approach to risk management. (b) Commendations are received from third party reviews.

STANDARD 2.2 The governing body promotes the safety of all persons within the organisation by its pro-active approach to preventing and managing clinical and non-clinical risks.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.2.2 A risk management system ensures that risks are minimised in all activities.</p>	<ul style="list-style-type: none"> (a) There is an awareness of the need for consultation and communication about managing risks across the organisation. (b) There is a comprehensive incident reporting mechanism in place. (c) Issues of confidentiality are a part of the risk management system. 	<ul style="list-style-type: none"> (a) A risk management system is developed, documented and implemented to ensure consumer / patient safety. (b) Systems are in place to ensure personnel can initiate action to prevent and / or reduce the impact of risks. (c) The risk management system can identify system failures and opportunities. (d) An integrated, blame-free system for identifying, reporting and managing: <ul style="list-style-type: none"> (i) 'near misses' (ii) incidents (iii) adverse events (iv) sentinel events; is in place. (e) Sentinel events are reported to the governing body. 	<ul style="list-style-type: none"> (a) The risk management system is evaluated. (b) Risk identification and risk analysis is undertaken using qualitative and quantitative data. (c) Evaluation of the reporting system for: <ul style="list-style-type: none"> (i) 'near misses' (ii) incidents (iii) adverse (iv) sentinel events; occurs and necessary improvements are made. (d) Analysis and trending of: <ul style="list-style-type: none"> (i) 'near misses' (ii) incidents (iii) adverse events (iv) sentinel events; occur and action is taken to reduce harm and improve the quality of care and service. (e) A blame free culture of enquiry and learning exists. 	<ul style="list-style-type: none"> (a) Performance indicators for risk management are analysed and compared with similar internal and external systems and improvements in processes are made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in risk management. (b) The organisation demonstrates that it is a leader in adverse and sentinel event management.

STANDARD 2.3 The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.3.1 <i>The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (2.3.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Improving performance is driven by the governing body and management. (b) Philosophies, principles and methods relating to quality, are established. 	<ul style="list-style-type: none"> (a) The philosophies, principles and methods relating to quality, are used by the organisation. (b) Improving performance is a planned and continuous process. (c) Management identifies and promotes organisational performance targets. (d) Management allocates resources to improving performance. 	<ul style="list-style-type: none"> (a) Qualitative and quantitative data are collected, analysed and used to drive improvement. (b) Results from performance targets and improving performance activities are communicated widely within the organisation and to the governing body, as appropriate. (c) Continuous improvement activities are generated, and evaluated by staff. (d) Strategies to motivate staff to continually strive to improve performance in care and service delivery, are used. 	<ul style="list-style-type: none"> (a) Benchmarking occurs internally and externally and improvements to practices and systems are made across the organisation, as required. (b) The organisation is able to demonstrate evidence based practice. (c) An organisation-wide culture demonstrates management is committed to and responsible for improving performance in care and service delivery. 	<ul style="list-style-type: none"> (a) The organisation's continuous quality improvement system demonstrates it is a leader in its commitment to care and service delivery.

STANDARD 2.4 The governing body is committed to consumer participation as a strategy to assist the improvement of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.4.1 The organisation establishes mechanisms for involving consumers in planning, provision, monitoring and evaluation of the health service, to support improvement.</p>	<ul style="list-style-type: none"> (a) Management is committed to consumer participation. (b) The organisation has a policy that promotes consumer participation. (c) The organisation works with relevant consumer groups. (d) Management considers clinical ethical issues. (e) Consumers sign confidentiality agreements when appointed to committees, and as appropriate. 	<ul style="list-style-type: none"> (a) Partnerships are established between consumer / carer / community groups and the organisation. (b) The organisation implements training programs for consumers. (c) Data are collected on consumer / patient / carer participation in care. (d) There are systems to ensure clinical ethical issues are resolved. 	<ul style="list-style-type: none"> (a) Consumers are involved in the evaluation of care and service. (b) Data on consumer participation are evaluated and improvements are made, as required. (c) Evaluation reveals an evolving partnership between consumers and the organisation. (d) Research projects are consistent with national guidelines. 	<ul style="list-style-type: none"> (a) There is consumer representation on relevant organisational / service committees. (b) Written guidelines on consumer participation and a code of conduct are developed by consumers. (c) New models for care delivery are developed to meet consumer needs. (d) Consumer participation is compared with other organisations and improvements are made, as required. (e) There is funding allocation for consumer participation activities. 	<ul style="list-style-type: none"> (a) The organisation demonstrates its leadership in practices and performance that involve consumers in the planning, provision, monitoring and evaluation of health service delivery. (b) Effective participation projects / models / services are identified as industry best practice of care.

STANDARD 2.4 The governing body is committed to consumer participation as a strategy to assist the improvement of quality and safe care and service

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>2.4.2 <i>Information is readily available for consumers / patients so that they are informed of their rights and responsibilities.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (2.4.2) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) A consumer / patient rights and responsibilities document exists. (b) The procedures that require consumer / patient consent are clearly defined. (c) Staff are aware of the policy on consent procedures. (d) A complaints mechanism is in place and is clearly communicated to consumers. 	<ul style="list-style-type: none"> (a) All consumers / patients receive a copy of the rights and responsibilities document. (b) Staff discuss rights and responsibilities with the consumer / patient. (c) A complaints management system is implemented. (d) Consent is obtained for any relevant requirement. (e) There is a mechanism for communicating positive feedback about care and service to staff and management. 	<ul style="list-style-type: none"> (a) Consumer / patient understanding of rights and responsibilities is evaluated and improvements to documents and practices are made as required, with the involvement of consumers. (b) Compliance with the consent process is evaluated and strategies for improvement are implemented, as required. (c) The consent process is evaluated to determine consumer / patient understanding of the information provided and improvements are made, as required. (d) Complaints are analysed and trended and improvements are made to systems, services and facilities, as required. (e) The complaints management system is evaluated and improvements are made, as required. 	<ul style="list-style-type: none"> (a) Comparison of documents and practices for consumer / patient: <ul style="list-style-type: none"> (i) rights and responsibilities (ii) consent for treatment / procedures (iii) complaints; occurs with external systems and improvements are made as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates leadership in its systems for ensuring consumers / patients are informed about their rights and responsibilities.

Human Resources Management

The purpose of this function is to ensure the organisation's human resources are managed in a manner that supports the provision of quality and safe care and services.

The issues that are highlighted within the function are considered essential for the management of human resources within a health care environment and provide an effective system for the management of contemporary human resources requirements. This function links with the Continuum of Care Function - Standard 1.2, the Leadership and Management Function - Standards 2.1 and 2.3 and the Safe Practice and Environment Function - Standard 5.1.

The Human Resources Management Function is to be applied by all organisations and is intended to cover all staff, including permanent, casual, visiting staff and volunteers. The complexity of human resources planning and management will be influenced by many factors including the organisation's size and diversity, geographical location and the range and type of service it provides.

The first criterion, strategic human resources planning, supports the provision of quality and safe care and services. This criterion is linked with Standard 2.1 in the Leadership and Management Function.

The following three Criteria, 3.1.2 - recruitment, 3.1.3 - performance management and 3.1.4 - learning and development complement the first criterion to ensure that the human resources are organised appropriately and managed effectively to provide quality and safe care and service. **The organisation needs to achieve a rating of MA or higher for Criterion 3.1.2 to gain ACHS accreditation.**

The last two Criteria, 3.1.5 - workplace relations and 3.1.6 - staff support, underpin the relationship between employers and staff and ensure the safety and well being of staff are considered.

The elements are principles in most instances and describe some important practices to achieve the criterion, though not all possible activities. The ACHS generic guidelines offer further description on how the criterion may be applied in practice but the organisation is encouraged to consider these guidelines along with other relevant resource material, for example Australian Council for Safety and Quality in Health Care (ACSQHC), state / territory Quality Frameworks, speciality standards eg National Standards for Mental Health Services.

Function 3 Human Resources Management

Standard 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criteria

3.1.1 Human resources planning supports the organisation's current and future ability to provide quality and safe care and service.

3.1.2 *The recruitment, selection, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service.*

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

3.1.3 The performance management system ensures the competency of staff supports safe practice and the provision of quality care and service.

3.1.4 The learning and development system ensures the skill and competency of staff support safe practice and the provision of quality care and service.

3.1.5 Workplace relations support the organisation in achieving its goals.

3.1.6 The organisation provides services that support staff to provide quality and safe care and service.

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.1 Human resources planning supports the organisation's current and future ability to provide quality and safe care and service.</p>	<p>(a) Recruitment activities are focused on current needs. (b) Workforce planning is limited and is not linked to service provision.</p>	<p>(a) Data related to current human resources are used to develop human resources plans. (b) There is a system to identify consumer / patient and staff needs to achieve the desired skill mix. (c) The human resources strategic plan is clearly linked to the organisation's strategic direction.</p>	<p>(a) The organisation's human resources planning reflects consumer / patient and staff needs. (b) Staff participate in decisions about the human resources strategic direction. (c) The human resources priorities and strategic direction are regularly reviewed and changes are made as required. (d) There are contingency plans to manage workforce shortages.</p>	<p>(a) Performance indicators and processes for human resources planning are measured, compared internally and with external systems, and improvements are made, as required. (b) Developments in human resources management research are used to inform planning and management activities.</p>	<p>(a) The organisation demonstrates it is a leader in planning for current and future human resources requirements.</p>

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.2 <i>The recruitment, selection, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (3.1.2) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Recruitment, selection, appointment and continuing employment is undertaken for staff in accordance with service, legal and / or individual state / territory requirements. (b) Recruitment processes ensure staff have the necessary licences, registration, qualifications, skills and experience to perform their work. (c) Recruitment, selection, appointment and continuing employment processes are transparent and equitable. (d) There is a system that checks the credentialing process to ensure clinical staff undertake clinical work that is in keeping with their skills and expertise. (e) Confidential staff records are maintained for recruitment, selection, appointment and continuing employment. 	<ul style="list-style-type: none"> (a) There is a recruitment system to: <ul style="list-style-type: none"> (i) identify staff requirements (ii) address skill shortages (iii) identify staff who require additional training to develop, maintain or improve their skills and expertise. (b) All services comply with the organisation's recruitment, selection, appointment and continuing employment requirements. 	<ul style="list-style-type: none"> (a) Performance indicators are used to evaluate and improve recruitment, selection, appointment and continuing employment systems. (b) Recruitment, selection, appointment and continuing employment systems are adapted to changing service requirements. (c) A review process ensures that staff continue to be appropriately registered, licensed and / or credentialed. 	<ul style="list-style-type: none"> (a) Performance indicators and processes for recruitment, selection, appointment and continuing employment are compared internally and with external systems, and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in the development and implementation of recruitment, selection, appointment and continuing employment systems.

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.3 The performance management system ensures the competency of staff supports safe practice and the provision of quality care and service.</p>	<ul style="list-style-type: none"> (a) Staff are provided with a written statement of their accountabilities and responsibilities. (b) Staff performance is reviewed in accordance with organisation-wide requirements and informal feedback is given. (c) Appropriately experienced, trained and qualified staff adequately supervise staff. 	<ul style="list-style-type: none"> (a) There is a performance management system to ensure: <ul style="list-style-type: none"> (i) staff are competent and accountable for their work (ii) future growth and development needs are identified. (b) The statement of accountabilities and responsibilities is regularly reviewed to ensure it is current. (c) Performance management review includes the active participation of both managers and staff. 	<ul style="list-style-type: none"> (a) Key indicators are used to evaluate and improve the performance management system. (b) The performance management system is integrated with any relevant service plans. (c) Staff participate in evaluating the performance management system. 	<ul style="list-style-type: none"> (a) Performance management indicators and processes are measured, compared internally and with external systems, and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in the development and implementation of performance management systems.

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.4 The learning and development system ensures the skill and competency of staff support safe practice and the provision of quality care and service.</p>	<p>(a) The organisation provides training in accordance with legislative requirements. (b) Staff are consulted about their learning and development needs.</p>	<p>(a) There is a learning and development system accessible to all staff that: (i) identifies both the needs of the organisation and the staff (ii) ensures staff remain competent to perform their work. (b) Staff contribute to the planning of the learning and development system.</p>	<p>(a) Performance indicators are used to evaluate learning and development systems to ensure: (i) participants have current knowledge and skills (ii) compliance with legislative requirements (iii) processes are improved (iv) changing needs of the organisation and the staff are met.</p>	<p>(a) Performance indicators for learning and development are measured, compared internally and with external systems, and improvements are made, as required.</p>	<p>(a) The organisation demonstrates it is a leader in planning and providing learning and development systems.</p>

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.5 Workplace relations support the organisation in achieving its goals.</p>	<ul style="list-style-type: none"> (a) Industrial relations are managed in accordance with legislative requirements. (b) Staff are consulted about industrial relations in their workplace. (c) The workplace rights and responsibilities of staff and management are clearly defined, communicated and respected. (d) Management and staff have access to information about grievance processes. 	<ul style="list-style-type: none"> (a) There is a consultative and transparent system to identify, manage and resolve workplace relation issues. (b) Management and staff work cooperatively to achieve effective workplace relations. (c) The management of workplace relations is coordinated with any relevant external groups. 	<ul style="list-style-type: none"> (a) Performance indicators are used to evaluate and improve workplace relations. 	<ul style="list-style-type: none"> (a) Performance indicators for workplace relations are measured, compared internally and with external systems, and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in the management of workplace relations.

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>3.1.6 The organisation provides services that support staff to provide quality and safe care and service.</p>	<ul style="list-style-type: none"> (a) A limited range of personal support services are available to staff. (b) Staff know how to access support services. (c) Staff are consulted about requirements for support services. (d) Managers have the skills to identify 'at risk' staff behavior. 	<ul style="list-style-type: none"> (a) There is a flexible staff support system that identifies staff support needs. (b) The organisation has systems in place, which recognise the contribution of staff. (c) Staff contribute to decisions relating to the development of personal support services. (d) Managers facilitate staff access to support services. (e) Service planning includes staff support strategies. 	<ul style="list-style-type: none"> (a) Performance indicators are used to evaluate staff support services and to improve processes. (b) The organisation supports flexible work practices to acknowledge a balance between work and other personal responsibilities. 	<ul style="list-style-type: none"> (a) Performance indicators for staff support services are compared internally and with external systems and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation demonstrates it is a leader in the planning, development and provision of staff support services.

Information Management

The provision of quality care and the effective and efficient management of health care organisations are dependent on timely and accurate information. The principles of good information management are the same regardless of the size and type of organisation or the complexity of the information technology. There are increasing requirements for information management to support organisational performance and health care delivery.

Organisations need to continuously improve their management of data and information, especially with respect to the creation of information from data, how information is used across the organisation, and whether information is available when needed. An organisation can analyse the information system it uses to see if it is effective and efficient, whether it supports consumer / patient care and safety, and whether it is supporting improvement in performance. Achieving these goals involves the use of:

1. Information management practices

Sound information management practices require an organisation to:

- determine its information needs
- collect and collate data and retain and improve information
- identify the outcomes of the use of the information.

2. Information technology (IT) [if available] to support information management practices

The management of applications and systems is needed to support the information management activities of the organisation if technology is used.

3. Behaviours and values of people in using information

Research shows that for effective information management there needs to be defined systems for the collection, organisation and maintenance information in combination with people embracing the appropriate behaviours and values for working with and using information. These behaviours include staff ensuring integrity and accuracy of data, information use and sharing with colleagues, and information not being used for personal gain.

The Information Management Function is divided into three standards. The first identifies management of the sources of data and information. **The organisation needs to achieve a rating of MA or higher for Criterion 4.1.1 to gain ACHS accreditation.** A well-documented health record is mandatory to quality consumer / patient care and safety.

The second standard identifies systems for the creation of information from data and its use within the organisation.

The third standard identifies systems for information technology, if it is used.

The elements are principles in most instances and describe some important practices to achieve the criterion, though not all possible activities. The ACHS generic guidelines offer further description on how the criterion may be applied in practice but the organisation is encouraged to consider these guidelines along with other relevant resource material, for example Australian Council for Safety and Quality in Health Care (ACSQHC), state / territory Quality Frameworks, speciality standards eg National Standards for Mental Health Services.

Function 4 Information Management

Standard 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criteria

4.1.1 *Consumer / patient health records are a primary source of information to support consumer / patient care and safety, improving performance and for managing the organisation.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

4.1.2 Unique identification of consumers / patients ensures comprehensive and accurate information is used in care delivery.

4.1.3 Non-clinical information sources are maintained and monitored to enable safe management and for the organisation's goals to be met.

4.1.4 There are systems for record management that support the collection of information and that meet the organisation's needs.

4.1.5 Reference and research material is managed to support quality and safe care and service.

Standard 4.2 Information is created and is used to meet strategic and operational needs and to support quality and safety.

Criteria

4.2.1 Data are organised to ensure availability, analysis and the creation of information.

4.2.2 Clinical classification provides health information to support internal and external service requirements.

4.2.3 Data are analysed and used to support quality and safe care and service.

Standard 4.3 Information technology (IT) enhances the organisation's ability to support care, safety, organisational goals and information management goals.

Criteria

4.3.1 The organisation uses an integrated approach to plan, and appropriately use, information technology (IT).

4.3.2 Risks to the information technology (IT) systems are managed to minimise disruption.

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.1.1 <i>Consumer / patient health records are a primary source of information to support consumer / patient care and safety, improving performance and for managing the organisation.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (4.1.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) A current documentation policy and procedure is available for staff. (b) Every consumer / patient has a health record. (c) Relevant internal and external health care providers have access to information about the consumer / patient, in accordance with privacy legislation. (d) Staff are instructed in, and understand their responsibilities for, documentation. 	<ul style="list-style-type: none"> (a) Health care providers use the health record to document all aspects of care and communicate about care delivery. (b) Cross-references exist between the consumer / patient paper based health record and any part of the record stored electronically. 	<ul style="list-style-type: none"> (a) The health record is sufficiently detailed to allow care delivery to be tracked, monitored and evaluated. (b) Health records are reviewed to ensure they meet medico-legal requirements, professional documentation standards and state / territory health department guidelines. (c) Results of reviews are made available to health professionals and improvements are made. (d) Timeliness of reports and information from investigations are monitored and improved as required. 	<ul style="list-style-type: none"> (a) Initiatives to improve documentation are internally and externally compared and improvements made, as required. 	<ul style="list-style-type: none"> (a) Results of monitoring are trended and demonstrate that documentation continuously meets all requirements of external standards and guidelines.

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.1.2 Unique identification of consumers / patients ensures comprehensive and accurate information is used in care delivery.</p>	<p>(a) Each consumer / patient is allocated an organisation specific unique identifier that is used for every attendance / episode of care. (b) Multiple records for the consumer / patient are cross-referenced.</p>	<p>(a) There is a system to support the allocation and maintenance of the unique identifier. (b) A central index of identifiers is maintained. (c) The health record is linked to other health information systems using the unique identifier.</p>	<p>(a) Checks are regularly made on the central index for consumers / patients that have multiple identifiers and improvements / links made where required.</p>	<p>(a) Systems for managing unique identification are compared internally and externally and improvements made, as required.</p>	<p>(a) The organisation demonstrates it is a leader in unique identification and other organisations use its innovative systems.</p>

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.1.3 Non-clinical information sources are maintained and monitored to enable safe management and for the organisation's goals to be met.</p>	<p>(a) Data received from external entities, and their uses, are identified. (b) Planning processes include the identification of information required and data sources.</p>	<p>(a) Data collection from internal and external systems is based on the needs of the organisation. (b) There is liaison with external bodies to improve the quality of the information they supply, as required.</p>	<p>(a) Monitoring of non-clinical information sources occurs to ensure: (i) accuracy and completeness (ii) timeliness of information and reports (iii) they meet needs; improvements are made, as required.</p>	<p>(a) Systems for the management of non-clinical information sources, and performance indicator results, are compared internally and externally and improvements are made, as required.</p>	<p>(a) Non-clinical data collection systems are identified in literature as exceeding requirements and are used in other organisations.</p>

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.1.4 There are systems for record management that support the collection of information and that meet the organisation's needs.</p>	<p>(a) There is a records management system that ensures:</p> <ul style="list-style-type: none"> (i) the secure, safe and systematic storage of data and records (ii) timely and accurate retrieval of records stored on or off site (iii) consumer / patient privacy when information is communicated for care (iv) retention and destruction according to all relevant requirements. 	<p>(a) Storage areas or systems meet the organisation's retention requirements, or alternative arrangements are implemented.</p>	<p>(a) The records management system is managed with reference to any relevant:</p> <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. <p>(b) Performance indicators are used to evaluate record management systems and improvements are made, as required.</p>	<p>(a) All aspects of the record management system, and performance indicator results, are compared externally and improvements are made, as required.</p>	<p>(a) The organisation is recognised as a leader in records management by published articles and / or performance indicator results.</p>

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.1.5 Reference and research material is managed to support quality and safe care and service.</p>	<p>(a) Reference, research and evidence based materials are available for use by staff.</p>	<p>(a) The needs of staff for information resources are identified, analysed and prioritised.</p>	<p>(a) The sources of information, based on external references, are managed to ensure ready access and currency. (b) Reference management and research material systems are evaluated and improved, as required.</p>	<p>(a) Systems for the management of reference and resource material are compared internally and externally and improvements are made, as required. (b) Improvements are made to the provision of reference and resource material in accordance with evolving service trends.</p>	<p>(a) Systems for the management of reference and research materials identify the organisation as a leader in resource information provision and substantiate quality and safe care and service.</p>

STANDARD 4.2 Information is created and is used to meet strategic and operational needs and to support quality and safety.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.2.1 Data are organised to ensure availability, analysis and the creation of information.</p>	<p>(a) There is a defined system for storing each type of data. (b) Aggregation of data for core systems occurs.</p>	<p>(a) Data required by legislation and or industry guidelines, are monitored for compliance and are validated. (b) Validation occurs for some data not required by law.</p>	<p>(a) Data management is evaluated to ensure: (i) data integrity is not comprised (ii) there is timely retrieval of data (iii) duplication is minimised (iv) data from external services are valid.</p>	<p>(a) Data management systems are compared internally and externally and improvements are made, as necessary.</p>	<p>(a) Systems for the organisation of data are used as good practice guidelines by other organisations.</p>

STANDARD 4.2 Information is created and is used to meet strategic and operational needs and to support quality and safety.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.2.2 Clinical classification provides health information to support internal and external service requirements.</p>	<p>(a) Clinical classification occurs where required. (b) Coding time frames meet external reporting requirements.</p>	<p>(a) Coders have access to national and state / territory standards, where available, or guidelines for each type of classification used. (b) Coding time frames meet internal and external needs.</p>	<p>(a) Compliance with national and state coding standards (if available), is evaluated and improvements made as required. (b) Evaluation and improvement of coding accuracy occurs. (c) Clinical classification information is used in the clinical and non-clinical decision making processes to improve the quality and safety of care.</p>	<p>(a) Coding performance indicators and systems are compared externally and improvements are made, as required.</p>	<p>(a) Comparison of coding performance indicator results identifies that the organisation is a leader in the field of clinical classification.</p>

STANDARD 4.2 Information is created and is used to meet strategic and operational needs and to support quality and safety.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.2.3 Data are analysed and used to support quality and safe care and service.</p>	<p>(a) Limited information is available for use by the organisation. (b) Mandatory requirements for reports to external entities are met.</p>	<p>(a) Staff and management needs for information are identified. (b) Information is available for necessary research, development, improvement activities, education and for decision making. (c) There are systems to produce information for stakeholders, that are authorised to have the information they request, and that state / territory and Commonwealth privacy legislation is met.</p>	<p>(a) Health care professionals participate in the analysis of data. (b) Evaluation and improvement of data ensure: (i) information is timely and accurate (ii) reports meet user needs (iii) changes or improvements reflect service requirements.</p>	<p>(a) Analysis and report creation systems are externally compared and improvements are implemented as required to ensure that: (i) information is consistently presented in a useful way to those who need it (ii) report time frames are consistently met.</p>	<p>(a) The organisation is identified as a leader in its ability to use information.</p>

STANDARD 4.3 Information technology (IT) enhances the organisation's ability to support care, safety, organisational goals and information management goals.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.3.1 The organisation uses an integrated approach to plan, and appropriately use, information technology (IT).</p>	<ul style="list-style-type: none"> (a) IT purchases are made as required. (b) Licences are purchased where required. (c) There is an IT policy and procedure for all aspects of the use of IT. 	<ul style="list-style-type: none"> (a) IT needs, current and future, are identified, budgets allocated and acquisitions planned using an IT strategy. (b) An IT standard operating environment is applied within the organisation. (c) Relevant hardware and software are linked to provide accurate and efficient data. 	<ul style="list-style-type: none"> (a) An integrated IT system supports the collection, aggregation and analysis of data. (b) IT systems are evaluated and improved to ensure user needs are met and licensing requirements are complied with. (c) Compliance to the standard operating environment is monitored and improved, as required. (d) Implementation of the IT strategy is evaluated at regular intervals and the plans improved / updated as needed. 	<ul style="list-style-type: none"> (a) IT strategies and information use are compared with external organisations to identify and implement any necessary improvements. (b) Performance indicator results are compared internally, and externally with organisations that use similar systems; improvements are made, as required. 	<ul style="list-style-type: none"> (a) The IT strategy achieves predicted capacity management goals.

STANDARD 4.3 Information technology (IT) enhances the organisation's ability to support care, safety, organisational goals and information management goals.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>4.3.2 Risks to the information technology (IT) systems are managed to minimise disruption.</p>	<p>(a) Crisis maintenance occurs.</p>	<p>(a) Strategies for: (i) backup (ii) security (iii) virus detection; are in place and used. (b) Backup data are stored off site. (c) A strategy for disaster recovery is in place and includes a prioritisation schedule. (d) There is a planned system for preventative maintenance for IT.</p>	<p>(a) IT is managed with reference to relevant Australian Standards. (b) The preventative maintenance system for IT is evaluated regularly and improved as required. (c) Performance indicators are used to eliminate and / or control risks to the IT system. (d) IT project management is used to assist trouble free implementation of systems.</p>	<p>(a) Security systems and data recovery systems are compared externally and improvements made, as required.</p>	<p>(a) The organisation is recognised as a leader in comprehensive IT risk management.</p>

Safe Practice and Environment

The purpose of this function is to ensure a safe, functional and healthy environment for staff, consumers / patients and visitors through the effective management of safety risks, buildings, plant, equipment, utilities, consumables, supplies and waste.

The Safe Practice and Environment Function applies to all organisations and services. The strategies implemented to meet the standard will vary with the type and complexity of the organisation and the diversity of services provided. Whilst an effective risk management system underpins the Safe Practice and Environment Function, health and safety should influence the application of every criterion. The Leadership and Management Function - Standard 2.2 and the Human Resources Management Function - Standard 3.1, support this function.

The organisation needs to achieve a rating of MA or higher for all the criteria within the Safe Practice and Environment Function to gain ACHS accreditation.

The first criterion, health and safety systems, provides an all-encompassing principle that emphasises the importance of a safe and healthy occupational environment and effective injury management.

The second criterion addresses the management of:

- purchase, supply, operation, maintenance, replacement, and disposal of buildings, plant and equipment
- supplies
- utilities (including water, emergency lighting, power, medical gases, suction and communication systems).

The intent of this criterion is to maximise the value from the management of these activities, while risks and costs are minimised.

The remaining criteria within the standard require the systematic application of risk management principles in order to eliminate or control health and safety risks within service environments. It is critical that each organisation identifies and manages all health and safety risks relevant to it.

The elements are principles in most instances and describe some important practices to achieve the criterion, though not all possible activities. The ACHS generic guidelines offer further description on how the criterion may be applied in practice but the organisation is encouraged to consider these guidelines along with other relevant resource material, for example Australian Council for Safety and Quality in Health Care (ACSQHC), state / territory Quality Frameworks, speciality standards eg National Standards for Mental Health Services.

Function 5 Safe Practice and Environment

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criteria

5.1.1 *There is a system that identifies and manages health and safety risks to ensure the well being of all employees, consumers / patients and visitors.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.2 *Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.3 *The infection control system supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.4 *The emergency management system supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.5 *The management of manual handling risks supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.6 *Security management supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.7 *The management of dangerous goods and hazardous substances supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.8 *The radiation safety management system supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

5.1.9 *The waste management system supports safe practice and a safe environment.*

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.1 <i>There is a system that identifies and manages health and safety risks to ensure the well being of all employees, consumers/patients and visitors.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.1) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide Health & Safety and Workers Compensation policy that is in accordance with relevant state / territory legislation. (b) Major health and safety risks are identified. (c) Staff are instructed in, and understand their health and safety responsibilities. (d) External service providers comply with the organisation's health and safety requirements. (e) Carers and visitors comply with the organisation's health and safety requirements. 	<ul style="list-style-type: none"> (a) There is an organisation-wide system to assess health and safety risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes health and safety and injury prevention strategies. (c) Staff are consulted to enable them to contribute to decisions that affect their health, safety and well being in the workplace. (d) There is an organisation-wide injury management program. 	<ul style="list-style-type: none"> (a) Health and safety are managed with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The health and safety system is evaluated and improvements are made to support: <ul style="list-style-type: none"> (i) safe practice and a safe environment (ii) compliance with relevant legislative requirements or standards. (c) The injury management program is evaluated and improvements made to ensure legislative requirements are met. 	<ul style="list-style-type: none"> (a) Performance indicators for managing health and safety and workers compensation are measured and compared internally, and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of systems to ensure the health, safety and well being of all employees, consumers / patients and visitors.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.2 <i>Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.2) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) Plant and equipment are installed and operated in accordance with the manufacturer's specifications. (b) Plant logs exist and are in accordance with business requirements. (c) Purchase and supply procedures ensure products are available or appropriate alternatives are implemented. 	<ul style="list-style-type: none"> (a) There is a system to plan, manage and operate: <ul style="list-style-type: none"> (i) buildings (ii) plant (iii) equipment (iv) utilities (v) consumables and (vi) supplies. (b) Written procedures for: <ul style="list-style-type: none"> (i) plant (ii) products (iii) workplace design (iv) refurbishment (v) service planning; address health, safety and service requirements. (c) There is a documented, planned and coordinated, preventative maintenance system. (d) There are systems that support resource conservation and environmental sustainability, relevant to the size and role of the organisation. 	<ul style="list-style-type: none"> (a) Buildings, plant, equipment, utilities, consumables and supplies are managed with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the safety of the functional environment and the safe and consistent operation of plant and equipment. (c) Incidents and hazards associated with buildings, plant, equipment, utilities, consumables and supplies are documented, evaluated and improvements are made. (d) Deferred maintenance liability is documented and evaluated. 	<ul style="list-style-type: none"> (a) Performance indicators for the management of buildings, plant, equipment, utilities, consumables and supplies are measured and compared internally, and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the safe and consistent management and operation of the functional environment.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.3 <i>The infection control system supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.3) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide infection control policy. (b) Major infection risks are identified in accordance with legislative requirements. (c) Any responsibilities relating to notification of diseases are met. (d) Staff are instructed in, and understand their infection control responsibilities. (e) External service providers, carers and visitors comply with the organisation's infection control requirements. 	<ul style="list-style-type: none"> (a) There is a system to assess infection risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes infection control management strategies. (c) The infection control system ensures effective communication of information relating to infection risks. 	<ul style="list-style-type: none"> (a) The infection control system is managed and operated with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the infection control system to ensure safe practice and a safe environment. 	<ul style="list-style-type: none"> (a) The performance indicators for infection control are measured and compared internally, and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of infection control systems.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.4 <i>The emergency management system supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.4) to gain ACHS accreditation.</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide policy for emergency management. (b) Potential emergencies are identified and response plans are prominently displayed. (c) There is documented evidence that an appropriate authority undertakes a fire inspection at least once within each EQuIP cycle, or in accordance with state / territory legislation. (d) Staff receive instruction in, and understand their responsibilities in emergency management. (e) External service providers comply with the organisation's requirements for the prevention of emergencies. 	<ul style="list-style-type: none"> (a) There is a system to assess potential emergencies, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for the management of any emergencies. (c) Emergency management systems are coordinated with all relevant external authorities. (d) Priority recommendations from fire inspections, as determined by an appropriate fire and safety authority, are implemented. 	<ul style="list-style-type: none"> (a) The system to manage emergencies operates with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the emergency management system to ensure safe practice and a safe environment. (c) Recommendations from fire inspections are implemented, or appropriate arrangements, agreed to by an appropriate fire authority, are implemented. 	<ul style="list-style-type: none"> (a) Performance indicators for emergency management are measured and compared internally, and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is a recognised leader in the planning, development and management of systems for potential and actual emergencies.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.5 <i>The management of manual handling risks supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.5) to gain ACHS accreditation</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide manual handling policy. (b) Major manual handling risks are identified. (c) Staff are instructed in and understand their manual handling responsibilities. (d) External service providers comply with the organisation's requirements for manual handling. 	<ul style="list-style-type: none"> (a) There is an organisation-wide system to assess manual handling and body stressing risks, determine priorities and eliminate risks or implement controls. (b) Service level planning includes strategies for manual handling and body stressing risks. (c) Staff are consulted to enable them to contribute to decisions affecting the management of manual handling risks. 	<ul style="list-style-type: none"> (a) Manual handling risks are managed with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The system to manage manual handling and body stressing risks is evaluated and improved to ensure safe practice and a safe environment. 	<ul style="list-style-type: none"> (a) Performance indicators for the management of manual handling risks are measured and compared internally, and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of systems for the management and control of manual handling.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.6 <i>Security management supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.6) to gain ACHS accreditation</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide security policy. (b) Major security risks are identified. (c) Staff are instructed in, and understand their responsibilities in, security management. (d) External service providers comply with requirements to eliminate or control on-site security risks. 	<ul style="list-style-type: none"> (a) There is an organisation-wide system to assess security risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for security management. (c) Staff are consulted to enable them to contribute to the decisions that affect organisational and personal security risks in the workplace. (d) Security management plans are coordinated with any relevant external authorities. 	<ul style="list-style-type: none"> (a) The system to manage security risks operates with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The security management system is evaluated and improved to ensure it supports safe practice and a safe environment. 	<ul style="list-style-type: none"> (a) Performance indicators for security management are measured and compared internally, and with external systems, and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of systems for the management of security risks.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.7 <i>The management of dangerous goods and hazardous substances supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.7) to gain ACHS accreditation</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide dangerous goods and hazardous substances policy. (b) Major risks from dangerous goods and hazardous substances are identified and signage is prominently displayed. (c) Employees are instructed in and understand their responsibilities in managing dangerous goods and hazardous substances. (d) External service providers comply with all requirements for handling dangerous goods and hazardous substances. 	<ul style="list-style-type: none"> (a) There is a system to assess risks associated with dangerous goods and hazardous substances, determine priorities and eliminate risks or implement controls. (b) Service planning includes management of any relevant dangerous goods and hazardous substances. (c) There is a surveillance and environmental monitoring system for dangerous goods and hazardous substances. (d) The management of dangerous goods and hazardous substances is coordinated with any relevant external authorities. (e) A current register is kept for all dangerous goods and hazardous substances. 	<ul style="list-style-type: none"> (a) The system to manage dangerous goods and hazardous substances operates with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the management of dangerous goods and hazardous substances. 	<ul style="list-style-type: none"> (a) Performance indicators for the management of dangerous goods and hazardous substances are measured and compared internally and with external systems, and improvements made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of systems for the management of dangerous goods and hazardous substances.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.8 <i>The radiation safety management system supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.8) to gain ACHS accreditation</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide radiation safety policy. (b) Major radiation risks are identified and signage is prominently displayed. (c) Relevant staff are instructed in and understand their responsibilities in managing radiation risks. (d) External service providers comply with any radiation safety management requirements. (e) A personal radiation monitoring system is in place, together with any relevant area monitoring. (f) A current register is kept on the safe disposal of all radioactive waste. 	<ul style="list-style-type: none"> (a) There is a radiation safety system to assess risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for any relevant radiation safety risks. (c) A current register is kept for all radioactive substances and radiation equipment. (d) Radiation safety management plans are coordinated with any relevant external authorities. (e) Consumer / patient radiation is kept to a minimum whilst maintaining good diagnostic quality. (f) A radiation safety report is provided to the organisation's ethics committee on any research proposal involving irradiation of human subjects. 	<ul style="list-style-type: none"> (a) Radiation is managed with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The radiation management system is evaluated and improved to ensure it supports safe practice and a safe environment. 	<ul style="list-style-type: none"> (a) Performance indicators for radiation safety are measured and compared internally, and with external systems, and improvements are made, as required. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of systems for the safe management of radiation.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>5.1.9 <i>The waste management system supports safe practice and a safe environment.</i></p> <p>NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.9) to gain ACHS accreditation</p>	<ul style="list-style-type: none"> (a) There is an organisation-wide waste management policy. (b) Waste management streams are identified and signage is appropriately displayed. (c) Staff are instructed in and understand their responsibilities in waste management. (d) External service providers comply with any requirements for the handling, transport and disposal of waste. 	<ul style="list-style-type: none"> (a) There is a waste management system to assess, separate, handle, transport and dispose of all waste streams. (b) Service planning includes strategies for effective management of any waste generated. (c) Services participate in recycling, reducing and reusing waste products. (d) Waste management systems are coordinated with all relevant external authorities. 	<ul style="list-style-type: none"> (a) Waste is managed with reference to any relevant: <ul style="list-style-type: none"> (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The waste management system is evaluated and improved to ensure it supports safe practice and a safe environment. 	<ul style="list-style-type: none"> (a) Performance indicators for waste management are measured and compared internally, and with external systems, and improvements are made, as required. (b) All services actively participate in recycling, reducing and reusing waste products. 	<ul style="list-style-type: none"> (a) The organisation is recognised as a leader in the development and implementation of programs for the management of waste.

Improving Performance

Improving Performance is integral to all ACHS standards and criteria and is essential to the delivery of quality and safe care and service. The standard and criterion in the Improving Performance Function outline the need for a systematic approach to continuous quality improvement and the evaluation of quality improvement outcomes.

It is intended that improving performance throughout the organisation, is supported and strengthened at three distinct levels within the Evaluation and Quality Improvement Program.

1. Self-assessment allows the organisations to:
 - Identify results from ongoing monitoring and substantiate how this information has helped to provide better care and service for consumers / patients - *using quantitative and qualitative data to describe the outcomes relating to each standard.*
 - Identify what the organisation has reviewed following previous surveys and how care and service has changed - *using the quality cycle, (monitoring, assessment, action, evaluation and feedback) to demonstrate a culture of continuous improvement.*
 - Identify what the organisation wants to do to improve the outcomes in the future - *using a quality action plan to demonstrate continuous improvement.*

Improving performance practice is embedded in the rating for each criterion for the six EQuIP Functions (MA requires review, data collection, evaluation and improvements; EA requires comparison and improvements).

2. The Leadership and Management Function - Standard 2.3, supports the Improving Performance Function. The Leadership and Management Function promotes the need for strong leadership in improving performance. Organisations **are required** to self-assess against the Improving Performance Standard (2.3) in the Leadership & Management Function, which is a mandatory criterion.
3. The Improving Performance Function, consisting of one (1) standard and one (1) criterion, will assist surveyors to substantiate the organisation-wide level of achievement in continuous quality improvement and provide them with a framework to validate their findings. Organisations and services **are not required** to complete a self-assessment for the Improving Performance Function. The surveyors will objectively assess the level of organisation-wide achievement for improving performance, in consultation with service providers and service users, at the Organisation-Wide Survey.

FUNCTION 6 Improving Performance

Standard 6.1 The organisation provides quality and safe care and service through its commitment to improving performance.

Criterion

6.1.1 The organisation demonstrates responsibility for and commitment to improving performance in care and service delivery.

STANDARD 6.1 The organisation provides quality and safe care and service through its commitment to improving performance.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
<p>6.1.1 The organisation demonstrates responsibility for and commitment to improving performance in care and service delivery.</p>	<p>(a) Staff are aware of the continuous quality improvement system.</p>	<p>(a) The continuous quality improvement system is organisation-wide.</p>	<p>(a) The organisation has evaluated the care and service outcomes and improvements are evident.</p>	<p>(a) The organisation undertakes internal and external benchmarking of systems and performance indicators.</p>	<p>(a) The organisation demonstrates it is a leader in the development and implementation of a continuous improvement culture that is reflected in care and service outcomes.</p>